



Tri-County Partners Habitat for Humanity is a non-profit, ecumenical Christian housing ministry dedicated to eliminating poverty and homelessness. Tri-County Partners Habitat for Humanity works in partnership with low-income working families, sponsors, and communities to build and renovate decent, affordable housing. Through volunteer labor and donations of money and materials, Tri-County Partners Habitat for Humanity builds and rehabilitates simple, decent houses with the help of the homeowner families.

There are three criteria that must be met in order to qualify for a Tri-County Partners Habitat for Humanity house.

1. Need for Adequate Shelter:

Tri-County Partners Habitat for Humanity builds homes for low-income families, whose present housing is inadequate. (Applicants must be legal residents of the U.S., and have lived in the Walla Walla area for at least one year.)

Income Guidelines—Provided by Housing and Urban Development for Walla Walla. Guidelines effective June 10, 2018 and are subject to change.

Family Size	Minimum Income 30% Area Median Income	Maximum Income 60% Area Median Income
1 person	\$13,800	\$27,600
2 person	\$15,800	\$31,560
3 person	\$17,750	\$35,520
4 person	\$19,700	\$39,420
5 person	\$21,300	\$42,600
6 person	\$22,900	\$45,780
7 person	\$24,450	\$48,900
8 person	\$26,050	\$52,080

2. Ability to Pay:

Applicants need to have the resources to pay a low-interest monthly mortgage and the ability to save for potential closing costs (currently approximately \$8,000).

3. Willingness to Partner:

Applicants need to be willing to commit to the “sweat equity” requirement of 500 hours, and be a part of the Tri-County Partners Habitat for Humanity Family.

To complete your application you will need to provide Tri-County Partners Habitat for Humanity with the following information:

1. All Federal Tax forms for anyone working in your family for the past two years.
2. All W-2 forms for anyone working in your family for the past two years.
3. Past 6 months rent or mortgage payment records (receipts, cancelled checks, money order customer copies, etc.).
4. Past 3 months paycheck stubs for anyone working in your family and any other income records such as SSI, unemployment, child support, food stamps, etc.
5. Past 2 months statements from your bank and other financial institutions.
6. Past 2 months credit card statements or reports.
7. Copy of Social Security Cards for everyone in the household.
8. Verification of U.S. Residency or Citizenship for everyone in the household (Permanent Resident card, birth certificate).
9. Verification of divorce, if applicable
10. Verification of dependent custody, if applicable

Do **NOT** submit your original statements. Only **COPIES** will be accepted.

(There will be a processing fee due after all information has been received and processed. This fee will cover the consumer check conducted by Habitat on you and, if applicable, the co-applicant and your dependents.)

In order to be considered for a Tri-County Partners Habitat for Humanity home, these documents and your completed application should be mailed or brought into the office at:

Habitat for Humanity Tri-County Partners
313 Wellsian Way
Richland, WA 99352

Questions:
Habitat Office: 509-943-5555
Email: info@habitat-tcp.org

www.habitatbuilds.com





Habitat for Humanity
313 Wellsian Way
Richland, WA 99352
509-943-5555
www.habitatbuilds.com
E-Mail: info@habitatbuilds.com

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.

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 as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's Name _____ Social Security Number _____ Email Address _____ Phone _____ Date of Birth _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Co-applicant's Name _____ Social Security Number _____ Email Address _____ Phone _____ Date of Birth _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant) Name _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/>	Dependents and others who will live with you (not listed by applicant) Name _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/> _____ Date of Birth _____ Male Female <input type="checkbox"/> <input type="checkbox"/>
Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____
If Living at Present Address for Less Than Two Years, Complete the Following	
Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____
How long have you lived in the Walla Walla area Number of Years _____	How long have you lived in the Walla Walla area Number of Years _____
Do you require a translator? _____ If yes, for what language? _____	Do you require a translator? _____ If yes, for what language? _____

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"/>

Describe how you would like to partner with Tri-County Partners Habitat for Humanity to achieve your 'sweat equity' hours: (activities, special skills, hours per week available, family members/friends participating, etc).

Where did you hear about Tri-County Partners Habitat for Humanity? (media, friend, work, website, etc).

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 (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month

Is your rent subsidized? Yes _____ No _____

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 need a Habitat home?

4. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and Address of Current Employer	Years on This Job	Name and Address of Current Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If Working at Current Job Less Than One Year, Complete the Following Information			
Name and Address of Last Employer	Years on This Job	Name and Address of Last Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

5. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	List additional household members over 18 who receive income:		
1. Base Employment Income*	\$	\$	Name	Age	Monthly Wages
2. AFDC/TANF			_____	_____	\$ _____
3. Food Stamps			_____	_____	\$ _____
4. Social Security			_____	_____	\$ _____
5. SSI			_____	_____	\$ _____
6. Disability					\$ _____
7. Alimony			Totals for other household members		
8. Child Support					\$ _____
9. Other					
Total	\$	\$			

*Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

6. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

List any Vehicles that you own (Applicant and Co-Applicant)

Vehicle #1	Vehicle #2
Make _____ Year _____	Make _____ Year _____

7. DEBT

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

Name & Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Name & Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Name and Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____
	Mos. left to pay: _____			Mos. left to pay: _____	
Name & Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	Alimony/Child Support	\$ _____	/month
	Mos. left to pay: _____		Job-related Expenses	\$ _____	/month
Name & Address of Company	Monthly Payment \$ _____	Unpaid Balance \$ _____	(Child Care, Union Dues, etc.)	\$ _____	/month
	Mos. left to pay: _____		Column 2: Subtotal of Payments	\$ _____	/month
			Column 1: Subtotal of Payments	\$ _____	/month
Column 1: Subtotal of Payments	\$ _____ /month		Total Monthly Expenses	\$ _____ /month	

8. 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?	<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
g. Have you ever owned a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Do you currently own land? If yes, provide location	<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**, however, please explain on a separate sheet of paper.

9. AUTHORIZATION AND RELEASE

I understand that by filling in this application form, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the loan and other expenses of homeownership, and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, a criminal background check, Sex offender registry check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application form will be retained by Habitat for Humanity even if the application is not approved.

Applicant Signature	Date	Co-applicant Signature	Date
X		X	

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 _____

10. 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
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p> <input type="checkbox"/> Separated</p> <p> <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p> <input type="checkbox"/> Separated</p> <p> <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>