



*Building homes
and hope*

Dear Prospective Habitat Homeowner,

Thank you for your interest in the Milwaukee Habitat for Humanity Homeownership program.

Attached please find the homeownership application along with an authorization form. Also, below is a list of documents that must be submitted along with the application and authorization form in order for the application to be processed.

Please submit **copies** of the following documents with your application:

- ✓ Last 4 consecutive paycheck stubs
- ✓ Recent Social Security Award Letters for entire household (State and Federal, if applicable)
- ✓ 12 month child support history (if applicable)
- ✓ Photocopy of your Driver's License or State ID
- ✓ Photocopy of Social Security card for each applicant
- ✓ Photocopy of your last bank statement (Checking, Savings, Money Market, etc.)

You may submit your application and documents

- in person or by mail at 3726 N. Booth Street, Milwaukee, WI 53212
- by email: mreyes@milwaukeehabitat.org

Once a complete application has been received please allow 3-4 weeks for our Family Services team to review the application and provide an update on the status of your application.

For more information or if you have any questions please contact Mirella Reyes at 414-316-5618 or MReyes@milwaukeehabitat.org.

Sincerely,

Family Services



Thank you for your interest in the Milwaukee Habitat for Humanity Homeownership Program! Completing this application is the first step towards owning your own home! **Please answer all questions**, the information you provide will assist us in determining your eligibility. All information will be kept confidential.

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					
LIST ADDITIONAL HOUSEHOLD MEMBERS BELOW						

WILLINGNESS TO PARTNER

To be considered for a Habitat home, the applicant(s) 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 include cleaning, painting, and helping with construction, working at the Habitat ReStores, attending homeownership classes or other approved activities.

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

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

Current Address: _____	Move-in Date: _____
City/State/Zip: _____	___ Rent ___ Other: _____
Landlord Name: _____	Rent: \$ _____
Landlord Phone #: _____	

HOW DID YOU FIND OUT ABOUT THIS YEAR'S HOMEOWNERSHIP OPPORTUNITIES WITH MILWAUKEE HABITAT? (PLEASE CHECK ALL THAT APPLY)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Saw it on Facebook | <input type="checkbox"/> Google | <input type="checkbox"/> Received a postcard in the mail | <input type="checkbox"/> Saw a news story |
| <input type="checkbox"/> Friend/family member told me about it | <input type="checkbox"/> Drove past a Habitat Build Site | <input type="checkbox"/> Housing agency: _____ | |
| <input type="checkbox"/> Habitat Homeowner: _____ | <input type="checkbox"/> Saw a flyer about Habitat Homeownership | <input type="checkbox"/> Other: _____ | |

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.



Applicant		Co-Applicant	
Name and Address of Current Employer	Years on This Job	Name and Address of Current Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Position	Business Phone	Position	Business Phone
OTHER INFORMATION			
Name and Address of Previous Employer	Years on This Job	Name and Address of Previous Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Position	Business Phone	Position	Business Phone

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

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?

Applicant

Yes No

Co-Applicant

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 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 pre-approved for 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

Date

Co-Applicant's Signature

Date

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Milwaukee Habitat for Humanity - General Authorization Form

By completing this authorization, I understand I authorize Milwaukee Habitat for Humanity (MHFH) to evaluate my need for a Habitat home, my ability to repay the 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 MHFH 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 MHFH to order a credit report and verify other credit information, including past and present mortgage and landlord references and utility history. I also authorize MHFH 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 MHFH obtains is only to be used in the processing of my application for a mortgage loan. By signing this form I authorize MHFH to receive documentation related to grant eligibility including any assistance applied towards the purchase of my home. I authorize MHFH 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 (If Current is less than 2 years)

() _____
Alternate Phone Number (Work, Cell)

City/State/Zip Code

- - _____
Social Security Number

Date of Birth

Signature

Date

All adults in household must fill out this form. Please use next form for second adult.

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