

Application for a Habitat Home

If you have questions about how to fill out this form, please call the Habitat office at **690-5344** and leave a message for the Family Selection Committee. Someone will return your call and assist you. **Completed Applications to be mailed to P.O. Box 632 Kentville N.S. B4N 3X7.** Please allow 6-8 weeks for processing. Phone inquiries after this length of time are acceptable.

1. APPLICANT INFORMATION

Applicant			Co-Applicant		
Applicant's Name	Age & Birth date		Applicant's Name	Age & Birth date	
Present Address In Full	<input type="checkbox"/> Own <input type="checkbox"/> Rent		Present Address In Full	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of Years There _____			Number of Years There _____		
SIN Number	Home Phone	Work Phone	SIN Number	Home Phone	Work Phone
Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>		Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	
Other <input type="checkbox"/> (Attach Explanation & Documentation)			Other <input type="checkbox"/> (Attach Explanation & Documentation)		
<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Unmarried (Single,divorced,separated,widowed)	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Unmarried (Single,divorced,separated,widowed)
Dependants (people who live with you other than the co-applicant)	Age	M or F?	Dependants (people who live with you other than the applicant)	Age	M or F?
Name			Name		
Relationship			Relationship		
Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?	Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?
Name			Name		
Relationship			Relationship		
Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?	Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?
Name			Name		
Relationship			Relationship		
Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?	Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?
Name			Name		
Relationship			Relationship		
Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?	Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?
Name			Name		
Relationship			Relationship		
Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?	Status Cdn. Citizen ? ___ Landed Immigrant? ___ Other? ___	Age	M or F?
Name			Name		
Relationship			Relationship		
For additional household members please include a list with names, relationship to the applicant(s), and status to work and reside. If living at Present Address for Less Than Three Years, Complete the Following					
Previous Address In Full	<input type="checkbox"/> Own <input type="checkbox"/> Rent		Previous Address In Full	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of Years There	Monthly Rent		Number of Years There	Monthly Rent	
Date Application Received			Date Application Received		

2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete 500 hours of volunteer service to Habitat for Humanity HRM / Annapolis Valley. Your participation in the process of 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. 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 Sign Here

Co-applicant Sign Here

Do you see any challenges with completing the 500 hours of sweat equity? Please explain the nature of these challenges.

Empty text box for explaining challenges.

3. HOUSING CONDITIONS

Number of Bedrooms in your **current home** (please circle) 1 2 3 4 5

Other rooms in the place where you live now:

Kitchen Bathroom Living Room Dining Room Other (please describe _____)

Name, address and phone number of current landlord:

Empty text box for landlord information.

In the space below, describe the condition of your current home and the neighborhood you live in. Why do you need a Habitat home?

Large empty text box for describing current home and neighborhood.

How is your current housing situation not meeting your needs?

Large empty text box for describing housing needs.

Do you anticipate a change in your family size in the near future? Do all family members reside in the current (same) accomodation?

Empty text box for family size and residence questions.

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

Empty text box for special needs.

How did you hear about Habitat for Humanity HRM / Annapolis Valley?

Empty text box for source of information.

4. EMPLOYMENT INFORMATION

Please supply work history for the past year and a letter from each person's employer confirming this information together with a copy of that person's most recent Notice of Assessment from Revenue Canada. If Income has changed, please provide a pay stub to reflect this change.

Applicant - Current Job			Co-Applicant - Current Job		
Name and address of primary employer			Name and address of primary employer		
Position Held?			Position Held?		
Work Phone	Start Date	Finish Date	Work Phone	Start Date	Finish Date
Applicant - Previous Job 1			Co-Applicant - Previous Job 1		
Name and address of primary employer			Name and address of primary employer		
Position Held?			Position Held?		
Work Phone	Start Date	Finish Date	Work Phone	Start Date	Finish Date
Applicant - Previous Job 2			Co-Applicant - Previous Job 2		
Name and address of primary employer			Name and address of primary employer		
Position Held?			Position Held?		
Work Phone	Start Date	Finish Date	Work Phone	Start Date	Finish Date
If you have a second job, please complete the following:					
Applicant - Second Job			Co-Applicant - Second Job		
Name and address of secondary employer, if applicable.			Name and address of secondary employer, if applicable.		
Position Held?			Position Held?		
Work Phone	Start Date		Work Phone	Start Date	
Any Other Household Members With Income					
Name of Household Member -			Name of Household Member -		
Name + address of employer or source of income (pension or retirement etc)			Name + address of employer or source of income (pension or retirement etc)		
a) Please include Most Recent Notice of Assessment.			a) Please include Most Recent Notice of Assessment.		
b) If your pay has changed, please provide a current pay stub.			b) If your pay has changed, please provide a current pay stub.		
Work Telephone Number	Start Date		Work Telephone Number	Start Date	

NOTE: All blanks on this page must be completed. If the blank does not apply, please print N/A (not applicable)

5. MONTHLY INCOME AND TOTALS

Monthly Income Before Tax	Applicant	Co-Applicant	Others*	Documents Enclosed?
Monthly Income Before Tax - Current Job				<input type="checkbox"/>
Monthly Income Before Tax - Current Job				<input type="checkbox"/>
Monthly Social Assistance				<input type="checkbox"/>
Monthly Child Tax Benefits				<input type="checkbox"/>
Monthly Disability				<input type="checkbox"/>
Monthly Spousal Support				<input type="checkbox"/>
Monthly Child Support				<input type="checkbox"/>
Provincial Childcare Supplements				<input type="checkbox"/>
Monthly Pension Income				<input type="checkbox"/>
Any other Income (attach written explanation of this income)				<input type="checkbox"/>
Total				

PLEASE NOTE * For permanent household members who are not co-applicants we need information regarding their length of residence and contributions to the income of the household. Please attach a separate sheet and explain.

Please provide current proof of income for applicant and co-applicant. **Proof of income must include** (1.) a T-4 slip for the most recent year, (2) Revenue Canada Notice of Assessment, (3) a letter from your employer confirming (a) the length of your employment and (b) the annual rate of pay or the number of hours worked per week with the hourly rate of pay (4.) Employment Insurance (EI) benefits statement and other documents, if applicable. **For any history of bankruptcy, copies of discharge documents must be submitted.**

6. MONTHLY EXPENSES AND TOTALS

Monthly Expenses	Applicant	Co-Applicant	Others
Monthly Rent			
Monthly Utilities (Hydro/Gas/Cable/Telephone)			
Monthly Car Payments			
Insurance (Medical/House/Car/Etc)			
Child Care			
Monthly Credit Card Payments			
Monthly Student Loan Payments			
Monthly Spousal/Child Support Payment			
Other			
Total			

7. LONG TERM DEBTS YOU OWE

Total Balance on Master Card/American Express			
Total Balance on Visa			
Other Credit Cards (Zellers, Canadian Tire, etc.)			
Total Balance on Car Loan			
Total Balance on Student Loans			
Total Balance on Line of Credit			
Total Balance on Personal Loans			
Total Balance on Other Debts - Please Explain			
Total Amounts Owning			

8. ASSETS

List All Financial Accounts such as Chequing, Savings, RRSP's and others

Name and Address of Bank		Name and Address of Bank	
Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance	Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance
Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance	Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance
Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance	Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance
Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance	Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance
Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance	Account Type (Checking,Saving,RRSP,Mutual Funds etc.)	Balance
Total of above accounts		Total of above accounts	
Do you own any real estate? Please provide location & market value		Do you own any real estate? Please provide location & market value	
Do you own an automobile? Please provide year, make and model		Do you own an automobile? Please provide year, make and model	

9. PERSONAL REFERENCES

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

Name and address of First Reference		Name and address of Second Reference	
Relationship to Applicant		Relationship to Applicant	
Home Telephone Number	Work Telephone Number	Home Telephone Number	Work Telephone Number
Name and address of Third Reference		Name and address of Fourth Reference	
Relationship to Applicant		Relationship to Applicant	
Home Telephone Number	Work Telephone Number	Home Telephone Number	Work Telephone Number

The undersigned declare(s) that the statements made in this application are true and correct.

I/we, the applicant(s), consent to any inquiries by Habitat for Humanity HRM / Annapolis Valley deemed necessary to reach a decision on this application, including contacting references, and I/we consent to the disclosure at any time of any credit information about me/us by any credit reporting agency or by anyone with whom I/we have financial relations. I/we, the applicant(s), further certify that I/we have answered all the questions truthfully and to the best of my/our knowledge.

Date	Signature of Applicant	Signature of Co-Applicant	Date
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****PLEASE ENSURE THAT YOU PROVIDE US WITH ALL REQUIRED INFORMATION WHEN APPLYING. SEE CHECKLIST ON BACK.**

**THE FOLLOWING DOCUMENTS MUST BE INCLUDED
FOR BOTH APPLICANT AND CO-APPLICANT**

Please provide photocopies and not originals

	<u>Applicant</u>	<u>Co-applicant</u>
1. Proof of Eligibility to Work and Reside in Canada <i>Canadian Citizenship or birth certificate if born in Canada OR landed immigrant papers</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Employment Information - a letter from your employer stating: a) Current Earnings b) How long you worked there c) Whether you are full time or part time, permanent or on seasonal contract	<input type="checkbox"/>	<input type="checkbox"/>
3. Rental information <i>Either a letter from your landlord stating your current rent or a cancelled cheque or bank statement showing the current rent.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Financial Information <i>If an item does not apply please print NA (Not Applicable)</i>		
a) Your most recent Notice of Assessment from Revenue Canada	<input type="checkbox"/>	<input type="checkbox"/>
b) If your pay has changed, please also provide a current pay stub.	<input type="checkbox"/>	<input type="checkbox"/>
c) Statements of amounts owing on every credit card and loan	<input type="checkbox"/>	<input type="checkbox"/>
d) Assessment of Child Tax Benefit from Revenue Canada	<input type="checkbox"/>	<input type="checkbox"/>
e) Statement of provincial childcare supplements	<input type="checkbox"/>	<input type="checkbox"/>
f) Statement of disability income	<input type="checkbox"/>	<input type="checkbox"/>
g) Proof of child or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
h) Discharge papers if you declared bankruptcy within the last 10 years	<input type="checkbox"/>	<input type="checkbox"/>
i) Information about income from any other member of your household	<input type="checkbox"/>	<input type="checkbox"/>
j) Statement of Social Assistance income	<input type="checkbox"/>	<input type="checkbox"/>