

## PRE-APPLICATION QUESTIONNAIRE

# GENERAL INFORMATION AND INSTRUCTIONS Keep This Page for Your Records

Welcome to Sussex County Habitat for Humanity's homeowner selection process. We are very pleased that you have expressed an interest in becoming one of our future homeowners. Sussex County Habitat for Humanity is a non-profit, non-denominational Christian housing ministry that builds simple, decent and affordable homes in partnership with low-income families in Sussex County.

Qualifying for a Home: Partner Families are qualified through an extensive application process that considers the family's ability to pay an affordable mortgage, demonstration of need for housing, and the family's willingness to partner by completing all program requirements needed to be a Habitat partner family. The applicant(s) must live and/or work in Sussex County and maintain a steady and reliable source of income for 12 consecutive months.

### Partner Family Program Requirements:

- Investing 200 hours (single head of household)/ 350 hours (joint head of household) in "sweat equity" to build your own home and the homes of other Habitat partner families.
- Depositing a minimum of \$3,000 in closing costs for the purchase of your home.
- Paying off all delinquent debt before settlement.
- Attending monthly pre-purchase education courses and financial coaching sessions.
- · Being a positive Habitat ambassador in the community.

## Instructions for Applying for a Home:

Please Send in the Following Items:

6

- Pre-application questionnaire (complete both front and back)
- Copies of the applicant/co-applicant's two months of recent paycheck stubs showing year-to-date gross earnings for each job.
- · Copies of additional income statements/benefit letters (i.e. child support, disability, SSI)
- Signed authorization form to request a credit check.
- Signed sex offender registry authorization form.
- A \$25 money order made out to SCHFH.
  - You can purchase a money order at your local post office.
  - We do not accept check or cash

	o vve do not acce	pt check of cash.				
Answ	er the following questions	to see if you should apply for a	a Habitat home:			
0	Do you live and/or work in			☐ Yes	□ No	
•		, overcrowded or overly expensive	ve housing?	□ Yes	□ No	
		gross income fit within the following		☐ Yes	□ No	
	real sections 🗲 a section of section of sections and sections are sections as the section of sections are sections as the sec	2023 HUD Yearly Income Guidelines				
	Family Size	Income Not Less Than	Income Not Me	ore Than		
	1	\$18,690	\$37,3	380		
50	2	\$21,360	\$42,	720		
	3	\$24,030	\$48,	060		
	4	\$26,670	\$53,	340		
	Ė	#20 02D	\$57	360		

If you answered "Yes" to these questions, you may qualify for a Habitat for Humanity home!

\$30,960 \$33,090

\$35,220



\$61,920

\$66,180



# Special Opportunity to Serve Homeless Families and/or Special Needs

### DO NOT DETACH

Sussex County Habitat for Humanity (SCHFH) is looking to partner with families who have special needs and/or are facing homelessness. While we are seeking an opportunity to serve these specific populations, SCHFH is an equal housing opportunity program. We do not discriminate on the basis of race, sex, color, age, disability, religion, national origin, family status, marital status, sexual orientation or because all or part of income is derived from any public assistance program.

Please note: All families applying to Habitat will be approved based on their ability to meet our three criteria:

- Ability to pay
- Demonstration of need for decent, affordable housing
- Willingness to partner with Sussex County Habitat for Humanity

Diago check the criteria (for those that choose to self-report) that may apply below:

Please check the criteria (for those that choose to sen-report) that may apply below.				
<ul> <li>Special Needs Defined As:</li> <li>□ Frail elderly persons (one who is unable to perform at least three (3) activities of daily living such as eating, bathing, grooming, dressing, and home management).</li> <li>□ Mentally or physically disabled persons.</li> <li>□ Persons recovering from physical abuse, alcohol and drug abuse.</li> <li>□ Persons with HIV/AIDS.</li> </ul>				
Homelessness Defined As:  □ Persons who are sleeping in places not meant for human inhabitation. □ Persons sleeping in emergency shelters. □ Persons graduating from a transitional housing program specifically for homeless persons. □ Persons being discharged from an institution or foster care with no permanent residence available. □ Persons who would be discharged from an institution if they had a permanent residence available. □ Victims of domestic violence.  Overcrowding Defined As: □ The presence of more people or things in a space than is comfortable, safe, or permissible.				
FOR OFFICIAL USE - DO NOT WRITE IN THIS SPACE  Date Received: \$25 Payment: Income Documentation: Additional Information:  Incomplete: □Yes □No Date of Action: Missing Items:  Close File: □Yes □No Date of Action: Reason:  □Approved □ Denied Reason: Date of Action:				



Credit Card Payments: \$\_\_\_\_\_



Disability Income:

Pre-Application Questionnaire
Fill in All Sections, Front & Back, Clearly in Ink.
This questionnaire is not an application

Name: First	Middle	Last	<del>-</del>	Social Security I	Number	Date of Birth
rırsı	iviidale	Lasi	,	oodal occurry I	NUTIDE	Date of Diffi
urrent Mailing Addres	s:	Street	City	9	State	Zip Code
hone(s):		Sirect	ge ==000 € /y	_ $\square$ Home	□ Work	□ Cell
1.40.50						
ain Employer:			Location: _			
ow long have you wor	rked here?	☐ Full-time ☐ Part-time	Date Hired?_	Hour	s worked each w	veek?
☐ Yes ☐ No Have you enclo ☐ Yes ☐ No How often do yo ☐ Weekly ☐	n employed with the samesed two months of recervous get paid?	e employer for the past year  nt paystubs showing gross Y  Nonthly □ Monthly  x County for the last 12 mor	☐ Ye TD income? *If not, ☐ Ye Is any ☐ Ye aths? Have	es □ No , do you have a es □ No yone in your hou es □ No		n card? or on active duty?
o-Applicant Informa ame: First	Middle	Last		Social Security N	lumber	Date of Birth
		Street	City	Dr. V. New	State	Zip Code
hone(s):				_ $\square$ Home	□ Work	□ Cell
500000004						
						veek?
Other Information  Have you been yes \( \text{No} \)  Have you enclood  Yes \( \text{No} \)  How often do you  Weekly	ation n employed with the same sed two months of recer ou get paid? I Bi-Weekly □ Twice N	□ Full-time □ Part-time e employer for the past year nt paystubs showing gross Y  Monthly □ Monthly x County for the last 12 mor	P? Are yo	ou a U.S. citizen es □ No , do you have a es □ No yone in your hou es □ No	or permanent res	sident? n card? or on active duty?
Additional Hous	ehold Income (Mo	nthly)	Monthly Debt/	Expenses:		
	ant Income: \$	-	Rent Amount:	\$		
Additional Applica			Car Payment (s	):    \$		
(Not Listed Above)	nis income?					
(Not Listed Above) what is the source of the			Student Loan P	ayments: \$		
(Not Listed Above) what is the source of the  Additional Co-App (Not Listed Above)	olicant Income: \$		Student Loan P			
(Not Listed Above) what is the source of the  Additional Co-App (Not Listed Above)	olicant Income: \$			s: \$_		1:

<u>Demonstration of Need:</u> Number of bedrooms in <u>current</u> residence Number of people living in <u>current</u> residence
Total number of people who would be living in your Habitat home
List all individuals other than the applicant and co-applicant who will be living in your Habitat home:
Age         Male         Female         Age         Male         Female
Describe your current housing situation. Tell us why you need a Habitat home. If additional space is needed, please attach a separate sheet of paper.
If selected, is your family willing to meet the requirements for our housing program? These include:

Please Return This Pre-Application Questionnaire To:

Co-Applicant Signature

EQUAL HOUSING

Date: \_

Date:

**Applicant Signature** 



## Authorization to Provide/Release Information

You are hereby authorized to provide Sussex County Habitat for Humanity or its designated representative's any and all information that you have relating to my credit history, employment history, income, bank and similar balances, and copies of my income tax returns. I hereby release you and Sussex County Habitat for Humanity from all legal responsibility or liability that may arise from your honoring this authorization and its use of the same. I also authorize Sussex County Habitat for Humanity to refer me to additional non-profits for support services. A photocopy of this authorization shall be considered as effective and valid as the original.

Applicant's Signature	27	DATE
Co-Applicant's Signature		DATE



## **Notice of Sexual Offender Registration Check**

Please take notice that in accordance with the policy of Habitat for Humanity International and Sussex County Habitat for Humanity, the names of all applicants and co-applicants for a Habitat house or the Repairs Program, and all members of their household that are age <u>16</u> or older will be checked against one or more sexual offender registration data bases. If your name, the name of a co-applicant or the name of any member of your household appears in such a registry, you should immediately notify Sussex County Habitat for Humanity. A photocopy of this authorization shall be considered as effective and valid as the original.

Applicant's Signature	DATE
Co-Applicant's Signature	DATE
FOR OFFICIAL USE - D	OO NOT WRITE IN THIS SPACE
Registry checked by:	Date:
Name of Registry Checked:	
Applicant Name:	
□ Does <u>Not</u> appear in the registries	□ <u>Does</u> appear in the registries
Co-Applicant Name:	
□ Does <u>Not</u> appear in the registries	□ <u>Does</u> appear in the registries
Additional Household member:	
□ Does <u>Not</u> appear in the registries	□ <u>Does</u> appear in the registries
Additional Household member:	ě
□ Does <b>Not</b> appear in the registries	□ <u>Does</u> appear in the registries

