



PLEASE SUBMIT TO:  
HABITAT FOR HUMANITY  
304 NORTH MAIN STREET, SUITE 4  
FOSTORIA OH 44830  
419-435-2844

**Applications Open Year Round and  
Reviewed Quarterly**

## **FUTURE HABITAT HOME OWNER PRE - APPLICATION FORM**

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Dear Applicant:

Thank you for your interest in Habitat for Humanity.  
There are three significant requirements in applying for a Habitat home.

1. Your current housing situation must be substandard.
2. Your family's gross income will depend on FAHFH income guidelines.
3. You must be willing to partner with Habitat and provide 250-500 hours of "sweat equity" ( volunteer hours) to the organization.

Please answer the questions on this pre-application form and submit to the Habitat office during office hours of Monday - Thursday 9am – 1pm and or by mail: P.O. Box 607. By signing this application, you have authorized Habitat to perform a background and credit check.

Once your application has completed the initial screening, you will be contacted and asked to complete a formal application. (see attached for a list of the information needed IF YOUR PRE-APPLICATION IS APPROVED).

If you DO NOT meet Habitat requirements, you will be notified within 90 days.

NOTE: Providing false information will immediately disqualify you.

**" BUILDING DREAMS... ONE FAMILY, AND ONE HOME AT A TIME "**

**HABITAT REQUIREMENTS**

**1. SUBSTANDARD HOUSING**

- a. Do you own or rent your home?      \_\_\_\_\_ OWN      \_\_\_\_\_ RENT
  - b. Number of persons (adults and children) living in your current home: \_\_\_\_\_
  - c. Number of children (17 and younger) living in your current home: \_\_\_\_\_
  - d. Number of bedrooms in your current home: \_\_\_\_\_
  - e. Check problems in the current home: (Check  all that apply)
    - \_\_\_\_\_ leaking or faulty roof
    - \_\_\_\_\_ faulty electrical wiring
    - \_\_\_\_\_ heating problems
    - \_\_\_\_\_ plumbing problems
    - \_\_\_\_\_ structural issues (foundation sinking, floors settling, etc)
    - \_\_\_\_\_ unsafe neighborhood
    - \_\_\_\_\_ other safety issuesExplain: \_\_\_\_\_
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**2. INCOME AND ABILITY TO PAY**

- a. Have you filed for bankruptcy in the last two years?      \_\_\_ YES      \_\_\_ NO
- b. Do you have any liens or judgments against you?      \_\_\_ YES      \_\_\_ NO
- c. Do you pay your rent on time?      \_\_\_ YES      \_\_\_ NO
- d. Do you pay your utility bills on time?      \_\_\_ YES      \_\_\_ NO
- e. Are you currently taking educational classes?      \_\_\_ YES      \_\_\_ NO

**What is your gross (before taxes) monthly income?** \_\_\_\_\_

**Please list all sources of income. (Include social security, disability, food stamps, and child support, if reliable and regular monthly payments).**

<b>SOURCE OF INCOME</b>	<b>GROSS AMOUNT per Month</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**3. WILLINGNESS TO PARTNER WITH HABITAT**

a. I am able to provide 250-500 hours of "sweat equity".     \_\_\_ YES \_\_\_ NO

b. I am able to attend Homeowner education classes.     \_\_\_ YES \_\_\_ NO

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**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBERS:**     **HOME:**     \_\_\_\_\_  
                              **WORK:**     \_\_\_\_\_  
                              **CELL:**     \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MARITAL STATUS:**   \_\_\_ SINGLE   \_\_\_ MARRIED   \_\_\_ SEPARATED

**ARE YOU A UNITED STATES CITIZEN?**   \_\_\_ YES   \_\_\_ NO

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**CO - APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBERS:**     **HOME:**     \_\_\_\_\_  
                              **WORK:**     \_\_\_\_\_  
                              **CELL:**     \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MARITAL STATUS:**   \_\_\_ SINGLE   \_\_\_ MARRIED   \_\_\_ SEPARATED

**ARE YOU A UNITED STATES CITIZEN?**   \_\_\_ YES   \_\_\_ NO

How did you hear about Habitat for Humanity?

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**SIGNATURES:** By signing this, you are giving Habitat for Humanity permission to conduct a background check and a credit check.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please take this completed pre-application to or mail to:  
(Drop slot available 9am-1pm Monday-Thursday)

**FOSTORIA AREA HABITAT FOR HUMANITY  
304 NORTH MAIN STREET, SUITE 4  
P.O. Box 607  
FOSTORIA, OHIO 44830  
(419) 435-2844**