



Building  
houses,  
building  
hope

Dear Applicant:

You recently expressed an interest in owning a Habitat for Humanity home through Coles County Habitat for Humanity. Enclosed please find an *Application for Housing* for you to fill out. Please fill it out as completely as possible and return it to the office along with a copy of your last three years income tax returns and last month's bills. Item number 13 on the application is optional, but you are encouraged to complete it.

Listed below are some of the criteria for owning a Coles County Habitat home:

1. Habitat housing is intended to assist families who have **lived in Coles County for at least one year.**
2. The applicants should know that a general examination will be conducted by the Family Selection Committee (FSC) to determine:
  - A. the actual need for housing as determined by the condition of the current shelter;
  - B. the ability to pay for Habitat housing; and
  - C. the willingness of the family to partner with Habitat.

The following is a more detailed description of the three major areas of selection criteria:

1. **Actual need** is demonstrated by the applicant's current shelter being a, b, or c:
  - a. Inadequate or being in need of repair such as the structure, heating, plumbing, electrical system, water supply, unsafe conditions, or inaccessibility.
  - b. Size of living quarters (i, ii, or iii):
    - i. More than 3 family members share a bedroom
    - ii. School age children of opposite sex share a bedroom
    - iii. Each family member has 100 sq. ft. or less space in which to live
  - c. Cost of housing: present home is inadequate if family is paying more than 50% of its gross income for rent or house payment, including taxes and insurance.

P.O. Box 945  
Charleston, IL 61920  
217-348-7063  
[www.colescountyhabitat.net](http://www.colescountyhabitat.net)

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**2. Ability to pay for Habitat Housing**

A family of four must have a steady income, ranging from 30% to 70% of the median yearly income (\$54,500 for Coles County in 2006). **See enclosed guidelines.** These criteria may vary due to circumstances. A family's debt may not exceed 36% of its gross monthly income. The family must also pay a \$500 down payment toward the cost of the home.

**3. Those families that meet the above guidelines will show their willingness to partner with Habitat by giving permission for:**

- Two home visits to see the home and meet the family
- Verification of employment and other income
- Verification of checking and savings accounts
- Review of last 3 years income tax returns
- References from present and past landlords
- References from utility companies
- Background check
- A credit check

These families must also contribute 200 hours of "sweat equity" per adult applicant by giving their time, energy and personal talents in the actual building of the home. One hundred of these hours can be met by the participation of family and friends.

**When all other selection criteria are equally met, the applicant household with the greatest need will be selected.**

If you have any questions or need help filing out the application, please call (217) 348-7063. **Please return the signed application (signed in two places), copies of last month's bills and copies of income tax returns as soon as possible.**

Sincerely,

Cindy Roberts  
Executive Director

Enc.

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## COLES COUNTY FY 2010 MEDIAN FAMILY INCOME GUIDELINES

To be eligible, family income must range between 30% and 70% of the median income.

Number in Family	30%	Median	70%
1 Person	\$12,050	\$40,060	\$28,030
2 Persons	\$13,750	\$45,740	\$32,030
3 Persons	\$15,450	\$51,520	\$36,040
4 Persons	\$17,150	\$57,200	\$40,040
5 Persons	\$18,550	\$61,760	\$43,240
6 Persons	\$19,900	\$66,330	\$46,450
7 Persons	\$21,300	\$70,890	\$49,650
8 Persons	\$22,650	\$75,460	\$52,850

6/24/2010

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Effective Date of this Form: 3 January, 2010

Coles County Habitat for Humanity  
 P. O. Box 945  
 Charleston, IL 61920

# 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 _____		Co-applicant's Name _____	
Social Security Number _____	Home Phone _____	Age _____	
<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)	
<b>Dependents and others who will live with you (not listed by co-applicant)</b> Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>Dependents and others who will live with you (not listed by applicant)</b> Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
_____ Male <input type="checkbox"/> Female <input type="checkbox"/>		_____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
_____ Male <input type="checkbox"/> Female <input type="checkbox"/>		_____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
_____ Male <input type="checkbox"/> Female <input type="checkbox"/>		_____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
_____ Male <input type="checkbox"/> Female <input type="checkbox"/>		_____ Male <input type="checkbox"/> Female <input type="checkbox"/>	
Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of Years _____		Number of Years _____	
<b>If Living at Present Address for Less Than Two Years, Complete the Following</b>			
Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of Years _____		Number of Years _____	

**2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE**

Date Received: _____	Date Letter Sent: _____
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Home Visit: _____
Date Application Completed: _____	Date Letter Sent: _____
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	

**3. 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, attending homeownership classes 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"/>

**4. 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

(Please supply a copy of your lease or a copy of a money order receipt or canceled 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?

**5. PROPERTY INFORMATION**

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ /month Unpaid Balance \$ \_\_\_\_\_

Do you own land?  No  Yes (If yes, please describe, including location) \_\_\_\_\_

Is there a mortgage on the land?  No  Yes If yes: Monthly Payment \$ \_\_\_\_\_ Unpaid Balance \$ \_\_\_\_\_

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

**6. EMPLOYMENT INFORMATION**

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

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS					
Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
<sup>1</sup> Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
<b>Total</b>	\$	\$	\$	<b>Total</b>	\$

<sup>1</sup>Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

<sup>3</sup>Please attach copies of last month's bills.

<sup>2</sup>List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS**

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

**9. 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 \$

<b>Do you own a:</b>	Yes	No	<b>Do you own a:</b>	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

**10. DEBT**

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

Category	Monthly Payment	Unpaid Balance	Category	Monthly Payment	Unpaid Balance
Car	\$	\$	Cell Phone Contracts	\$	\$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	\$	\$	Name and Address of Company	\$	\$
	Mos. left to pay:			Mos. left to pay:	
Credit Card	\$	\$	Alimony/Child Support	\$	/month
	Mos. left to pay:		Job-related Expenses	\$	/month
Medical	\$	\$	(Child Care, Union Dues, etc.)	\$	/month
	Mos. left to pay:		<b>Column 2: Subtotal of Payments</b>	\$	/month
<b>Column 1: Subtotal of Payments</b>	\$	/month	<b>Column 1: Subtotal of Payments</b>	\$	/month
			<b>Total Monthly Expenses</b>	\$	/month

**11. 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 seven 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 seven 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

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

**12. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest 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, 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 that 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 will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

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 \_\_\_\_\_

**13. 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
<input type="checkbox"/> I do not wish to furnish this information <b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Birthdate:</b> /    / <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information <b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Birthdate:</b> /    / <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview	
This application was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type)
	Interviewer's Signature <span style="float: right;">Date</span>
	Interviewer's Phone Number