

Please review below information, check boxes & sign below to return with application.

- My/Our annual income does not exceed the 2020 HUD guidelines by family size:**

1	2	3	4	5	6	7	8
\$41,000	\$46,850	\$52,700	\$58,550	\$63,250	\$67,950	\$72,650	\$77,300

- I/We are willing to work 100 hours as a volunteer on Habitat projects, including attending First-Time Homebuyer Education Classes, as required.
- I/We are willing to authorize a background and credit report check. This initial check is only to determine eligibility within the COHFH program guidelines and that my/our application and accompanying financial documentation may be sent to a lender to determine eligibility for financing.**
- I/We do not have **tax liens, unpaid judgments or collections, repossessions, or unpaid back child support payments on my/our credit report.**
- I/We have not filed for **bankruptcy in the past three years.**
- I/We have at least one year with current employer unless disabled or retired.
- I/We will provide documentation verifying U.S. Citizenship or Permanent Resident Status.**
- I/We do not currently own a home.
- I understand that it is a **requirement to provide my/our latest paystub(s) along with the completed application** in order for it to be processed.

Please be sure you meet all of the above.

In addition to the above conditions, you must meet the minimum income requirements as determined by Central Oklahoma Habitat for Humanity. Please call the Central Oklahoma Habitat for Humanity office if you have any questions. You may return your completed application by mail or fax. Approximately 3-4 weeks after we receive your application, you will receive a reply by mail advising you of the next step in the process or, if your application is denied, you will be advised of the reasons behind our determination. Approximately 2-3 months are required to complete the approval process. ****If you are approved for financing, your mortgage will be through a partner lender and it will be an interest-bearing loan.****

 Applicant Signature

 Co-Applicant Signature

Phone: (405) 232-4828 Fax: (405) 232-4868
www.cohfh.org



Applicant Information

Co-Applicant Information (If Applicable)

Name: _____ Name: _____

Marital Status (Circle One): Married Separated* Unmarried Marital Status (Circle One): Married Separated* Unmarried

*If you are separated, your spouse must be included as co-applicant & must sign this application. If approved, your spouse must also sign the mortgage. You may also be required to provide additional documents and statements – see COHFH policy on Marital Status.

Date of Birth: _____ Age: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Social Security Number: _____

United States Citizen? Yes ___ No ___ If no, please provide: United States Citizen? Yes ___ No ___ If no, please provide:

Permanent Resident ID Number: _____ Permanent Resident ID Number: _____

Military/Veteran Status: Yes / No Military/Veteran Status Yes / No

Household Member(s) Information (If Applicable)

Please list all others who will live in the home as their primary residence:

Name	Social Security Number	Date of Birth	Age	Sex	Relationship

Contact Information

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Applicant **Email** Address: _____ Co-Applicant **Email** address: _____

Current Rental History

Current Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

When did you begin renting at this address? (mm/yyyy) _____ **Total Monthly Rent:** \$ _____ **Number of Bedrooms:** _____

Name of Landlord: _____ Phone: _____ Is landlord a family member? Yes ___ No ___

Does any charitable organization, government agency, family member, or other individual help with your rent? Yes ___ No ___

If yes, what is the name of the organization/agency/individual? _____

What portion of your rent do **they** pay each month? \$ _____ What portion of your rent do **you** pay each month? \$ _____

About how much are your utility payments each month? Electricity: \$ _____ Water: \$ _____ Gas: \$ _____

Previous Homeownership/Bankruptcy (If Applicable)

Have you ever owned a home? Yes ___ No ___ If yes, name of mortgage company: _____

How long did you own the home? From (mm/yyyy): _____ To (mm/yyyy): _____ Reason you no longer have the home: _____

Have you ever tried to qualify for a home loan? Yes ___ No ___ If yes, when? (mm/yyyy) _____

Name of mortgage company: _____ Were you approved? Yes ___ No ___

Have you ever declared bankruptcy? Yes ___ No ___ If yes, when? (mm/yyyy) _____

If yes, please explain: _____

Applicant Employment History (Two Years)

Co-Applicant Employment History (Two Years)

Current Employer: _____

Current Employer: _____

Job Title: _____ Date Hired (mm/yyyy): _____

Job Title: _____ Date Hired (mm/yyyy): _____

Supervisor: _____

Supervisor: _____

Office Phone: (____) _____ - _____

Office Phone: (____) _____ - _____

Monthly Income (before taxes): \$ _____

Monthly Income (before taxes): \$ _____

Former Employer: _____

Former Employer: _____

Employed From (mm/yyyy): _____ To (mm/yyyy): _____

Employed From (mm/yyyy): _____ To (mm/yyyy): _____

Job Title: _____ Supervisor: _____

Job Title: _____ Supervisor: _____

Office Phone: (____) _____ - _____

Office Phone: (____) _____ - _____

Monthly Income (before taxes): \$ _____

Monthly Income (before taxes): \$ _____

Why did you leave?

Why did you leave?

Please explain any gaps in/absence of employment history:

Please explain any gaps in/absence of employment history:

Household Income

List total **monthly** income **before taxes** from **all** sources. ****Notice: If alimony, child support, or separate maintenance income is to be counted you *must* provide (1) Court Order and (2) Proof of Receipt for the last six months.**

Income Source	Monthly Amount	Income Source	Monthly Amount	Income Source	Monthly Amount
Employment Total	\$ _____	Disability	\$ _____	SSI	\$ _____
Social Security	\$ _____	Pension	\$ _____	Temporary Aid (TANF)	\$ _____
Food Stamps	\$ _____	Veteran Benefits	\$ _____	Child Support**	\$ _____
Other (Please Explain):	\$ _____			Total Monthly Income Before Taxes	\$ _____

Household Expenses

List all present monthly expenses **except** housing, insurance, utilities, phone, food, clothing, and transportation expenses. If not applicable, please mark amount as N/A or \$0. If additional space is needed please attach a separate sheet of paper.

Type of Debt	Creditor	Monthly Payment	Total Amount Owed
Auto Loan		\$	\$
Auto Loan		\$	\$
Child Support		\$	N/A
Child Care		\$	N/A
Student Loan		\$	\$
Student Loan		\$	\$
Medical		\$	\$
Medical		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

I/we certify the above list reflects all debts I/we now owe. (Please initial). _____
Applicant Co-Applicant

Need for Housing/Willingness to Partner with Central Oklahoma Habitat for Humanity

Please circle **all** that apply to your **current** housing situation: Overcrowded Run Down Unsafe Area Excessive Rent

Please explain your need/desire for a Habitat home: _____

Are you **willing and able** to fulfill the **sweat equity requirement** by volunteering on Habitat projects? Yes No

Miscellaneous

How did you learn about the Habitat for Humanity program? (Please check **all** that apply).
 _____ Habitat Homeowner (Name): _____ TV/Radio (Station): _____
 _____ Friend/Relative/Acquaintance _____ Newspaper/Magazine (Name): _____
 _____ Other (Specify): _____

Have you previously applied with Central Oklahoma Habitat? Yes No If yes, when? (mm/yyyy) _____

Applicant Agreement

PLEASE READ CAREFULLY AND SIGN THIS PAGE

In applying for a Habitat home:

- I/we do so, understanding the nature of Central Oklahoma Habitat for Humanity’s mission as a community project, and **if approved:**
- I/we agree to help build/renovate my/our new home as required.
- I/we agree to make regular monthly mortgage payments on my/our home.
- I/we certify that all information given by me/us during the application process is/will be true and correct to the best of my/our knowledge. I/we understand that giving false or misleading information during this process will be grounds for rejection of my/our application.
- I/we also understand that the completion of this application and/or any initial approval or other act by Central Oklahoma Habitat for Humanity or a third-party lender prior to final closing and conveyance of a home in no way guarantees that I/we will receive housing through Central Oklahoma Habitat for Humanity.
- I/we grant permission to Central Oklahoma Habitat for Humanity or any applicable third-party lender to check any and all references and to take any and all actions reasonably necessary, including checking social media, to substantiate the information contained in this application or otherwise establish my/our eligibility for Habitat homeownership, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and history, (2) credit worthiness, including investigations through a credit reporting service, (3) immigration status, (4) military service, (5) family composition, marital status, and other related issues, (6) police records and other information relative to criminal charges and/or convictions, (7) personal references, including all parties listed in this application and/or any other parties which Central Oklahoma Habitat for Humanity desires to contact, and (8) any additional information Central Oklahoma Habitat for Humanity deems necessary to evaluate this application. I/we understand that Central Oklahoma Habitat for Humanity and/or a third-party lender may reject this application based upon the results of these inquiries.
- I/we understand that Central Oklahoma Habitat for Humanity is a nonprofit corporation with limited resources and cannot afford to provide housing for each and every applicant. Consequently, I/we agree that Central Oklahoma Habitat for Humanity, its staff, whether voluntary or compensated, its Board of Directors, and any third-party lender partners, will not be liable in any way or otherwise be held responsible by me/us or anyone acting in my/our behalf in connection with my/our application Habitat housing or any claims of any nature associated herewith.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Signature of Household Member Age 18 or Older: _____ Date: _____

Signature of Household Member Age 18 or Older: _____ Date: _____

Please include your latest paystubs along with this application



Central Oklahoma Habitat for Humanity is an equal opportunity housing provider. All applicants will receive consideration for housing without regard to race, color, marital status, age, national origin, religion, sex, familial status, receipt of public assistance funds, exercise of consumer credit protection rights, or handicap.

Return completed application by mail or fax to:
Central Oklahoma Habitat for Humanity 5005 S I-35 Service Road Oklahoma City, OK 73129
Phone: (405) 232-4828 Fax (405)-232-4868