



**APPLICATION COVER LETTER**

The following documentation must be provided for an applicant to be considered for a Habitat home. Please send all information listed below to the address below. **Be sure to send copies when noted; originals will NOT be returned.**

**ALL DOCUMENTATION MUST BE SUBMITTED AT ONE TIME INCLUDING THIS COVER CHECKLIST!**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ FOR VETERANS ONLY: Copies of unedited DD Form 214
- \_\_\_\_\_ Copies of Applicant’s paystubs for last **two months**
- \_\_\_\_\_ Copies of Co-Applicant’s paystubs for last **two months**
- \_\_\_\_\_ Copies of Applicant’s tax returns for last **two years**
- \_\_\_\_\_ Copies of Co-Applicant’s tax returns for last **two years**
- \_\_\_\_\_ Photocopies of three most recent rent payments, utility bills and credit card bills (check, money order or receipt)
- \_\_\_\_\_ Photocopies of photo identification and social security card for all applicants
- \_\_\_\_\_ Photocopies of birth certificates or legalization papers for all family members.
- \_\_\_\_\_ Photocopies of **two** most recent bank statements (checking and savings)
- \_\_\_\_\_ Completed “Monthly Expense Worksheet”
- \_\_\_\_\_ Completed “Employment Verification” form for all applicants
- \_\_\_\_\_ Completed “Landlord Questionnaire”
- \_\_\_\_\_ Completed “Personal Information Release Authorization” for all applicants
- \_\_\_\_\_ Signed “Build Plan Disclosure”
- \_\_\_\_\_ Completed “Special Populations Served”
- \_\_\_\_\_ \$20.00 Credit Check Fee (if not already submitted)
- \_\_\_\_\_ Verification for **ALL** sources of household income
- \_\_\_\_\_ Attended a Homeownership Workshop

- |                            |               |                   |                     |
|----------------------------|---------------|-------------------|---------------------|
| _____ General Assistance   | _____ Alimony | _____ Food Stamps | _____ Child Support |
| _____ SSI Survivor Benefit | _____ SSI     | _____ Disability  | _____ AFDC or TANF  |

**APPLICATION DEADLINE:** \_\_\_\_\_

**Mail or Hand Deliver to: CDHFH 544 Webbs Lane, Dover, DE 19904  
Phone: (302) 526-2366 Fax: (302) 526-7506**

Applicant Name: \_\_\_\_\_



544 Webbs Lane  
Dover, DE 19904

**PERSONAL INFORMATION RELEASE AUTHORIZATION**

To Whom It May Concern:

I/We hereby authorize the release of any and all financial information requested by Central Delaware Habitat for Humanity, including the following;

- Checking and Savings Account Information
- Personal and Credit References
- Credit Report
- Landlord Statements
- Social Service Payment Verification
- Wage and Salary Information and/or Records

A photographic copy of this authorization may be deemed equivalent to the original and may be used as a duplicate original.

I/We understand that requests to third parties for any/all of the above information may be made by Central Delaware Habitat for Humanity’s authorized agents.

I/We hereby release you and Central Delaware Habitat for Humanity from all legal responsibility or liability that may arise from you honoring this authorization and Central Delaware Habitat for Humanity’s use of the same.

I/We understand that Central Delaware Habitat for Humanity will run applicants names against the sex offender registry

\_\_\_\_\_  
Applicant’s Name - Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
CO-Applicant’s Name - Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
CO-Applicant’s Signature

\_\_\_\_\_  
Applicant’s Date of Birth

\_\_\_\_\_  
Co-Applicant’s Date of Birth

\_\_\_\_\_  
Applicant’s Social Security Number

\_\_\_\_\_  
CO-Applicant’s Social Security Number

\_\_\_\_\_  
Applicant’s Current Address

\_\_\_\_\_  
CO-Applicant’s Current Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_



544 Webbs Lane  
Dover, DE 19904

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

Dear Landlord:

Your tenant, \_\_\_\_\_, who resides at \_\_\_\_\_, has applied for homeownership with Central Delaware Habitat for Humanity. Your response to the following questions is a critical component to the application process. **Please complete this form and return it to your tenant or mail it to CDHFH 544 Webbs Lane Dover, DE 19904 or fax it to (302) 526-7506.** If you have any questions while completing this form, please contact us at (302) 526-2366.

1. Please specify the date this tenant began renting from you:

Month \_\_\_\_\_ Year \_\_\_\_\_

1. Amount of current monthly rental payments: \_\_\_\_\_

2. How many times has this tenant been late with their rent from  
1-5 days \_\_\_\_\_; 6-15 days \_\_\_\_\_; 15-30 days \_\_\_\_\_;  
over 30 days \_\_\_\_\_

Please provide any relevant comments.

\_\_\_\_\_  
\_\_\_\_\_

3. How well does this tenant maintain the property? (Scale 1 (very poor) to 5 (very well) Please explain.

\_\_\_\_\_  
\_\_\_\_\_

4. Would you rent to this tenant again? YES / NO

Signature of current landlord: \_\_\_\_\_

Print Name and Date: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

**Release:** I hereby authorize the release of the requested information to Central Delaware Habitat for Humanity. Information obtained under this consent is limited to information that is relevant to the requested information listed above. This information includes recorded Tenant status and history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_



**Request for Employment Verification**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Employee: \_\_\_\_\_  
Social Security # \_\_\_\_\_

The above named individual has applied for homeownership with Central Delaware Habitat for Humanity and has given Habitat the written permission to receive employment verification from you. Your responses to the following questions will assist Habitat in processing the application for this individual. **Please complete this form and return it to your employee or mail it to CDHFH 544 Webbs Lane Dover, DE 19904 or fax it to (302) 526-7506.** If you have any questions regarding this request or about Habitat, please don't hesitate to contact us at (302)526-2366. Thank you for assisting us in helping another family to become a homeowner!

Employment History: Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee's present position: \_\_\_\_\_

Salary Verification:

Hourly Wage: \_\_\_\_\_

Pay Period: \_\_\_\_\_

Average work time per week: \_\_\_\_\_ day(s) \_\_\_\_\_ hour(s) \_\_\_\_\_ overtime hour(s)

During the last 12 months of employment, how many days was the employee absent?

\_\_\_\_\_

Person completing this form:

Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Release:** I hereby authorize the release of the requested information to Central Delaware Habitat for Humanity. Information obtained under this consent is limited to information that is relevant to the requested information listed above. This information includes recorded employment status and history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_



**Request for Employment Verification**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Employee: \_\_\_\_\_  
Social Security # \_\_\_\_\_

The above named individual has applied for homeownership with Central Delaware Habitat for Humanity and has given Habitat the written permission to receive employment verification from you. Your responses to the following questions will assist Habitat in processing the application for this individual. **Please complete this form and return it to your employee or mail it to CDHFH 544 Webbs Lane Dover, DE 19904 or fax it to (302) 526-7506.** If you have any questions regarding this request or about Habitat, please don't hesitate to contact us at (302)526-2366. Thank you for assisting us in helping another family to become a homeowner!

Employment History: Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee's present position: \_\_\_\_\_

Salary Verification:

Hourly Wage: \_\_\_\_\_

Pay Period: \_\_\_\_\_

Average work time per week: \_\_\_\_\_ day(s) \_\_\_\_\_ hour(s) \_\_\_\_\_ overtime hour(s)

During the last 12 months of employment, how many days was the employee absent?

\_\_\_\_\_

Person completing this form:

Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Release:** I hereby authorize the release of the requested information to Central Delaware Habitat for Humanity. Information obtained under this consent is limited to information that is relevant to the requested information listed above. This information includes recorded employment status and history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**2015 BUILD PLAN DISCLOSURE**

**For the foreseeable future Central Delaware Habitat for Humanity will be building houses in the downtown Dover area.**

**While the build schedule is subject to change, your application is being considered specifically for a home on South Kirkwood Street in Dover.**

**If I am accepted as a Habitat partner family, I agree that I will be willing to live/purchase a house in Dover.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant**

\_\_\_\_\_  
**Date**



544 Webbs Lane  
Dover, DE 19904

Applicant Name: \_\_\_\_\_

**Special Populations to be Served  
As Required by Funding Sources**

Yes  No  1. *Physically and/or mentally disabled* – A person (1) with a physical and/or mental (i.e., psychiatric disorder) impairment that results in substantial functional limitations and who is receiving disability benefits from federal or state government or (2) who is deemed physically and/or mentally disabled by a qualified professional who attests that by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning or socializing.

Yes  No  2. *Developmentally disabled* – A person (1) with a severe chronic developmental disability who has been diagnosed with mental retardation and who is receiving disability benefits from federal or state government or (2) who is deemed developmentally disabled by a qualified professional who attests by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning or socializing.

Yes  No  3. *Persons recovering from domestic abuse (physical abuse)* – A person who has been subjected to a willful action of inflicting bodily injury or physical mistreatment as documented by a qualified service provider.

Yes  No  4. *Persons recovering from domestic abuse (emotional abuse)* – A person who has been subjected to a willful action of inflicting emotional mistreatment, but has not been physically abused, as documented by a qualified service provider.

Yes  No  5. *Persons recovering from chemical dependency* – A person with a history of substance abuse and/ or dependency who is receiving treatment for the abuse and/ or dependency from a qualified service provider.

Yes  No  6. *Persons with HIV/ AIDS* – A person with a medical diagnosis of Auto Immune Deficiency Syndrome or who is medically diagnosed by a qualified professional as HIV positive and who is receiving medical care for the condition diagnosed.

Yes  No  7. *Veteran* – Branch of Military: \_\_\_\_\_

Year(s) Served: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

