



Proud Partners with



Skagit Habitat for Humanity
 1022 Riverside Drive / PO Box 2565
 Mount Vernon, WA 98273
 360.428.9402

Application

Habitat Helpers Program



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: You must complete this application to determine if you qualify to be a Skagit Habitat for Humanity Habitat Helpers partner. Applicants MUST own and occupy their home. Please fill out the application as completely as possible. All information you include will be kept confidential.

1. HOMEOWNER INFORMATION

Applicant			Co-Applicant		
Applicant's Name: _____			Co-Applicant's Name: _____		
			Relationship to Applicant: _____		
Social Security Number - - () - / /	Home Phone () - / /	Date of Birth / /	Social Security Number - - () - / /	Home Phone () - / /	Date of Birth / /
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)		
Military Service: Are you a veteran of military service? Yes No If 'Yes,' which branch? _____ # years served in: Active Duty: _____ Reserves: _____ Guard: _____ Discharged: Date _____ Type _____			Military Service: Are you a veteran of military service? Yes No If 'Yes,' which branch? _____ # of years served: Active Duty _____ Reserves _____ Guard _____ Discharged: Date _____ Type _____		
Current Street Address: _____ City, State, Zip: _____ Mailing Address: _____ (if different than street) City, State, Zip: _____ # of years at address: _____ Email _____			Current Street Address: _____ City, State, Zip: _____ Mailing Address: _____ (if different than street) City, State, Zip: _____ # of years at address: _____ Email _____		

2. DEPENDENTS

List everyone who lives in your home, excluding applicant or co-applicant (attach a separate sheet if necessary):

Name	DOB	Gender	Relationship to Applicant or Co-Applicant
		M F	_____
		M F	_____
		M F	_____
		M F	_____
		M F	_____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____ Complete? Yes No If incomplete, missing: Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No Date Notified: _____	Application #: _____ Income Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Owner Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. MONTHLY INCOME AND COMBINED MONTHLY EXPENSES

Gross Monthly Income	Applicant	Co-Applicant	Monthly Expenses	Monthly Amount	Monthly Expenses	Monthly Amount
Base Employment Income*	\$	\$	Mortgage	\$	Other:	\$
TANF			Utilities	\$	Other:	\$
Food Stamps			Car Payment(s)	\$	Other:	\$
Social Security			Insurance	\$	Other:	\$
SSI			Child Care	\$		\$
Disability			School Lunch	\$		\$
Maintenance/Alimony			Average Credit Card Payment	\$		\$
Child Support			Maintenance/Alimony	\$		\$
Other:			Child Support	\$	Sub Total	\$
Total	\$	\$	Sub Total	\$	TOTAL MONTHLY	\$

You must attach verification of all HOUSEHOLD income for each adult in the house, unless a fulltime student (provide proof of registration) and/or benefits for children. This may include: the most recent income tax return, award letter for social security/disability, other retirement income statements, LAST 2 employment pay stubs. Please note on attached statements frequency of income.

* Self-Employed applicant(s) may be required to provide additional documentation.

4. DECLARATIONS

Please check the box that best answers the following questions for you and your family.

- a. Do you or any member of your household currently have any felony warrant outstanding? Yes No
- b. Have you or any member of your household had a felony conviction in the past 5 years? Yes No
- c. Are you or any member of your household required to register as a sex offender in any state? Yes No

If you answered 'Yes' to any questions, please explain on a separate sheet of paper.

5. REFERENCES

Please list at least THREE (3) people NOT related to you who know you well and whom we may phone.

Name	Address	Phone Number	# of Years Known

6. REPAIRS NEEDED

In order to qualify for the Habitat Helpers program, you must be the homeowner and be able to provide proof of homeownership. Do you own your home? Yes No Do you currently have homeowner's insurance? Yes No

Style of home: 1-Story 2-Story 3-Story Mobile Year built: _____

Type of work needed: Window replacement Deck (repair only) Handicap ramp Exterior paint

Landscaping Yard work Other repairs: _____
