

AUTHORIZATION FOR RELEASE OF INFORMATION  
ARDMORE HABITAT FOR HUMANITY, INC.

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and instruct any employer or employer's agent or representative to supply to Ardmore Habitat for Humanity, Inc. ( or Its designees) any and all information (in whatever form, whether verbal, written, or through reproduction of business records) which Ardmore Habitat for Humanity, Inc may request regarding my work records, work experience, and records concerning income, and allow Ardmore Habitat for Humanity to see and/or copy any documents regarding my work records, work experience, and records concerning income, and allow Ardmore Habitat for Humanity to see and/or copy any documents regarding my work records, work experience or income or any other matter affecting my employment.

I further authorize and instruct any financial institution to supply to Ardmore Habitat for Humanity (or its designees) any and all information (in whatever form whether verbal , written, or through reproduction of business records) which Ardmore Habitat for Humanity may request regarding my financial records, including without limitation applications, financial statements, records of transactions, and any other records held by such financial institution. I expressly waive any rights I may have pursuant to 6 O.S. Section 2201 *et seq.*, other statutory or regulatory provisions, or common law. I realize and acknowledge that Ardmore Habitat for Humanity has the right, as a result of my signature on this release, to obtain a copy of my credit report(s) and review my credit history.

I hereby waive any privilege I have to prevent release of such records, and agree to hold harmless the supplier of such information released.

I hereby agree that a photo static copy of this authorization shall be considered as effective and valid as an original document for all purposes.

Signed at ARDMORE, OKLAHOMA, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

x \_\_\_\_\_ x \_\_\_\_\_  
**Signature of party agreeing to release of information      Spouse if married.**

Date of birth \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_ Ardmore, Ok 73401

Witness: \_\_\_\_\_ Date \_\_\_\_\_

# Habitat for Humanity®

**RETURN TO:**

Ardmore Habitat for Humanity  
 P.O. Box 2412  
 Ardmore, OK 73402

## Application FOR HOUSING



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.

**Dear Applicant:** We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

**1. APPLICANT INFORMATION**

| Applicant  |            |                          |                          | Co-Applicant   |            |                          |                          |
|--|------------|--------------------------|--------------------------|--|------------|--------------------------|--------------------------|
| <b>Applicant's name</b>  |            |                          |                          | <b>Co-Applicant's name</b>   |            |                          |                          |
| Social Security Number   | Home Phone | Age                      |                          | Social Security Number   | Home Phone | Age                      |                          |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) |            |                          |                          | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) |            |                          |                          |
| <b>Dependents</b> and others who will live with you (not listed by co-applicant)   |            |                          |                          | <b>Dependents</b> and others who will live with you (not listed by applicant)  |            |                          |                          |
| Name   | Age        | Male                     | Female                   | Name   | Age        | Male                     | Female                   |
| _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent                               |            |                          |                          | Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent                               |            |                          |                          |
| Number of Years _____  |            |                          |                          | Number of Years _____  |            |                          |                          |
| <b>If Living at Present Address for Less Than Two Years Complete the Following</b>   |            |                          |                          |  |            |                          |                          |
| Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent                                  |            |                          |                          | Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent                                  |            |                          |                          |
| Number of Years _____  |            |                          |                          | Number of Years _____  |            |                          |                          |

**2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_

More Information Requested?    Yes    No

Date Application Completed: \_\_\_\_\_

Accepted    Denied

Date Letter Sent: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

### 3. 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 include clearing the lot, painting, helping with construction, working in the Habitat office, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant:  Yes  No  
Co-Applicant:  Yes  No

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen     Bathroom     Living Room     Dining Room     Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ /month

(Please supply a copy of your lease or a copy of a money order receipt or cancelled rent check.)

Name, address and phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ /month    Unpaid Balance \$ \_\_\_\_\_

Do you own land?  No     Yes    (If yes, please describe, including location) \_\_\_\_\_

Is there a mortgage on the land?  No     Yes    If yes:    Monthly Payment \$ \_\_\_\_\_    Unpaid Balance \$ \_\_\_\_\_

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

### 6. EMPLOYMENT INFORMATION

| Applicant   |  |                             |  | Co-Applicant                                |  |                             |  |
|---|--|-----------------------------|--|---|--|-----------------------------|--|
| 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<br>\$ |  |   |  | Monthly (Gross) Wages<br>\$ |  |
| Type of Business  |  | Business Phone              |  | Type of Business                            |  | Business Phone              |  |
| <b>If Working at Current Job Less Than One Year, Complete the Following Information</b> |  |                             |  |   |  |                             |  |
| 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<br>\$ |  |   |  | Monthly (Gross) Wages<br>\$ |  |
| Type of Business  |  | Business Phone              |  | Type of Business                            |  | Business Phone              |  |

**7. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

| <b>Gross Monthly Income</b>         | <b>Applicant</b> | <b>Co-Applicant</b> | <b><sup>2</sup>Others in Household</b> | <b><sup>3</sup>Monthly Bills</b> | <b>Monthly Amount</b> |
|-------------------------------------|------------------|---------------------|--|----------------------------------|-----------------------|
| <sup>1</sup> Base Employment Income | \$               | \$                  | \$                                     | Rent                             | \$                    |
| AFDC/TANF                           |                  |                     |  | Utilities                        |                       |
| Food Stamps                         |                  |                     |  | Car Payments                     |                       |
| Social Security                     |                  |                     |  | Insurance                        |                       |
| SSI                                 |                  |                     |  | Child care                       |                       |
| Disability                          |                  |                     |  | School Lunch                     |                       |
| Alimony                             |                  |                     |  | Average Credit Card Payment      |                       |
| Child Support                       |                  |                     |  | Student Loans                    |                       |
| Other                               |                  |                     |  | Alimony/Child Support            |                       |
| <b>Total</b>                        | \$               | \$                  | \$                                     | <b>Total</b>                     | \$                    |

<sup>1</sup>Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

<sup>3</sup>Please attach copies of last month's bills.

<sup>2</sup>List additional household members over 18 who receive income:

| Name  | Age   | Monthly Wages |
|-------|-------|---------------|
| _____ | _____ | \$ _____      |
| _____ | _____ | \$ _____      |
| _____ | _____ | \$ _____      |

**8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS**

Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

**9. ASSETS**

**List Checking and Savings Accounts Below**

|  |  |
|--|--|
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$                                 | Account Number: Balance \$                                 |
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$                                 | Account Number: Balance \$                                 |
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$                                 | Account Number: Balance \$                                 |

|                      |                          |                          |                      |                          |                          |
|----------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| <b>Do you own a:</b> | Yes                      | No                       | <b>Do you own a:</b> | Yes                      | No                       |
| Stove                | <input type="checkbox"/> | <input type="checkbox"/> | Car (#1)             | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator         | <input type="checkbox"/> | <input type="checkbox"/> | Make and Year _____  |                          |                          |
| Washer               | <input type="checkbox"/> | <input type="checkbox"/> | Car (#2)             | <input type="checkbox"/> | <input type="checkbox"/> |
| Dryer                | <input type="checkbox"/> | <input type="checkbox"/> | Make and Year _____  |                          |                          |

**10. DEBT**

**To Whom Do You and the Co-Applicant Owe Money?**

| Car                                   | Monthly Payment   | Unpaid Balance | Name and Address of Company           | Monthly Payment   | Unpaid Balance |
|---------------------------------------|-------------------|----------------|---------------------------------------|-------------------|----------------|
|                                       | \$                | \$             |                                       | \$                | \$             |
|                                       | Mos. left to pay: |                |                                       | Mos. left to pay: |                |
| Furniture                             | Monthly Payment   | Unpaid Balance | Name and Address of Company           | Monthly Payment   | Unpaid Balance |
|                                       | \$                | \$             |                                       | \$                | \$             |
|                                       | Mos. left to pay: |                |                                       | Mos. left to pay: |                |
| Credit Card                           | Monthly Payment   | Unpaid Balance | Alimony/Child Support                 | \$                | /month         |
|                                       | \$                | \$             | Job-Related Expenses                  | \$                | /month         |
|                                       | Mos. left to pay: |                | (Child Care, Union Dues, etc.)        | \$                | /month         |
| Medical                               | Monthly Payment   | Unpaid Balance | <b>Column 2: Subtotal of Payments</b> | \$                | /month         |
|                                       | \$                | \$             | <b>Column 1: Subtotal of Payments</b> | \$                | /month         |
|                                       | Mos. left to pay: |                |                                       |                   |                |
| <b>Column 1: Subtotal of Payments</b> | \$ /month         |                | <b>Total Monthly Expenses</b>         | \$                | /month         |

**11. DECLARATIONS**

**Please Check the Box That Best Answers the Following Questions For You and the Co-Applicant.**

|  | Applicant                    |                             | Co-Applicant                 |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Do you have any debt because of a court decision against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been declared bankrupt within the past 7 years?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you had property foreclosed on in the last 7 years?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you currently involved in a lawsuit?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are you paying alimony or child support?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are you a U.S. citizen or permanent resident?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question **a** through **e**, however, please explain on a separate sheet of paper.

**12. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, 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 even 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 Habitat for Humanity even if the application is not approved.

|                     |      |                        |      |
|---------------------|------|------------------------|------|
| Applicant Signature | Date | Co-Applicant Signature | Date |
| X _____             |      | X _____                |      |

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-Applicant.

Applicant's name \_\_\_\_\_

Co-Applicant's name \_\_\_\_\_

**13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**Please Read This Statement Before Completing the Box Below:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

| Applicant  | Co-Applicant   |
|--|--|
| <p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native<br/> <input type="checkbox"/> Native Hawaiian or other Pacific Islander<br/> <input type="checkbox"/> Black/African American<br/> <input type="checkbox"/> Caucasian<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian<br/> <input type="checkbox"/> Asian AND Caucasian<br/> <input type="checkbox"/> Black/African American AND Caucasian<br/> <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American<br/> <input type="checkbox"/> Other (specify)</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic    <input type="checkbox"/> Non-Hispanic</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> ____/____/____</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married<br/> <input type="checkbox"/> Separated<br/> <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p> | <p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native<br/> <input type="checkbox"/> Native Hawaiian or other Pacific Islander<br/> <input type="checkbox"/> Black/African American<br/> <input type="checkbox"/> Caucasian<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian<br/> <input type="checkbox"/> Asian AND Caucasian<br/> <input type="checkbox"/> Black/African American AND Caucasian<br/> <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American<br/> <input type="checkbox"/> Other (specify)</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic    <input type="checkbox"/> Non-Hispanic</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> ____/____/____</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married<br/> <input type="checkbox"/> Separated<br/> <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p> |

**To Be Completed Only By the Person Conducting the Interview**

|   |   |
|---|---|
| <p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-Face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p> | <p>Interviewer's Name (print or type)</p>       |
|   | <p>Interviewer's Signature _____ Date _____</p> |
|   | <p>Interviewer's Phone Number _____</p>         |