### **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!

		CHECKERS.	
Complete	ed Application		
Veteran	Forms:		
	Copy of DD Fo	rm 214, Member Cop	y 4
_	VA Rating Disa	ability Notice	
	DFAS Retiree	Account Statement	
_	Social Security	Disability Notice	
Copies o	f Applicant's pay	stubs for last <b>two mo</b>	nths
Copies o	f Co-Applicant's	paystubs for last two	months
Copies of	Applicant's tax	returns for last two ye	ears
Copies of	Co-Applicant's	tax returns for last tw	o years
	ies of three most noney order or r		utility bills and credit card bills
Photocop	ies of photo iden	tification and social se	ecurity card for all applicants
Photocopi	es of birth certifi	cates or legalization p	papers for all family members.
Photocopi	es of <b>two</b> most re	ecent bank statements	(checking and savings)
Complete	d "Monthly Expe	ense Worksheet"	
Completed	l "Employment \	Verification" form for	all applicants
Completed	l landlord question	onnaire	
Completed	Personal Inform	nation Release Author	ization for all applicants
Build Plan	Disclosure		
Special Po	pulations Served		
\$20.00 Cre	dit Check Fee (it	f not already submitted	d)
Verification	n for <u>ALL</u> source	es of household incom	ne
Written ex	olanation for an	y missing documents	s
General Assistance SSI Survivor Benefit	_Alimony SSI	Food Stamps _ Disability	Child Support 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 plended to the letter and spirit of U.S. policy for the achievement of equal housing opporturity throughout the nation. We encourage and support as affirmative adverding and marketing program in which there are no barriest to obtaining housing because of race, color, religion, sep, handicap, I annital starrur, or national origin.

Do you know anyon	associated with for	CDHFH? Dyes DN	0
If yes who?	Control of the second	10000000000000000000000000000000000000	And State of

for, religion, sex, handicap, familial status, or national origin 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: Social Security Num. Home Phone DOB □Married □Separated □Unmarried (single, divorced, widowed) □Married □Separated □Unmarried (single, divorced, widowed) Dependents and others who will live with you (not listed by Co-Dependents and others who will live with you (not listed by Applicant.) Applicant.) Name: First Last Age Male Name: First Last Age Male Own ☐ Rent Present Address (street, city, state, zip) Own ☐ Rent Present Address (street, city, state, zlp) Number of Years: Amount of Rent: Number of Years: Amount of Rent: If Living at Present Address for Less Than Two Years, Complete the Following: Own ☐ Rent Last Address (street, city, state, zip) Last Address (street, city, state, zip) Amount of Rent: Number of Years: 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. No Yes AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Applicant Co-applicant 3. PRESENT HOUSING CONDITIONS Number of bedrooms (please circle): Other rooms in the place where you are currently living: Other ☐ Kitchen ☐ Bathroom ☐ Living room Dining room If Other, please describe: If you rent your residence, what is your monthly rent payment? (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?

	and the second		. PROPERTY INFORMATION			
If you own a mobile h	ome, what is yo	our monthly mortgage payme	ent? \$/mo.	Unpaid Balanc	e \$	
If you are selected ho	w do you plan t	o sell your mobile home or s	atisfy the unpaid balance?			_
			B - 1			
no kon owu laug , D	No LI Yes	If yes, please describe, incli	uding location:	**		
Is there a mortgage on	the land?	No  Yes If yes:	\$/mo.	Unpaid Balance	\$	
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	School Blicks - Was - West -		PLOYMENT INFORMATION			
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		S (S)			s	,033) Wages
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777.5		working at Current Job Less	Than One Year, Complete the	Following Informatio	n: A veltica	MANUFACTURE STATE
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Marian Nagarana			7. ASSETS			10 March 1982
		List Che	cking and Savings Accounts	Below		
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Name & Address of Bank, Saving	s & Loan, or Credit Un	ion	Name & Address of Ban	k, Savings & Loan, or	Credit Union	
Account Number:	Balance: \$		Account Number:	Bal	ance: \$	
Do you <u>own</u> a:			Do you <u>own</u> a:			
Stove	☐ Yes	□ No	Car #1	Yes	□ No	
Refrigerator	☐ Yes	□ No	Make and Year:			
Washer	☐ Yes	□ No	Car #2	☐ Yes	□ No	
Dryer	☐ Yes	□ No	Make and Year:			
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1000		9. DECLA				A DOMESTIC OF THE PARTY OF THE
A CVIAN	Please Check the Box T	hat Best Answers the Fo	llowing Questions for y	ou and the Co	-applicant.	dia il Silveri
				licant		o-applicant
N 7 mm	ou have any debt because of a court decision against ye		☐ Yes	□ No	☐ Yes	□ No
b. Hav	e you been declared bankrupt within the past 7 y	years?	☐ Yes	□ No	☐ Yes	□ No
c. Hav	e you had property foreclosed on in the past 7 ye	ears?	☐ Yes	□ No	☐ Yes	□ No
d. Are	you currently involved in a lawsuit?		☐ Yes	□ No	Yes	□ No
e. Are	you paying alimony or child support?		☐ Yes	□ No	☐ Yes	□ No
f. Are y	you a U.S. citizen or permanent resident?		□ Yes	□ No	☐ Yes	□ No
Sales Sales Sales	ering "yes to these questions does not auton	matically disqualify you	u. If you answered "y	es" to any qu	estion <u>a</u> throug	h <u>e</u> , <u>please ex</u>
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pplicani	t's Name	Co-Applican	t's Name	***		-
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### **MONTHLY EXPENSES**

निर्भे Habitat for Humanit					
HOUSING			MEDICAL		
Rent / Mortgage	\$			\$	
Equity Loan(s)	\$		_ <del></del>	\$	
Lot rent	\$		Dental co-pays	\$	
Electric	\$		Medications	\$	
Gas/Oil	\$		Other (Specify)	\$	
Telephone	\$		TOTA		
Water/Sewage	\$				
Trash removal	\$				
Cable TV	\$		PERSONAL		
Other (Specify)	\$		, LINGOVIL	+	
TOTAL			Barber/Beauty shop/Nails	\$	
107712	+		Clothing	\$	
			Tobacco/Alcohol	\$	
GROCERY ITEMS	\$		Gifts/Cards	\$	
Food bill	\$	-	Donations (church/charities)	\$	
Dining out	\$		SAVINGS	\$	
School/work lunches	\$		TOTAL		
Household items	\$	_	, OTAL	1	
Toiletries/cosmetics	\$		WORK EXPENSES	1	
TOTAL	\$	-		<del> </del>	
TOTAL			Child Care	\$	-
			Uniforms	\$	_
			Misc. (dues, fees, advances)	\$	
TRANSPORTATION			TOTAL	\$	
Car payment	\$		1.5772	1	
nsurance (auto)	\$	<del>-</del>			
Routine maintenance	\$		ADDITIONAL EXPENSES		
ublic Transportation	\$		Birthdays, anniversaries, holidays	\$	-
	\$	_	Credit card(s)	\$	: <del>=</del> :
	\$	-	Rental/financed items	\$	-
A STATE OF THE STA	\$	-	Recreation/Entertainment	\$	_
,0171	-		Education	\$	
			Newspaper/magazines	\$	
ISURANCE			Alimony/Child Support	\$	-
	8	-	Clubs/hobbies/interests	\$	
ealth			Loan(s)	\$	-
e S		-	Fine(s)	\$	-
her \$	-			\$	
TOTAL S				\$	
IOIAL	·			\$	
			TOTAL	<u>*</u>	
	1-	-	NET MONTHLY INCOME	900	
			TOTAL EXPENSES	\$	•
	EQUAL H	OUSING			
	Urruki	WHILE S	SURPLUS	\$	-

Applicant Name:	
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# Central Delaware Habitat for Humanity

# Request for Employment Verification

TO:	Date:
	Employee:Social Security #
	Social Security #
Humanity and has given Habitat the from you. Your responses to the fol application for this individual. Plea mail it to CDHFH 544 Webbs Lan have any questions regarding this re-	oplied for homeownership with Central Delaware Habitat for the written permission to receive employment verification of the will assist Habitat in processing the asse complete this form and return it to your employee or the Dover, DE 19904 or fax it to (302) 526-7506. If you equest or about Habitat, please don't hesitate to contact us at sting us in helping another family to become a homeowner!
Employment History: Date of hire _ Employee's present position: Salary Verification: Hourly Wage: Pay Period: Average work time per week:	
Tiverage werk time per week.	near(s)s refinite near(s)
During the last 12 months of employn	ment, how many days was the employee absent?
Person completing this form:	
	Signature:
Title:	<del></del>
Phone Number:	_
Date:	
Release: I hereby authorize the release	of the requested information to Central Delaware
	ained under this consent is limited to information that is
A 1986 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sted above. This information includes recorded
employment status and history.	4
Signature	
~-D	





# Request for Employment Verification

TO:	-	Date:	
	_	Employee:	
-	-	Social Securit	y #
The above named individual has app Humanity and has given Habitat the from you. Your responses to the foll application for this individual. Pleas mail it to CDHFH 544 Webbs Land have any questions regarding this req (302)526-2366. Thank you for assist	written perm owing quest e complete t e Dover, DE uest or abou	ission to receive emions will assist Habithis form and retur 19904 or fax it to (the Habithis form)	ployment verification tat in processing the in it to your employee or 302) 526-7506. If you it hesitate to contact us at
Employment History: Date of hire _ Employee's present position: _ Salary Verification: Hourly Wage: _ Pay Period: _ Average work time per week:			
During the last 12 months of employm			
Person completing this form: Name (Please Print): Title:		_Signature:	
Phone Number:	-		
Release: I hereby authorize the release Habitat for Humanity. Information obta relevant to the requested information lisemployment status and history.	ined under t	his consent is limite	d to information that is
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 Da	te
Applicant's Signature		Co-Applicant's Signature	_
Applicant's Date of Birth		Co-Applicant's Date of Birth	
Applicant's Social Security Number	er	Co-Applicant's Social Security Number	- er
Applicant's Current Address		Co-Applicant's Current Address	
Applicant's Current Address	_	CO-Applicant's Current Address	_



		Applicant Name:		
	Central Delaware Habitat for Humanity'			
	•			
-	Webbs Lane ver, DE 19904			
201	, 61, 52 1556 .			
Date	e:			
Dear	r Landlord:			
Your	r tenant,ied for homeownership with Cen	, who resides at	, has	
	e following questions is a critical			
	plete this form and return it to			
	e Dover, DE 19904 or fax it to (		y questions while	
637	pleting this form, please contact u			
1.	. Please specify the date this ten	ant began renting from you:		
	Month Year			
	. Amount of current monthly rer			
2.	. How many times has this tenar			
	1-5 days; 6-15 days	s; 15-30 days	;	
	over 30 days			
	Please provide any relevant cor	nments.		
3.	How well does this tenant main well) Please explain.	tain the property? (Scale 1 (ve	ery poor) to 5 (very	
4.	Would you rent to this tenant ag	gain? YES/NO		
Signatu	ure of current landlord:			
Drint No	ure of current landlord:			
Contact	Vame and Date:			
Comaci	it Telephone Number.			
Habitat : that is re	e: I hereby authorize the release of for Humanity. Information obtained and to the requested informated Tenant status and history.	ned under this consent is limite	ed to information	
Signatur	re	Date	0	





### **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 wil 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





544 Webbs Lane Dover, DE 19904

Applicant Name:			
.ppee			

# 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 Do 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:



### 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.neall.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 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. Lookerman 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

## 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