



PLEASE SUBMIT TO: Fostoria Area Habitat for
Humanity
PO Box 607
Fostoria, Ohio 44830

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Email: info@fostoriahabitat.com
Website: www.fostoriahabitat.com

**Applications Open Year Round
& Reviewed Quarterly**

FUTURE HABITAT HOME OWNER PRE - APPLICATION FORM

Revised 3.21

Dear Applicant:

Thank you for your interest in owning a Habitat for Humanity Home
There are **THREE** requirements to apply for a Habitat home.

1. Your current housing situation must be **substandard** (see page 3).
2. Your family's **gross income** (before taxes) must be below the 80% HUD Income Guideline of Family GROSS INCOME according to Family Size.

**HUD INCOME GUIDELINES
Fostoria Area FY 2020
FAMILY SIZE YEARLY GROSS INCOME**

Family Size	Minimum Income	Maximum Income
1	13,700	36,500
2	17,240	41,700
3	21,720	46,900
4	26,200	52,100
5	30,680	56,300
6	35,160	60,450
7	39,640	64,650
8	43,000	68,800

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 form and submit to the Habitat office. Habitat will review the information and contact you about the next steps in the application process. This will include submitting additional information and documentation.

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

NOTE: Providing false information will immediately disqualify you.

BACKGROUND:

How did you hear about Habitat? What person/agency referred you?

Have you ever applied for a Habitat House? YES NO

If yes, when? _____

If declined, what was the reason? _____

Have you ever owned a home? YES NO

If yes, when? _____

HABITAT REQUIREMENTS

1. SUBSTANDARD HOUSING

Do you own or rent your home? OWN RENT

Number of adults living in your current home. _____

Define the children (17 and younger) living in your current home. No children

	Age	Sex
1.		Male Female
2.		Male Female
3.		Male Female
4.		Male Female
5.		Male Female

Number of bedrooms in your current home: _____

- Check *X* for problems in your current home:
- leaking or faulty roof
 - faulty electrical wiring
 - heating problems
 - plumbing problems
 - structural issues (foundation sinking, floors settling, etc)
 - unsafe neighborhood
 - other safety issues - **If other, please explain below.**

Explain: _____

2. INCOME AND ABILITY TO PAY (*answering yes or no below does not automatically deny your application*)

Have you filed for bankruptcy in the last two years? YES NO

Do you pay your rent on time? YES NO

Do you pay your utility bills on time? YES NO

Are you currently taking educational classes? YES NO

Do you currently have a court ruling (called a judgment/lien) against you for an unpaid debt? YES NO

Do you have any payments that you are making to a collection agency? YES NO

If YES, total balance due on debts in collection: \$ _____

What is your gross (**before taxes**) yearly income? \$ _____

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

SOURCE OF INCOME per Month	GROSS AMOUNT per Month
<i>Example: Whirlpool (Job)</i>	<i>Example: \$1250.00/month</i>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total per month:	\$

MUST BE BELOW the 80% Hud Income Guideline of gross family income according to family size on page 1.

Habitat for Humanity Mission Statement
 Seeking to put God’s love into action, Habitat for Humanity brings people together to build homes, communities and hope.

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
- c. I am willing to attend Dave Ramsey Financial Peace Courses before I get my home. YES NO

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

APPLICANT'S NAME: _____

ADDRESS: _____

STREET

CITY

ZIP

DATE OF BIRTH: _____

MONTH

DAY

YEAR

PHONE NUMBERS: _____

HOME

CELL

WORK

EMAIL: _____

MARITAL STATUS: SINGLE MARRIED SEPARATED

SOCIAL SECURITY NUMBER: _____

ARE YOU A UNITED STATES CITIZEN? YES NO

APPLICANT SIGNATURE: _____

DATE: _____

CO-APPLICANT'S NAME: _____

ADDRESS: _____

STREET

CITY

ZIP

DATE OF BIRTH: _____

MONTH

DAY

YEAR

PHONE NUMBERS: _____

HOME

CELL

WORK

EMAIL: _____

MARITAL STATUS: SINGLE MARRIED SEPARATED

SOCIAL SECURITY NUMBER: _____

ARE YOU A UNITED STATES CITIZEN? YES NO

APPLICANT SIGNATURE: _____

DATE: _____

Please return this completed pre-application to:

FOSTORIA AREA HABITAT FOR HUMANITY

P.O. Box 607

Fostoria, Ohio 44830

Or

Email to:

info@fostoriahabitat.com

