



STARKVILLE AREA HABITAT FOR HUMANITY HOUSING APPLICATION
P.O. Box 784 Starkville, MS 39760 (662-324-7008)



APPLICANT INFORMATION		
APPLICANT'S NAME (As listed on Social Security Card.)	APPLICANT'S SOCIAL SECURITY NUMBER	APPLICANT'S BIRTHDAY (MONTH/DAY/YEAR)
HOME PHONE	CELL PHONE	WORK PHONE
CIRCLE ONE: Single, Married, Separated, Divorced, or Widowed	SPOUSE'S NAME (if legally married.)	ARE YOU A UNITED STATES CITIZEN?
CURRENT ADDRESS (Street, City, State, Zip code)	CURRENT ADDRESS INFORMATION Do you own or rent this property?	PREVIOUS ADDRESS (Street, City, State, Zip code)
	Do you receive Section 8 assistance? If so, how much do you receive monthly?	
	How long have you lived at this address?	
	How long have you lived in Oktibbeha County?	
APPLICANT'S EMPLOYMENT INFORMATION		
NAME AND ADDRESS OF CURRENT EMPLOYER	YEARS ON THIS JOB	SUPERVISOR'S NAME
NAME AND ADDRESS OF PREVIOUS EMPLOYER	JOB INFORMATION YEARS ON THIS JOB	SUPERVISOR'S NAME
	POSITION or TITLE	
	HOURS PER WEEK	
INVESTIGATIVE INFORMATION		
PLEASE PROVIDE TWO PEOPLE TO SERVE AS A CHARACTER REFERENCE FOR YOU. PROVIDE TWO PHONE NUMBERS (WORK, HOME, OR CELL) FOR EACH OF THESE PEOPLE. TELL US HOW YOU KNOW THESE PEOPLE. A REFERENCE CAN BE YOUR SUPERVISOR, PASTOR, CO-WORKER, OR ANOTHER HABITAT HOMEOWNER.	1	
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HAVE YOU EVER BEEN ARRESTED AND CONVICTED OF A CRIME?		
IF SO, WHAT TYPE OF CRIME?		
IF SO, WHAT WAS THE LENGTH OF THE SENTENCE?		
ARE YOU CURRENTLY ON PROBATION?		
DEPENDENTS (People that live with you.)		
FULL NAME	BIRTHDAY (MONTH/DAY/YEAR)	MALE OR FEMALE
GRADE IN SCHOOL OR EMPLOYER	NAME OF SCHOOL OR EMPLOYER	
FULL NAME	BIRTHDAY (MONTH/DAY/YEAR)	MALE OR FEMALE
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GRADE IN SCHOOL OR EMPLOYER	NAME OF SCHOOL OR EMPLOYER	



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Complete this page if a second adult (co-applicant) will be signing the mortgage note and sharing in the responsibility of paying the monthly mortgage note.

CO-APPLICANT INFORMATION

CO-APPLICANT'S NAME (As listed on Social Security Card.)	CO-APPLICANT'S SOCIAL SECURITY NUMBER	CO-APPLICANT'S BIRTHDAY (MONTH/DAY/YEAR)
HOME PHONE	CELL PHONE	WORK PHONE
CIRCLE ONE: Single, Married, Separated, Divorced, or Widowed	SPOUSE'S NAME (If legally married.)	ARE YOU A UNITED STATES CITIZEN?
CURRENT ADDRESS (Street, City, State, Zip code)	CURRENT ADDRESS INFORMATION	PREVIOUS ADDRESS (Street, City, State, Zip code)
	Do you own or rent this property?	
	How long have you lived at this address?	
	How long have you lived in Oktibbeha County?	

CO-APPLICANT'S EMPLOYMENT INFORMATION

NAME AND ADDRESS OF CURRENT EMPLOYER	JOB INFORMATION	SUPERVISOR'S NAME
	YEARS ON THIS JOB	
	POSITION or TITLE	
	HOURS PER WEEK	
NAME AND ADDRESS OF PREVIOUS EMPLOYER	YEARS ON THIS JOB	SUPERVISOR'S NAME

INVESTIGATIVE INFORMATION

HAVE YOU EVER BEEN ARRESTED AND CONVICTED OF A CRIME?	
IF SO, WHAT TYPE OF CRIME?	
IF SO, WHAT WAS THE LENGTH OF THE SENTENCE?	
ARE YOU CURRENTLY ON PROBATION?	

DEPENDENTS (People that live with you.)

FULL NAME	BIRTHDAY (MONTH/DAY/YEAR)	MALE OR FEMALE
GRADE IN SCHOOL OR EMPLOYER	NAME OF SCHOOL OR EMPLOYER	
FULL NAME	BIRTHDAY (MONTH/DAY/YEAR)	MALE OR FEMALE
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MONTHLY EXPENSES	APPLICANT	CO-APPLICANT	OTHERS IN HOUSEHOLD	TOTAL
Alimony (You pay to someone.)				
Child Support (You pay to someone.)				
Cable or Satellite				
Car Payments (List Make, Model, and Year on the next line.)				
Car Information				
Cell Phone				
Child Care				
Electricity				
Garbage Pickup				
Household gas				
Insurance				
Internet				
Medical				
Rent				
School Lunch				
Student Loans				
Telephone				
Water				
Other				
Total from Debts listed below				
		MONTHLY EXPENSES TOTAL		

DEBTS or LIABILITIES (List any monthly installment loans your household may have such as furniture, Wal-Mart, GMAC, etc.)			
Name and Address of company	Monthly Payment	Unpaid balance	# of payments remaining
Name and Address of company	Monthly Payment	Unpaid balance	# of payments remaining
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MONTHLY INCOME			OTHERS IN	
SOURCES OF INCOME	APPLICANT	CO-APPLICANT	HOUSEHOLD	TOTAL
Gross Monthly salary from primary employment (Before taxes)				
Gross Monthly salary secondary employment (Before Taxes)				
AFDC/TANF (Temporary Assistance to Needy Families)				
Alimony (Paid to you)				
Child Support (Paid to you)				
Disability (SSI or other)				
SNAP (Food Stamps)				
Social Security Income				
Other				

	TOTAL MONTHLY HOUSEHOLD INCOME
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HOUSEHOLD ASSETS or AVAILABLE FUNDS (Money you have in a savings, checking, or credit union account.)		
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Checking Accounts (Name and address of Bank, Savings and Loan, or Credit Union)	Account #	Balance
Savings Accounts (Name and address of Bank, Savings and Loan, or Credit Union)	Account #	Balance
Other Assets	Account #	Balance
		TOTAL ASSETS

To be eligible for a Habitat home, you must meet the following qualifications:

1. You must need a better place to live.
2. You must have enough income to make monthly house payments.
3. You must agree to perform the required number of sweat equity hours.
4. You must take three educational classes with one being a financial management class.

Authorization and Release

I understand that by filing this application, I am authorizing Starkville Area Habitat for Humanity to evaluate my need and eligibility for a Habitat home. This will include a criminal background check, consumer credit report, employment verification, personal interviews, and home visits. I certify that I have answered all questions truthfully and that my application may be denied if it is deemed that I have not been truthful in the application or interview process. I hereby release Starkville Area Habitat for Humanity, its officers, employees, and agents of any claim of wrongdoing in the processing and investigation of my application.

Applicant Signature	Co-Applicant Signature
Date	Date

COMMENTS: On a separate piece of paper, please tell us why you would like to be a Habitat Homeowner