

Please review below charts, check boxes & sign below to return with application.

### Required Income Qualifications

Annual income	Monthly income	Qualifying area
\$24,000	\$2,000	Blanchard
\$25,200	\$2,100	OKC infill lots
\$27,600	\$2,300	Johnson Farm (Mustang schools)
\$28,800	\$2,400	Legacy Estates (Putnam City schools)

The above information reflects the minimum income required with **ZERO LONG-TERM DEBTS** (i.e. car payment, credit card, student loans, etc.) to qualify for the indicated area. If your income does not meet the minimum for the area you prefer, please submit an application when required minimum income is achieved. We will pull your credit report.

**Our annual income does not exceed the 2016 HUD guidelines by family size:**

1	2	3	4	5	6	7	8
\$38,850	\$44,400	\$49,950	\$55,500	\$59,950	\$64,400	\$68,850	\$73,300

- I/We are willing to work 300 hours as a volunteer on Habitat projects.
- I/We are willing to authorize a background and credit report check.**
- I/We do not have **tax liens, unpaid judgments or collections, repossessions, or unpaid back child support payments on my/our credit report.**
- I/We have not filed for **bankruptcy in the past two years.**
- I/We have at least one year with current employer unless disabled or retired.
- I/We have stable current rental and utility history in my/our name for at least one year.
- I/We will provide documentation of legal status in the United States.**
- I/We do not currently own a home.

**Please be sure you meet all of the above.** Please call the Central Oklahoma Habitat for Humanity office if you have any questions. You may return your completed application by mail or fax. Approximately 3-4 weeks after we receive your application, you will receive a reply by mail advising you of the next step in the process or, if your application is denied, you will be advised of the reasons behind our determination. Approximately 2-3 months are required to complete the approval process. If you are approved, an additional 12 months (or more) will be required to complete the program.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Co-Applicant Signature

Phone: (405) 232-4828 Fax: (405) 232-4868  
[www.centraloklahomahabitat.org](http://www.centraloklahomahabitat.org)





**Were you affected by recent storms?** Yes  No  **If yes, are you uninsured or underinsured?** Yes  No

**Applicant Information** **Co-Applicant Information (If Applicable)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Marital Status (Circle One): Married Separated\* Unmarried Marital Status (Circle One): Married Separated\* Unmarried

\*If you are separated, your spouse must be included as co-applicant & must sign this application. If approved, your spouse must also sign the mortgage. You may also be required to provide additional documents and statements – see COHFH policy on Marital Status.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

United States Citizen? Yes  No  If no, please provide: United States Citizen? Yes  No  If no, please provide:

Permanent Resident ID Number: \_\_\_\_\_ Permanent Resident ID Number: \_\_\_\_\_

Military/Veteran Status Yes / No Military/Veteran Status Yes / No

**Household Member(s) Information (If Applicable)**

Please list all others who will live in the home as their primary residence:

Name	Social Security Number	Date of Birth	Age	Sex	Relationship

**Contact Information**

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_ Co-Applicant Email address: \_\_\_\_\_

**Current Rental History**

Current Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

When did you begin renting at this address? (mm/yyyy) \_\_\_\_\_ Total Monthly Rent: \$ \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Is landlord a family member? Yes  No

Does any charitable organization, government agency, family member, or other individual help with your rent? Yes  No

If yes, what is the name of the organization/agency/individual? \_\_\_\_\_

What portion of your rent do **they** pay each month? \$ \_\_\_\_\_ What portion of your rent do **you** pay each month? \$ \_\_\_\_\_

About how much are your utility payments each month? Electricity: \$ \_\_\_\_\_ Water: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_

**Previous Rental History (Please provide if you have lived at your current address less than two years).**

Previous Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

When did you begin renting at this address? (mm/yyyy) \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Was landlord a family member? Yes  No

Why did you move? \_\_\_\_\_

**Previous Homeownership/Bankruptcy (If Applicable)**

Have you ever owned a home? Yes \_\_\_ No \_\_\_ If yes, name of mortgage company: \_\_\_\_\_

How long did you own the home? From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_ Reason you no longer have the home: \_\_\_\_\_

Have you ever tried to qualify for a home loan? Yes \_\_\_ No \_\_\_ If yes, when? (mm/yyyy) \_\_\_\_\_

Name of mortgage company: \_\_\_\_\_ Were you approved? Yes \_\_\_ No \_\_\_

Have you ever declared bankruptcy? Yes \_\_\_ No \_\_\_ If yes, when? (mm/yyyy) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Applicant Employment History (Two Years)**

**Co-Applicant Employment History (Two Years)**

Current Employer: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date Hired (mm/yyyy): \_\_\_\_\_ Job Title: \_\_\_\_\_ Date Hired (mm/yyyy): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Monthly Income (before taxes): \$** \_\_\_\_\_

**Monthly Income (before taxes): \$** \_\_\_\_\_

Former Employer: \_\_\_\_\_ Former Employer: \_\_\_\_\_

Employed From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_ Employed From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Monthly Income (before taxes): \$** \_\_\_\_\_

**Monthly Income (before taxes): \$** \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Former Employer: \_\_\_\_\_ Former Employer: \_\_\_\_\_

Employed From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_ Employed From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Monthly Income (before taxes): \$** \_\_\_\_\_

**Monthly Income (before taxes): \$** \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Please explain any gaps in/absence of employment history: \_\_\_\_\_

Please explain any gaps in/absence of employment history: \_\_\_\_\_

**Household Income**

List total **monthly** income **before taxes** from **all** sources. **\*\*Notice: If alimony, child support, or separate maintenance income is to be counted you *must* provide (1) Court Order and (2) Proof of Receipt for the last six months.**

Income Source	Monthly Amount	Income Source	Monthly Amount	Income Source	Monthly Amount
Employment Total	\$	Disability	\$	SSI	\$
Social Security	\$	Pension	\$	Temporary Aid (TANF)	\$
Food Stamps	\$	Veteran Benefits	\$	Child Support**	\$
Other (Please Explain):	\$			<b>Total Monthly Income Before Taxes</b>	\$

**Household Expenses**

List all present monthly expenses **except** housing, insurance, utilities, phone, food, clothing, and transportation expenses. If not applicable, please mark amount as N/A or \$0. If additional space is needed please attach a separate sheet of paper.

Type of Debt	Creditor	Monthly Payment	Total Amount Owed
Auto Loan		\$	\$
Auto Loan		\$	\$
Child Support		\$	N/A
Child Care		\$	N/A
Student Loan		\$	\$
Student Loan		\$	\$
Medical		\$	\$
Medical		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

I/we certify the above list reflects all debts I/we now owe. (Please initial). \_\_\_\_\_  
Applicant Co-Applicant

**Need for Housing/Willingness to Partner with Central Oklahoma Habitat for Humanity**

Please circle **all** that apply to your **current** housing situation:    Overcrowded    Run Down    Unsafe Area    Excessive Rent

Please explain your need/desire for a Habitat home: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you **willing and able** to fulfill the **sweat equity requirement** by volunteering on Habitat projects?    Yes    No

**Miscellaneous**

How did you learn about the Habitat for Humanity program? (Please check **all** that apply).

\_\_\_\_ Habitat Homeowner (Name): \_\_\_\_\_ TV/Radio (Station): \_\_\_\_\_  
 \_\_\_\_ Friend/Relative/Acquaintance    \_\_\_\_ Newspaper/Magazine (Name): \_\_\_\_\_  
 \_\_\_\_ Other (Specify): \_\_\_\_\_

Have you previously applied with Central Oklahoma Habitat?    Yes    No    If yes, when? (mm/yyyy)

**Applicant Agreement**

**PLEASE READ CAREFULLY AND SIGN THIS PAGE**

In applying for a Habitat home:

- I/we do so, understanding the nature of Central Oklahoma Habitat for Humanity’s mission as a community project, and **if approved:**
- I/we agree to help others in the Habitat program obtain decent, affordable housing.
- I/we agree to help build/renovate my/our new home as required.
- I/we agree to make regular monthly mortgage payments to reimburse Central Oklahoma Habitat for Humanity for the cost of my/our home.
- I/we agree to maintain and insure my/our home so long as Central Oklahoma Habitat for Humanity continues to hold the first mortgage on my/our home.
- When I/we participate in any way in Habitat projects, I/we become a partner with Central Oklahoma Habitat for Humanity and am/are responsible to carry out its ideals of partnership through giving my time, abilities and money as much as I/we am/are able. I/we understand that Central Oklahoma Habitat for Humanity’s Board of Directors and Family Selection Committee are comprised of individuals who wholeheartedly agree with these ideals.
- I/we certify that all information given by me/us during the application process is/will be true and correct to the best of my/our knowledge. I/we understand that giving false or misleading information during this process will be grounds for rejection of my/our application.
- I/we also understand that the completion of this application and/or any initial approval or other act by Central Oklahoma Habitat for Humanity or it’s representative(s) prior to final closing and conveyance of a home in no way guarantees that I/we will receive housing through Central Oklahoma Habitat for Humanity.
- I/we grant permission to Central Oklahoma Habitat for Humanity to check any and all references and to take any and all actions reasonably necessary, including checking social media, to substantiate the information contained in this application or otherwise establish my/our eligibility for Habitat homeownership, including without limitation, contacting or otherwise attempting to confirm my/our (1) employment status and history, (2) credit worthiness, including investigations through a credit reporting service, (3) immigration status, (4) military service, (5) family composition, marital status, and other related issues, (6) police records and other information relative to criminal charges and/or convictions, (7) personal references, including all parties listed in this application and/or any other parties which Central Oklahoma Habitat for Humanity desires to contact, and (8) any additional information Central Oklahoma Habitat for Humanity deems necessary to evaluate this application. I/we understand that Central Oklahoma Habitat for Humanity may reject this application based upon the results of these inquiries.
- I/we understand that Central Oklahoma Habitat for Humanity is a nonprofit corporation with limited resources and cannot afford to provide housing for each and every applicant. Consequently, I/we agree that Central Oklahoma Habitat for Humanity, its staff, whether voluntary or compensated, and its Board of Directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting in my/our behalf in connection with my/our application Habitat housing or any claims of any nature associated herewith.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Household Member Age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Household Member Age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_



Central Oklahoma Habitat for Humanity is an equal opportunity housing provider. All applicants will receive consideration for housing without regard to race, color, marital status, age, national origin, religion, sex, familial status, receipt of public assistance funds, exercise of consumer credit protection rights, or handicap.

**Return completed application by mail or fax to:**

**Central Oklahoma Habitat for Humanity      5005 S I-35 Service Road      Oklahoma City, OK 73129**  
**Phone: (405) 232-4828      Fax (405)-232-4868**