



Application for a Habitat for Humanity Chatham-Kent Home

Habitat for Humanity Chatham-Kent
c/o United Way Community Resource Centre
PO Box 606, 425 McNaughton Ave. W.
Chatham, ON N7M 5K8

Bus: 519.354.0430, Ext 245
www.habitatchatham-kent.ca

FOR OFFICE USE ONLY File #: _____
Date Received: _____

Please see our Privacy Policy.

Please Read Prior To Completing Application

To Apply:

1. Complete and sign this application.
2. Attach the documents listed in the Checklist.
3. Before mailing, make a copy of the completed application for your records.

Remember: Incomplete applications can not be processed.

If you have any questions about how to fill out this form, please, call 519.354.0430, Ext 245 and leave a message. We will call you back. Please allow 12-16 weeks for processing.

Habitat for Humanity Chatham-Kent reserves the right to verify the information provided. False information could be a basis for rejecting the application, or ending the partnership arrangement at any time.

Note: You are encouraged to re-apply each time Habitat for Humanity Chatham-Kent is sponsoring a house to be built.

1. Applicant Information

APPLICANT			
Last Name:		First Name:	
Address:			<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant
City:	Postal Code:	Date of Birth (MM/DD/YY):	
Home #:	Work #:	E-mail:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law (how long? ____) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <small>(If you are separated, but not divorced, Habitat for Humanity Chatham-Kent will need a copy of your legal separation papers stating your ability to buy, sell, and own property as an individual.)</small>			
CO-APPLICANT			
Last Name:		First Name:	
Phone #:			<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant
Date of Birth (MM/DD/YY):			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law (how long? ____) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <small>(If you are separated, but not divorced, Habitat for Humanity Chatham-Kent will need a copy of your legal separation papers stating your ability to buy, sell, and own property as an individual.)</small>			

OTHER HOUSEHOLD MEMBERS (People who live with you other than the Co-Applicant)

Last Name	First Name	Date of birth (MM/DD/YY)	Relationship to Applicant	Sex	Canadian Citizen or Landed Immigrant
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

Note: If there are more than four (4) other household members, please attach a separate sheet with their information.

	Applicant	Co-Applicant
a) Have you lived in Municipality of Chatham-Kent Region for two (2) years or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do you own a home or land in Canada or in another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please explain: _____		
If accepted for a Habitat for Humanity Chatham-Kent Home would this land in Canada be available to have a home built on it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c) Have you ever applied for a conventional mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please explain why you were turned down: _____		
d) If accepted, will this be the first home you have owned? (If yes, Government Funding may apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Have you applied for a Habitat home before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes': When: _____ Where: _____		

2. Willingness to Partner

VOLUNTEER HOURS

To be considered for a Habitat home, you and your family must be willing to complete the required "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 with other approved activities.

At no time will anyone performing these volunteer hours be provided with compensation by Habitat for Humanity.

I am willing to complete the required sweat equity hours: Applicant: Yes No

Co-Applicant: Yes No

I am unable to complete the required sweat equity hours for the following reasons:

FAMILY SUPPORT MENTORING PROGRAM

You must participate in the Habitat for Humanity Mentoring Program. You will be assigned a "Family Partner" who will assist you with budget counselling, household maintenance education, and other related homeowner information.

I am willing to participate in the Family Support Mentoring Program: Applicant: Yes No

Co-Applicant: Yes No

MAINTAINING A HABITAT FOR HUMANITY HOME

Household maintenance and upkeep are your responsibility.

I am willing to commit to maintaining a Habitat for Humanity Home: Applicant: Yes No

Co-Applicant: Yes No

Applicant Signature for Willingness to Partner

Co-Applicant Signature for Willingness to Partner

3. Housing Information

CURRENT HOUSING CONDITIONS

Apartment Townhouse House/Duplex Other, explain: _____

How many bedrooms? _____ How many bathrooms? _____ How long have you lived there? _____

Do you receive a rent subsidy (rent-geared-to income)? Yes No

How much is your rent? \$_____/month Does your rent include utilities? Yes No

If your rent does NOT include utilities, how much are your total monthly utility costs? \$ _____

Name and address of your Landlord:

Landlord Phone #:

Will you be a first time homebuyer? Yes No (If yes, government funding may apply.)

Describe the condition of your current home and the neighbourhood you live in.
(Why would you like/need to move?)

Why have you applied for a Habitat for Humanity home?
(How do you think Habitat for Humanity can help you?)

How is your current housing situation not meeting your needs?

Are there special needs that you would consider in choosing or building a house? (Accessibility, room for parents or grandparents, etc.)

HOUSING HISTORY – for the last three (3) years

Dates (From/To)	Previous Address	Name of Landlord	Landlord's Phone #

4. Employment & School Information**EMPLOYMENT HISTORY – for the last two (2) years****Applicant**

	Dates (From/To)	Name & Address of Employer	Job Title	Work Ph #
1				
2				
3				

Co-Applicant

	Dates (From/To)	Name & Address of Employer	Job Title	Work Ph #
1				
2				
3				

Any other Household Member over the age of eighteen (18) with income who will live in your Habitat home:

Name of Household Member: _____

	Dates (From/To)	Name & Address of Employer	Job Title	Work Ph #
1				
2				

Any other Household Member over the age of eighteen (18) with income who will live in your Habitat home:

Name of Household Member: _____

	Dates (From/To)	Name & Address of Employer	Job Title	Work Ph #
1				
2				

SCHOOL INFORMATION

List each member of the household over the age of eighteen (18) who is enrolled in school:

Last Name	First Name	Name of School	Program Name	Enrolment Date	Type
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Note: All blanks on the following pages must be completed. If the item does not apply, please write N/A (not applicable).

5. Income**MONTHLY INCOME BEFORE TAX**

Income amount is the total gross amount (**before** deductions) per month. Please provide proof of all sources of income as listed on the checklist. Income of children 18 years or older who live at home and not attending school must also be included under Others.

	APPLICANT	CO-APPLICANT	OTHERS
EARNINGS: What is your hourly rate?	\$	\$	\$
How many hours do you work per week?			

MONTHLY INCOME BEFORE TAX (Gross Monthly Amount)

TYPE	APPLICANT	CO-APPLICANT	OTHERS
Current Job (Employment Income)	\$	\$	\$
Second Job (Employment Income)	\$	\$	\$
Social Assistance/Ontario Works (OW)	\$	\$	\$
Provincial Disability (ODSP)	\$	\$	\$
Canada Child Tax Benefits	\$	\$	\$
Ontario Child Care Supplement for Working Families	\$	\$	\$
Universal Child Care Benefit	\$	\$	\$
Alimony/Support Payments	\$	\$	\$
Employment Insurance Benefits (EI)	\$	\$	\$
Worker's Compensation (WSIB)	\$	\$	\$
Old Age Security (OAS) & Federal Supplement (GIS)	\$	\$	\$
Provincial Guaranteed Annual Income Supplement (GAINS)	\$	\$	\$
Canada Pension Plan (CPP)	\$	\$	\$
Veteran's Affairs Allowance (DVA)	\$	\$	\$
Private Pensions, specify: _____	\$	\$	\$
Other, specify: _____ _____	\$	\$	\$
TOTALS	\$	\$	\$

6. Assets

LIST ALL FINANCIAL ACCOUNTS (Chequing, Savings, RRSP, Stocks, Bonds, GIC's, etc.)

Reminder: Please provide copies of the most current statements and/or bank books for all of the sources listed below.

SOURCE	APPLICANT	CO-APPLICANT	OTHERS
Name and address of bank			
Account type (Chequing, Savings, RRSP, Stocks, GICs, etc.)	Balance \$	Balance \$	Balance \$
Account type	\$	\$	\$
Account type	\$	\$	\$
Life Insurance Policies	\$	\$	\$
Annuities/Rental Revenue	\$	\$	\$
Business Assets (Partnership/Franchise/Self-employment)	\$	\$	\$
Other	\$	\$	\$
TOTALS	\$	\$	\$

Applicant	Co-Applicant
Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____ Market Value \$ _____	Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____ Market Value \$ _____
Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ Make _____ Model _____	Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ Make _____ Model _____

7. Expenses

MONTHLY EXPENSES

Reminder: Please provide proof of rent being paid.

TYPE	APPLICANT	CO-APPLICANT	OTHERS
Rent	\$	\$	\$
Utilities (Hydro, Gas)	\$	\$	\$
Cable/Satellite	\$	\$	\$
Telephone	\$	\$	\$
Car Payment	\$	\$	\$
Insurance (Car/Home/Medical, etc.)	\$	\$	\$
Child Care	\$	\$	\$
Credit Card Payments	\$	\$	\$
Student Loan Payments	\$	\$	\$
Spousal/Child Support Payments	\$	\$	\$
Any outstanding Loans	\$	\$	\$
Other:	\$	\$	\$
TOTALS	\$	\$	\$

Reminder: Please provide copies of the most current statements for all of the long term debts listed below. If you have declared a personal bankruptcy, please include proof of the discharge.

LONG TERM DEBTS (Amounts you owe)

TYPE	APPLICANT	CO-APPLICANT	OTHERS
Total balance on American Express	\$	\$	\$
Total balance on Master Card	\$	\$	\$
Total balance on Visa	\$	\$	\$
Other Credit Cards (ex. Zellers, Sears, Cdn Tire, etc.)	\$	\$	\$
Total balance on Car Loan	\$	\$	\$
Total balance on Student Loans	\$	\$	\$
Total balance on Line of Credit	\$	\$	\$
Total balance on Personal Loans	\$	\$	\$
Other: (such as liens, etc.)	\$	\$	\$
TOTALS	\$	\$	\$

Applicant

Have you ever declared bankruptcy? Yes No

Discharge Date: _____

Co-Applicant

Have you ever declared bankruptcy? Yes No

Discharge Date: _____

8. Personal References

Please list at least three (3) personal references from people who know you but are not related to you.

Applicant		Co-Applicant	
Name & Address of 1 st Reference:		Name & Address of 1 st Reference:	
Relationship to Applicant:		Relationship to Applicant:	
Home #:	Work #:	Home #:	Work #:

Name & Address of 2 nd Reference:		Name & Address of 2 nd Reference:	
Relationship to Applicant:		Relationship to Applicant:	
Home #:	Work #:	Home #:	Work #:

Name & Address of 3 rd Reference:		Name & Address of 3 rd Reference:	
Relationship to Applicant:		Relationship to Applicant:	
Home #:	Work #:	Home #:	Work #:

9. Documentation

Please refer to the attached checklist to ensure all required documents are included when submitting your application. Incomplete applications will not be processed.

If there is not enough room on this form for all of your information, please attach additional pages with the remainder of the information.

DECLARATION, CONSENT and AGREEMENT

Habitat for Humanity Chatham-Kent ("Habitat") is committed to protecting the security and confidentiality of the personal information that has been provided to us in this Application for a Habitat Home. Habitat collects, uses and discloses such personal information for the purposes of processing this Application, and for such other purposes where you consent or where such collection or use is required or permitted by law. The personal information Habitat collects and uses in relation to this Application is kept in a secure and confidential file. Access to this file will be restricted to individuals at Habitat who require access in order to fulfill the purposes described above. The personal information contained in this Application will be kept by Habitat only as long as it is required in order to fulfill the purposes described above or as required by law.

By completing and signing this Application, the Applicant(s) are consenting to Habitat's use and disclosure of the personal information contained in the Application for the purpose of making any inquiries Habitat deems necessary in order to make a decision regarding this Application, including contacting any references, obtaining credit history information from a credit reporting agency and/or financial institution. This is in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA).

The Applicant(s) certify that all of the information and statements contained in this Application are true, accurate and complete to the best of their knowledge.

The Applicant(s) also certify that they have obtained all necessary consents from any other individual whose personal information is included in this Application in order to enable Habitat to collect, use and disclose such personal information for the purposes described above.

The Applicant(s) will provide additional up-to-date information when requested, and will notify Habitat immediately of any changes to information requested and previously provided.

The Applicant(s) understands that final approval is the sole right of Habitat for Humanity Chatham-Kent.

Signature of Applicant: _____ Date: _____

Applicant's Name (Printed): _____

Signature of Co-Applicant: _____ Date: _____

Co-Applicant's Name (Printed): _____