



HOUSING PARTNER Application

Habitat for Humanity Kamloops
Unit 28-1425 Cariboo Place
Kamloops, BC V2C 5Z3
Tel: (250) 314-6783 Ext. 3
Email: familyservices@habitatkamloops.com

If you have any questions about how to fill out this form, please call the Habitat for Humanity Kamloops office and ask for our Family Services Manager, Olga Collins. Please allow 6-8 weeks for processing. At this time, applications are being accepted for the 2019 Build Program - Site to be announced.

1. Applicant Information

APPLICANT	CO-APPLICANT (If applicable)
APPLICANT'S NAME: _____	APPLICANT'S NAME: _____
HOME PHONE: _____	HOME PHONE: _____
SOCIAL INSURANCE #: _____	SOCIAL INSURANCE #: _____
DATE OF BIRTH (dd/mm/yy): _____	DATE OF BIRTH (dd/mm/yy): _____
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____
EMAIL: _____	EMAIL: _____
Current Household Members (people who live with you, not listed by co-applicant)	Current Household Members (people who live with you, not listed by co-applicant)
NAME: _____	NAME: _____
DATE OF BIRTH (dd/mm/yy): _____	DATE OF BIRTH (dd/mm/yy): _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
NAME: _____	NAME: _____
DATE OF BIRTH (dd/mm/yy): _____	DATE OF BIRTH (dd/mm/yy): _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

2. Current Address & Property Information

PRESENT ADDRESS

Street: _____

City: _____

Province & Postal: _____

Number of years at address: _____

PRESENT ADDRESS

Street: _____

City: _____

Province & Postal: _____

Number of years at address: _____

IF LIVING AT PRESENT ADDRESS LESS THAN 3 YEARS, PLEASE COMPLETE THE FOLLOWING:

PREVIOUS ADDRESS

Street: _____

City: _____

Province & Postal: _____

Number of years at address: _____

IF LIVING AT PRESENT ADDRESS LESS THAN 3 YEARS, PLEASE COMPLETE THE FOLLOWING:

PREVIOUS ADDRESS

Street: _____

City: _____

Province & Postal: _____

Number of years at address: _____

IF YOU OWN YOUR RESIDENCE:

Monthly Payment: \$ _____

Unpaid Balance: \$ _____

Do you own any other real estate?

Yes No

If yes, please describe including locations:

Is there a mortgage on the real estate?

Yes No

If Yes:

Monthly Payment: \$ _____ Unpaid Balance: \$ _____

IF YOU RENT:

Monthly Payment: \$ _____ *Please supply a copy of your lease, recent rent receipt, or canceled rent cheque)

Please fill out the following information about your current landlord:

Landlords Name: _____ Phone: _____

Address: _____

3. Present Housing Conditions

How many bedrooms do you have now?

1 2 3 4 5

Please check other rooms that you have in your home:

Kitchen Bathroom Living Room Dining Room Basement

Other (please describe):

In the space below, please describe the condition of the home you live in:

How is your current housing situation not meeting your needs?

Are there special needs that you would consider in choosing or building a house?
(for example wheelchair accessibility, room for grandparents etc.)

4. Employment Information

Please supply your work history for the past 3 years, and a copy of your most recent pay stub

APPLICANT

Current Employer: _____
Street: _____
City: _____
Province & Postal Code: _____
Phone Number: _____
Employment Position: _____
Part Time hrs/wk: _____ Full Time hrs/wk: _____
Years on job: _____

CO-APPLICANT

Current Employer: _____
Street: _____
City: _____
Province & Postal Code: _____
Phone Number: _____
Employment Position: _____
Part Time hrs/wk: _____ Full Time hrs/wk: _____
Years on job: _____

APPLICANT

Previous Employer: _____
Street: _____
City: _____
Province & Postal Code: _____
Phone Number: _____
Employment Position: _____
Part Time hrs/wk: _____ Full Time hrs/wk: _____
Years on job: _____

CO-APPLICANT

Previous Employer: _____
Street: _____
City: _____
Province & Postal Code: _____
Phone Number: _____
Employment Position: _____
Part Time hrs/wk: _____ Full Time hrs/wk: _____
Years on job: _____

For any other household member, over 18 years of age and not attending full-time school, with income please complete the section below.

HOUSEHOLD MEMBER

Name of Household Member: _____
Previous Employer: _____
Street: _____
City: _____
Province & Postal Code: _____
Phone Number: _____
Employment Position: _____
Part Time hrs/wk: _____ Full Time hrs/wk: _____
Years on job: _____

HOUSEHOLD MEMBER

Name of Household Member: _____
Previous Employer: _____
Street: _____
City: _____
Province & Postal Code: _____
Phone Number: _____
Employment Position: _____
Part Time hrs/wk: _____ Full Time hrs/wk: _____
Years on job: _____

5. Monthly Income & Totals

Please fill out the table below with the total monthly income (before taxes) for each non-student, household member 18years & over. All blanks on this page must be completed. If the blank does not apply, please print N/A (not applicable)

MONTHLY INCOME	APPLICANT	CO-APPLICANT	OTHER MEMBERS IN HOUSEHOLD (18 & over)
Monthly income before tax - current job	\$	\$	\$
Monthly income before tax - current job	\$	\$	\$
Monthly Social Assistance Monthly Income	\$	\$	\$
Monthly Old Age Security	\$	\$	\$
Monthly C.P.P.	\$	\$	\$
Monthly Pension	\$	\$	\$
Monthly Disability Pension	\$	\$	\$
Monthly Employment Insurance	\$	\$	\$
Monthly Child Support	\$	\$	\$
Monthly Child Tax Benefit	\$	\$	\$
Monthly Childcare Supp.	\$	\$	\$
GST Rebate	\$	\$	\$
Monthly Spousal Support	\$	\$	\$
Other Income (attach written explanation of this income)	\$	\$	\$
Total Monthly Income	\$	\$	\$

6. Monthly Expenses & Totals

Please fill out the table below with all of your monthly household expenses.

MONTHLY EXPENSES	APPLICANT	CO-APPLICANT	OTHER MEMBERS IN HOUSEHOLD (18 & over)
Monthly Rent	\$	\$	\$
Monthly Mortgage and Taxes (if applicable)	\$	\$	\$
Monthly Heating	\$	\$	\$
Monthly House Insurance	\$	\$	\$
Monthly Utilities (Telephone, Hydro, Cable)	\$	\$	\$
Other Monthly Insurance (Life, Car etc)	\$	\$	\$
Child Care	\$	\$	\$
Monthly Credit Card Payments	\$	\$	\$
Monthly Personal Loan Payment	\$	\$	\$
Monthly Student Loan Payment	\$	\$	\$
Monthly Car Payments	\$	\$	\$
Monthly Spousal/Child Support Payments	\$	\$	\$
Other	\$	\$	\$
Total Monthly Payments	\$	\$	\$

7. Assets

List All Chequing, Savings, Investment Accounts, RRSP etc. Please attach a separate sheet for additional accounts.

APPLICANT

Name of bank: _____

Street: _____

City: _____

Province & Postal Code: _____

Phone Number: _____

Account Type:

Chequing Savings RRSP GIC MUTUAL FUND

Other: _____

Account Number: _____

Balance: \$ _____

Other RRSP, RESP, Investments:

Do you own a vehicle?

Yes No

If yes, please include details:

Car #1 Make & Year: _____

Car #2 Make & Year: _____

Other (travel trailer, skidoo, etc):

CO-APPLICANT

Name of bank: _____

Street: _____

City: _____

Province & Postal Code: _____

Phone Number: _____

Account Type:

Chequing Savings RRSP GIC MUTUAL FUND

Other: _____

Account Number: _____

Balance: \$ _____

Other RRSP, RESP, Investments:

Do you own a vehicle?

Yes No

If yes, please include details:

Car #1 Make & Year: _____

Car #2 Make & Year: _____

Other (travel trailer, skidoo, etc):

8. Longterm Debt

Please include all loans, credit cards, lines of credit, and debts owing. If you need more space, please attach a separate sheet

APPLICANT

Name of lender/credit card: _____

Account #: _____

Balance: \$ _____ Monthly Payment: \$ _____

Months left to pay: _____

Name of lender/credit card: _____

Account #: _____

Balance: \$ _____ Monthly Payment: \$ _____

Months left to pay: _____

Name of lender/credit card: _____

Account #: _____

Balance: \$ _____ Monthly Payment: \$ _____

Months left to pay: _____

Other (personal loans, student loans, etc):

CO-APPLICANT

Name of lender/credit card: _____

Account #: _____

Balance: \$ _____ Monthly Payment: \$ _____

Months left to pay: _____

Name of lender/credit card: _____

Account #: _____

Balance: \$ _____ Monthly Payment: \$ _____

Months left to pay: _____

Name of lender/credit card: _____

Account #: _____

Balance: \$ _____ Monthly Payment: \$ _____

Months left to pay: _____

Other (personal loans, student loans, etc):

Total Balance owing on Debt from all sources: (please add above balances)

TOTAL = \$ _____

9. Willingness to Partner

To be considered for a Habitat home, you and your family must be willing to complete a minimum of 500 hours of volunteer service to Habitat for Humanity Kamloops prior to moving into your home. Your help in building your home and the homes of others is called "Sweat Equity", and may include helping with construction, working in the office, the ReStore, or other approved activities. This is voluntary service that has no monetary compensation to you or any member of your family.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS

Yes No

Applicant: _____ Co-Applicant: _____

10. Declarations

Answering "yes" to these questions does not disqualify you. If you answered yes, please explain on a separate sheet of paper and attach it to this application. Please check the Answers to the Following Questions:

	APPLICANT		CO-APPLICANT	
1. 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
2. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If you have declared bankruptcy, have you been discharged from bankruptcy within the past 3 years? (if yes please include the date of release and documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you a Canadian citizen or a permanent resident of Kamloops for one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. References

Please list three people who have known you personally for at least 2 years but are not related to you. Please notify references before using their name.

NAME	ADDRESS	PHONE	RELATIONSHIP

12. Authorization & Release

The undersigned declare(s) that the statements made in this application are true and correct.

I/we, the applicant(s), consent to any inquiries by Habitat for Humanity Kamloops deemed necessary to reach a decision on this application, including contacting references. I/we consent to the disclosure at any time of any credit information about me/us by any credit reporting agency or by anyone with whom we have financial relations.

I/we understand the Habitat for Humanity Kamloops is using this information to assess my qualifications for a Habitat home and that the evaluation may also include personal visits, credit checks, financial review with budget analysis, and employment verification.

I/we further certify that I/we have answered all the questions truthfully and to the best of my/our knowledge. We understand that if we have not answered the questions truthfully, this application may be denied, and that even if we have already been selected to receive a Habitat home, I may be disqualified from the program.

Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

Date: _____

Print Name: _____

Print Name: _____

PLEASE USE THE FOLLOWING SHEET TO ENSURE THAT YOU PROVIDE ALL SUPPORTING DOCUMENTATION.

13. Documentation

THE FOLLOWING DOCUMENTS MUST BE INCLUDED FOR THE APPLICANT, CO-APPLICANT AND HOUSEHOLD MEMBERS. Please provide photocopies - no originals

DOCUMENT	APPLICANT	CO-APPLICANT	OTHER
Proof of eligibility to reside and work in Canada - Canadian citizenship or Canadian birth certificate or landed immigrant papers			
Rental Information - Copy of your lease or cancelled rent cheque			
Your most recent Notice of Assessment from Canada Revenue Agency			
Most recent pay stub			
If you have changed jobs this year, please provide a copy of your last pay stub from your previous employers			
Assessment Notice - Child Tax Benefit			
Statement of provincial childcare supplements			
Statement of Disability Income			
Statement of Social Assistance Income			
Statement of C.P.P. Income			
Statement of O.A.S. Income			
Statement of other pension income			
GST Rebate			
Other income			
Statements of amounts owing on your credit cards			
Loan statements			
Bankruptcy Discharge papers			
Copy of Child Support and/or Spousal Support Income or Payments			

**Additional documents may be required