

**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
- Veteran Forms:
  - Copy of DD Form 214, Member Copy 4
  - VA Rating Disability Notice
  - DFAS Retiree Account Statement
  - Social Security Disability Notice
- 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
- Build Plan Disclosure
- Special Populations Served
- \$20.00 Credit Check Fee (if not already submitted)
- Verification for **ALL** sources of household income
- Written explanation for any missing documents**

- |                                               |                                  |                                      |                                        |
|-----------------------------------------------|----------------------------------|--------------------------------------|----------------------------------------|
| <input type="checkbox"/> General Assistance   | <input type="checkbox"/> Alimony | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> SSI Survivor Benefit | <input type="checkbox"/> SSI     | <input type="checkbox"/> Disability  | <input type="checkbox"/> AFDC or TANF  |

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



APPLICATION FOR HOUSING



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Do you know anyone associated with for CDHFH?  Yes  No  
 If yes who? \_\_\_\_\_

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application completely and accurately. If something does not apply please state that. Any incomplete applications will be disqualified. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

| Applicant                                                                                                                          |            |                          |                          |                          | Co-applicant                                                                                                                       |            |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|--------------------------|--------------------------|
| Applicant's Name (Please circle) Male or Female                                                                                    |            |                          |                          |                          | Co-applicant's Name (Please circle) Male or Female                                                                                 |            |                          |                          |                          |
| Social Security Num.                                                                                                               | Home Phone | DOB: _____<br>Age: _____ |                          |                          | Social Security Num.                                                                                                               | Home Phone | DOB: _____<br>Age: _____ |                          |                          |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) |            |                          |                          |                          | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) |            |                          |                          |                          |
| Dependents and others who will live with you (not listed by Co-Applicant.)                                                         |            |                          |                          |                          | Dependents and others who will live with you (not listed by Applicant.)                                                            |            |                          |                          |                          |
| Name: First                                                                                                                        | Last       | Age                      | Male                     | Female                   | Name: First                                                                                                                        | Last       | Age                      | Male                     | Female                   |
|                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                    |            |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Present Address (street, city, state, zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent                              |            |                          |                          |                          | Present Address (street, city, state, zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent                              |            |                          |                          |                          |
| Number of Years: _____ Amount of Rent: _____                                                                                       |            |                          |                          |                          | Number of Years: _____ Amount of Rent: _____                                                                                       |            |                          |                          |                          |
| <b>If Living at Present Address for Less Than Two Years, Complete the Following:</b>                                               |            |                          |                          |                          |                                                                                                                                    |            |                          |                          |                          |
| Last Address (street, city, state, zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent                                 |            |                          |                          |                          | Last Address (street, city, state, zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent                                 |            |                          |                          |                          |
| Number of Years: _____ Amount of Rent: _____                                                                                       |            |                          |                          |                          | Number of Years: _____ Amount of Rent: _____                                                                                       |            |                          |                          |                          |

2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "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 other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

|              |                          |                          |
|--------------|--------------------------|--------------------------|
|              | Yes                      | No                       |
| Applicant    | <input type="checkbox"/> | <input type="checkbox"/> |
| Co-applicant | <input type="checkbox"/> | <input type="checkbox"/> |

3. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle): 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen  Bathroom  Living room  Dining room  Other

If Other, please describe: \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_/mo  
 (Please submit a copy of your lease or a copy of a money order receipt or cancelled rent check.)

Name, Address, and Phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

\_\_\_\_\_

**4. PROPERTY INFORMATION**

If you own a mobile home, what is your monthly mortgage payment? \$ \_\_\_\_\_/mo. Unpaid Balance \$ \_\_\_\_\_  
 If you are selected how do you plan to sell your mobile home or satisfy the unpaid balance? \_\_\_\_\_

Do you own land?  No  Yes If yes, please describe, including location: \_\_\_\_\_

Is there a mortgage on the land?  No  Yes If yes: \$ \_\_\_\_\_/mo. Unpaid Balance \$ \_\_\_\_\_

If you are approved for a Habitat home, how should your names(s) appear on the legal documents?  
 (Anyone that will be listed on the deed must be a applicant or co-applicant.)  
 \_\_\_\_\_

**5. EMPLOYMENT INFORMATION**

| Applicant                                                                                |                             | Co-applicant                       |                             |
|------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-----------------------------|
| Name & Address of Current Employer                                                       | Years on This Job:          | Name & Address of Current Employer | Years on This Job:          |
|                                                                                          | Monthly (Gross) Wages<br>\$ |                                    | Monthly (Gross) Wages<br>\$ |
| Type of Business                                                                         | Business Phone              | Type of Business                   | Business Phone              |
| <b>If working at Current Job Less Than One Year, Complete the Following Information:</b> |                             |                                    |                             |
| Name & Address of Last Employer                                                          | Years on This Job:          | Name & Address of Last Employer    | Years on This Job:          |
|                                                                                          | Monthly (Gross) Wages<br>\$ |                                    | Monthly (Gross) Wages<br>\$ |
| Type of Business                                                                         | Business Phone              | Type of Business                   | Business Phone              |

Additional Comments:

**6. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

| Gross Monthly Income           | Applicant | Co-applicant | <sup>2</sup> Others in Household | <sup>3</sup> Monthly bills | Amount    |
|--------------------------------|-----------|--------------|----------------------------------|----------------------------|-----------|
| <sup>1</sup> Base Empl. Income | \$        | \$           | \$                               | Rent                       | \$        |
| AFDC/TANF                      |           |              |                                  | Utilities                  |           |
| Food Stamps                    |           |              |                                  | Car Payments               |           |
| Social Security                |           |              |                                  | Insurance                  |           |
| SSI                            |           |              |                                  | Child Care                 |           |
| Disability                     |           |              |                                  | School Lunch               |           |
| Alimony                        |           |              |                                  | Avg. Credit Card Payment   |           |
| Child Support                  |           |              |                                  | Student Loans              |           |
| Other                          |           |              |                                  | Alimony/Child Support      |           |
| <b>Total</b>                   | <b>\$</b> | <b>\$</b>    | <b>\$</b>                        | <b>Total</b>               | <b>\$</b> |

<sup>1</sup>Self-employed applicants(s) will be required to provide additional documentation such as tax returns and financial statements.

<sup>2</sup>List add'l. household members over 18 who receive income:

| Name | Age | Monthly Wages |
|------|-----|---------------|
|      |     |               |
|      |     |               |

<sup>3</sup>Please attach copies of past three months of bills.

**7. ASSETS**

**List Checking and Savings Accounts Below**

|                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name & Address of Bank, Savings & Loan, or Credit Union                                                                                                                                                                                                                                                                     | Name & Address of Bank, Savings & Loan, or Credit Union                                                                                                                                                                           |
| Account Number: _____ Balance: \$ _____                                                                                                                                                                                                                                                                                     | Account Number: _____ Balance: \$ _____                                                                                                                                                                                           |
| Name & Address of Bank, Savings & Loan, or Credit Union                                                                                                                                                                                                                                                                     | Name & Address of Bank, Savings & Loan, or Credit Union                                                                                                                                                                           |
| Account Number: _____ Balance: \$ _____                                                                                                                                                                                                                                                                                     | Account Number: _____ Balance: \$ _____                                                                                                                                                                                           |
| Name & Address of Bank, Savings & Loan, or Credit Union                                                                                                                                                                                                                                                                     | Name & Address of Bank, Savings & Loan, or Credit Union                                                                                                                                                                           |
| Account Number: _____ Balance: \$ _____                                                                                                                                                                                                                                                                                     | Account Number: _____ Balance: \$ _____                                                                                                                                                                                           |
| <p><b>Do you own a:</b></p> <p>Stove <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Refrigerator <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Washer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dryer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>Do you own a:</b></p> <p>Car #1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Make and Year: _____</p> <p>Car #2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Make and Year: _____</p> |

**8. DEBT**

**To Whom Do You and the Co-applicant Owe Money?**

|                                       | Monthly Payment | Unpaid Balance          | Name and Address of Company           | Monthly Payment | Unpaid Balance          |
|---------------------------------------|-----------------|-------------------------|---------------------------------------|-----------------|-------------------------|
| Car                                   |                 |                         |                                       |                 |                         |
|                                       |                 | Mos. left to pay: _____ |                                       |                 | Mos. left to pay: _____ |
| Furniture                             |                 |                         |                                       |                 |                         |
|                                       |                 | Mos. left to pay: _____ |                                       |                 | Mos. left to pay: _____ |
| Credit Card                           |                 |                         | Alimony/Child Support                 | \$ _____        | /month                  |
|                                       |                 |                         | Job-Related Expenses                  | \$ _____        | /month                  |
|                                       |                 |                         | (Child Care, Union Dues, etc.)        | \$ _____        | /month                  |
|                                       |                 | Mos. left to pay: _____ |                                       |                 |                         |
| Medical                               |                 |                         |                                       |                 |                         |
|                                       |                 | Mos. left to pay: _____ |                                       |                 |                         |
| <b>Column 1: Subtotal of Payments</b> | \$ _____        | /month                  | <b>Column 2: Subtotal of Payments</b> | \$ _____        | /month                  |
|                                       |                 |                         | <b>Column 1: Subtotal of Payments</b> | \$ _____        | /month                  |
|                                       |                 |                         | <b>Total Monthly Expenses</b>         | \$ _____        | /month                  |

**9. DECLARATIONS**

**Please Check the Box That Best Answers the Following Questions for you and the Co-applicant.**

|                                                                                            | Applicant                    |                             | Co-applicant                 |                             |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Do you have any debt because of a court decision against you? (Judgements, liens, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been declared bankrupt within the past 7 years?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you had property foreclosed on in the past 7 years?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you currently involved in a lawsuit?                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are you paying alimony or child support?                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are you a U.S. citizen or permanent resident?                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question a through e, please explain on a separate sheet of paper.**

**10. AUTHORIZATION AND RELEASE**

I understand that by filling this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no- I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicants on the sex offender registry. By completing this application, I am submitting to such an inquiry.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.

Applicant's Name \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_

**11. FOR OFFICE USE ONLY--DO NOT WRITE IN THIS SPACE**



Date Received: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_  
 More Information Requested?  Yes  No Date of Home Visit: \_\_\_\_\_  
 Date Application Completed: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_  
 Accepted  Denied

**12. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**Please Read This Statement Before Completing the Box Below:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

| Applicant                                                                    | Co-applicant                                                                          |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> I do not wish to furnish this information.          | <input type="checkbox"/> I do not wish to furnish this information.                   |
| <b>Race/National Origin:</b>                                                 | <b>Race/National Origin:</b>                                                          |
| <input type="checkbox"/> American Indian or Alaskan Native                   | <input type="checkbox"/> American Indian or Alaskan Native                            |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander           | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                    |
| <input type="checkbox"/> Black/African American                              | <input type="checkbox"/> Black/African American                                       |
| <input type="checkbox"/> Caucasian                                           | <input type="checkbox"/> Caucasian                                                    |
| <input type="checkbox"/> Asian                                               | <input type="checkbox"/> Asian                                                        |
| <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian     | <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian              |
| <input type="checkbox"/> Asian AND Caucasian                                 | <input type="checkbox"/> Asian AND Caucasian                                          |
| <input type="checkbox"/> Black/African American AND Caucasian                | <input type="checkbox"/> Black/African American AND Caucasian                         |
| <input type="checkbox"/> American Indian or Alaskan Native AND Black/African | <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American |
| <input type="checkbox"/> Other (specify)                                     | <input type="checkbox"/> Other (specify)                                              |
| <b>Ethnicity:</b>                                                            | <b>Ethnicity:</b>                                                                     |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic      | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic               |
| <b>Marital Status:</b>                                                       | <b>Marital Status:</b>                                                                |
| <input type="checkbox"/> Married                                             | <input type="checkbox"/> Married                                                      |
| <input type="checkbox"/> Separated                                           | <input type="checkbox"/> Separated                                                    |
| <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)         | <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)                  |

## MONTHLY EXPENSES

|                                                                                     |      |                                    |                |
|-------------------------------------------------------------------------------------|------|------------------------------------|----------------|
|    |      |                                    |                |
| <b>HOUSING</b>                                                                      |      |                                    | <b>MEDICAL</b> |
| Rent / Mortgage                                                                     | \$ - | Hospital bills                     | \$ -           |
| Equity Loan(s)                                                                      | \$ - | Doctor co-pays                     | \$ -           |
| Lot rent                                                                            | \$ - | Dental co-pays                     | \$ -           |
| Electric                                                                            | \$ - | Medications                        | \$ -           |
| Gas/Oil                                                                             | \$ - | Other (Specify)                    | \$ -           |
| Telephone                                                                           | \$ - | <b>TOTAL</b>                       | \$ -           |
| Water/Sewage                                                                        | \$ - |                                    |                |
| Trash removal                                                                       | \$ - |                                    |                |
| Cable TV                                                                            | \$ - | <b>PERSONAL</b>                    |                |
| Other (Specify)                                                                     | \$ - | Barber/Beauty shop/Nails           | \$ -           |
| <b>TOTAL</b>                                                                        | \$ - | Clothing                           | \$ -           |
|                                                                                     |      | Tobacco/Alcohol                    | \$ -           |
| <b>GROCERY ITEMS</b>                                                                | \$ - | Gifts/Cards                        | \$ -           |
| Food bill                                                                           | \$ - | Donations (church/charities)       | \$ -           |
| Dining out                                                                          | \$ - | <b>SAVINGS</b>                     | \$ -           |
| School/work lunches                                                                 | \$ - | <b>TOTAL</b>                       | \$ -           |
| Household items                                                                     | \$ - |                                    |                |
| Toiletries/cosmetics                                                                | \$ - | <b>WORK EXPENSES</b>               |                |
| <b>TOTAL</b>                                                                        | \$ - | Child Care                         | \$ -           |
|                                                                                     |      | Uniforms                           | \$ -           |
|                                                                                     |      | Misc. (dues, fees, advances)       | \$ -           |
| <b>TRANSPORTATION</b>                                                               |      | <b>TOTAL</b>                       | \$ -           |
| Car payment                                                                         | \$ - |                                    |                |
| Insurance (auto)                                                                    | \$ - | <b>ADDITIONAL EXPENSES</b>         |                |
| Routine maintenance                                                                 | \$ - | Birthdays, anniversaries, holidays | \$ -           |
| Public Transportation                                                               | \$ - | Credit card(s)                     | \$ -           |
| Parking/tolls                                                                       | \$ - | Rental/financed items              | \$ -           |
| Gasoline                                                                            | \$ - | Recreation/Entertainment           | \$ -           |
| <b>TOTAL</b>                                                                        | \$ - | Education                          | \$ -           |
|                                                                                     |      | Newspaper/magazines                | \$ -           |
| <b>INSURANCE</b>                                                                    |      | Alimony/Child Support              | \$ -           |
| Home/Renters                                                                        | \$ - | Clubs/hobbies/interests            | \$ -           |
| Health                                                                              | \$ - | Loan(s)                            | \$ -           |
| Life                                                                                | \$ - | Fine(s)                            | \$ -           |
| Other                                                                               | \$ - | Cellular Phone/Pager               | \$ -           |
| <b>TOTAL</b>                                                                        | \$ - | Internet                           | \$ -           |
|                                                                                     |      | <b>TOTAL</b>                       | \$ -           |
|  |      | <b>NET MONTHLY INCOME</b>          |                |
|                                                                                     |      | <b>TOTAL EXPENSES</b>              | \$ -           |
|                                                                                     |      | <b>SURPLUS</b>                     | \$ -           |
| 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





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





**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 or Queen 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  
Office: (302) 526-2366  
Fax: (302) 526-7506  
[www.centraldelawarehabitat.org](http://www.centraldelawarehabitat.org)





Central Delaware  
**Habitat**  
for Humanity®

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: \_\_\_\_\_

*We do not discriminate on the basis of race, color, religion, national origin, sex, familial status, handicap, or because all or part of income is derived from any public assistance program.*



## Other Homeownership Options

Each of these affordable housing agencies have their own programs and services, so please call to get information because you may qualify for one of their programs.

### **NCALL**

363 Saulsbury Road  
Dover, DE 19904  
302-678-9400  
www.ncall.org

\*Credit repair and financial management classes are available to work towards homeownership

### **Milford Housing Development Corporation**

977 Masten Circle  
Milford, DE 19963  
302-422-8255  
www.milfordhousing.com

\*Homeownership available throughout Kent & Sussex County

### **Delaware State Housing Authority**

18 The Green  
Dover, DE 19901  
302-739-4263  
www.destatehousing.com

*\*Houses for Sale at*  
[Delawarehousingsearch.org](http://Delawarehousingsearch.org)

### **First State Community Action**

655 South Old Bay Rd.  
Dover, DE 19901  
(302) 674-1355  
www.firststatecaa.org

### **Diamond State Community Land Trust**

P.O. Box 1484  
Dover, DE 19903-1484

9 E. Lookeman St, Suite 205

Dover, DE 19901  
800-282-0477  
www.diamondstateclt.org

\*Homeownership throughout Delaware

### **USDA/Rural Development**

1221 College Park Drive, Suite 200  
Dover, DE 19904  
(302) 857-3595

\*Kent & New Castle County

### **Central Delaware Habitat for Humanity**

544 Webbs Lane  
Dover, DE 19904  
(302) 526-2366  
www.centraldelawarehabitat.org

\*Homeownership in Kent County

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## Repairs/Weatherization

### **Milford Housing Development Corporation**

977 Masten Circle  
Milford, DE 19963  
302-422-8255  
Kent & Sussex County

### **Kent County Levy Court**

Community Development Block Grant  
555 Bay Road, Dover, DE 19901  
(302) 744-2480

### **USDA/Rural Development**

1221 College Park Drive, Suite 200  
Dover, DE 19904  
(302) 857-3595  
\*Kent & New Castle County

### **First State community Action Agency**

(302) 856-7761 Ext. 273

### **Delaware Health & Human Service**

Referrals: Dial 2-1-1