



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

### Open the Door to Homeownership Application

The information you provide will assist us in determining your eligibility. All information will be kept confidential.

**Please answer all questions. Write N/A if a question is not applicable. Do not leave any questions unanswered.**

Household Member Full Legal Name (First, Middle I, Last)	Relationship to Applicant(s)	Marital Status M=Married D=Divorced SP=Separated S=Never married W=Widowed	Date of Birth	Age	Social Security Number	Gender M=Male F=Female
	Applicant					
	Co-Applicant					

### WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of “sweat-equity” hours. Your help in building your home and the homes of others is called “sweat equity,” and may including cleaning the lot, painting, and helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Applicant:	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
	Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

<b>Current Address:</b> _____ City/State/Zip: _____ Landlord Name: _____ Phone: _____ Reason for Leaving: _____	___Rent ___Other: _____ Rent: \$ _____ Move-in Date: _____
<b>Previous Address:</b> _____ City/State/Zip: _____ Landlord Name: _____	___Rent ___Other: _____ Rent: \$ _____ Move-in Date: _____

Phone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name and Address of <b>Current</b> Employer	Years on This Job	Name and Address of <b>Current</b> Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
Name and Address of <b>Last</b> Employer	Years on This Job	Name and Address of <b>Last</b> Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

**OTHER INCOME INFORMATION:** (Please list ALL other sources of income—Child Support, Social Security, SSI, etc.)

Source of Income: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

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Source of Income: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

- Have you been declared bankrupt within the past seven years?  Yes  No  Yes  No
- Have you ever owned a home?  Yes  No  Yes  No
- Are you or anyone in your household on the sexual offenders list?  Yes  No  Yes  No
- Are you currently involved in any civil or criminal lawsuit?  Yes  No  Yes  No
- Are you a U.S. Citizen or permanent resident?  Yes  No  Yes  No
- Are you a first time homebuyer?  Yes  No  Yes  No

**AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Milwaukee Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the low-interest mortgage and other expenses for homeownership and my willingness to be a partner family. I certify that all information provided is true and complete to the best of my knowledge and understand that MHFH will use this information to evaluate my eligibility based on credit checks, income and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that in the event if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Milwaukee Habitat for Humanity even if the application is not approved. I also understand that Milwaukee Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of this application to a criminal background check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature





### Milwaukee Habitat for Humanity - General Authorization Form

By completing this authorization, I understand I authorize Milwaukee Habitat for Humanity to evaluate my need for a Habitat home, my ability to repay the Habitat mortgage, and my willingness to be a partner family. I understand that information requested is for the purposes of advising and assisting me as a potential homebuyer in making financing and purchase decisions.

I hereby authorize Milwaukee Habitat for Humanity to verify my past employment earning records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan or grant application. I authorize release of my unemployment insurance information, including but not limited to the last 12 months. I further authorize Milwaukee Habitat for Humanity to order a credit report and verify other credit information, including past and present mortgage and landlord references and utility history. I also authorize Milwaukee Habitat to review my financial information with any agencies or organizations I may be working with to assist me in evaluating progress for achieving my homeownership goals and qualifying me for mortgage loan or grant financing. It is also understood that a photocopy or facsimile of this form will serve as authorization.

The information Milwaukee Habitat for Humanity obtains is only to be used in the processing of my application for a mortgage loan. By signing this form I authorize Milwaukee Habitat for Humanity to receive documentation related to grant eligibility including any assistance applied towards the purchase of my home. I authorize Milwaukee Habitat for Humanity to receive documentation in the event I become delinquent with the mortgage or grant funds that Milwaukee Habitat secures.

#### Please Print Clearly

_____ First Name	_____ MI	_____ Current Address
_____ Last Name	_____ Suffix	_____ City/State/Zip Code
( ) _____ Home Phone Number		_____ Previous Address <small>(If Current is less than 2 years)</small>
( ) _____ Alternate Phone Number (Work, Cell)		_____ City/State/Zip Code
- - _____ Social Security Number		_____ Date of Birth
_____ Signature	_____ Date	