



Effective Date of this Form: 10/23/2017

Oneida County Habitat for Humanity  
 494 French Road Utica, NY 13502  
 315-624-9010

# Application

## FOR PARTNERSHIP 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:** Complete this application to determine if you are a qualified for Habitat for Humanity's partnership program. 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																																																
<b>Applicant's Name</b>	<b>Co-applicant's Name</b>																																																
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Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____																																																
<b>If Living at Present Address for Less Than Two Years, Complete the Following</b>																																																	
Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____																																																

## 2. WILLINGNESS TO PARTNER

To be considered for the Habitat partnership program, 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:

Applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Co-applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 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  
(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: \_\_\_\_\_

The Habitat partnership program serves families with a critical need for housing. In the space below, please describe why you need a Habitat home:

## 5. PROPERTY INFORMATION

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

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

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

## 6. AUTHORIZATION & RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home and my willingness to be a partner family. I understand that the evaluation will include personal visits. I have answered all of 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 partner with Habitat, I may be disqualified from the program. The original 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 additional comments with "A" for Applicant or "C" for Co-applicant.