

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

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	\$45,850	\$52,400	\$58,950	\$65,500	\$70,750	\$76,000	\$81,250	\$86,500
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Phone: (405) 232-4828 Fax: (405) 232-4868

Co-Applicant Signature



Applicant Signature

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Homebuyer Application

Date:		
Date		

Applicant Information	Co-Applicant Information (If Applicable)
Name:	Name:
	Marital Status (Circle One): Married Separated* Unmarried
*If you are separated, your spouse must be included as co-applicant & must sign may also be required to provide additional documents and statements – see CO	
Date of Birth: Age:	Date of Birth: Age:
Social Security Number:	
	e: United States Citizen? YesNo 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 So	cial Security Number Date of Birth Age Sex Relationship
Contact Information	
Mailing Address: Apt:	City:Zip:Zip:
Home Phone: ()Cell Phone: ()Work Phone: ()
Applicant Email Address:	Co-Applicant Email address:
Current Rental History	
	City: State: Zip:
	Total Monthly Rent: \$Number of Bedrooms:
Name of Landlord:Phone:	Is landlord a family member? YesNo
Does any charitable organization, government agency, family	member, or other individual help with your rent? YesNo
If yes, what is the name of the organization/agency/individua	?
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? Elec	ctricity: \$Water: \$Gas: \$

Previous Homeownership/Bankruptcy (If Applicable)	
Have you ever owned a home? YesNoIf yes, name of	of mortgage company:
How long did you own the home? From (mm/yyyy):T	o (mm/yyyy):Reason you no longer have the home:
Have you ever tried to qualify for a home loan? YesNo	If yes, when? (mm/yyyy)
Name of mortgage company:	Were you approved? YesNo
Have you ever declared bankruptcy? YesNo	
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?
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**	\$
				Total Monthly	
Other (Please Expla	in):		\$	Income Before Taxes	\$

Household Expenses List all present monthly expenses except housing, insurance, utilities, phone, food, clothing, and transportation expenses. If no

List all present monthly expenses except hous	ing, insurance, ut	cilities, phone, fo	ood, clothing, a	and transportation	expenses. If no
applicable, please mark amount as N/A or \$0.	If additional spa	ice is needed pla	ease attach a s	separate sheet of pa	aper.

	Creditor	Monthly Payme	nt Total Amount Owe
Auto Loan		\$	\$
Auto Loan		\$	\$
Child Support		\$	N/A
Child Care		\$	N/A
Student Loan		\$	\$
Student Loan		\$	\$
Medical		\$	\$
Medical		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
		\$	\$
		\$	\$
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		\$	\$
I/we certify th	e above list reflects all debts I/we now owe. (Please initial). Ap	plicant Co-Applicant	
	sing/Willingness to Partner with Central Oklahoma Habitat for Hull that apply to your current housing situation: Overcrowded I	manity Run Down Unsafe A	rea Excessive Rent
Please circle a		Run Down Unsafe A	
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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 build/renovate my/our new home as required.
- I/we agree to make regular monthly mortgage payments on my/our home.
- 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 a third-party lender 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 or any applicable third-party lender 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 deems necessary to evaluate this application. I/we understand that Central Oklahoma Habitat for Humanity and/or a third-party lender 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, its Board of Directors, and any third-party lender partners, 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:	

Please include your latest paystubs along with this application





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 Phone: (405) 232-4828 5005 S I-35 Service Road Oklahoma City, OK 73129 Fax (405)-232-4868 Cohfh.org