



# 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.

Please fill out this form as completely and accurately as possible. Failure to do so may result in the delay or denial of your application. All information provided will be kept confidential. **Should you have any questions or concerns, or if you would like help in completing your application, please call (920) 921-6623.**

PERSONAL INFORMATION

Applicant's Name (First, Middle, Last)

Co-applicant's name (First, Middle, Last)

Social Security Number Date of Birth

Social Security Number Date of Birth

Are you a legal resident of the United States Yes or No

Are you a legal resident of the United States Yes or No

List any alternate names you have gone by (nicknames, maiden name)

List any alternate names you have gone by (nicknames, maiden name)

Married  Separated  Unmarried (Single, Divorced, Widowed)

Married  Separated  Unmarried (Single, Divorced, Widowed)

Current address Street

Current Address Street

City State Zip Code

City State Zip Code

Current Phone Number (Home) (Cell)

Current Phone Number (Home) (Cell)

**OTHER HOUSEHOLD MEMBERS (All people who will be living with you)**

Name (First, Middle, Last)	Date of Birth	Social Security Number	Relationship
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Name (First, Middle, Last)	Date of Birth	Social Security Number	Relationship
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Name (First, Middle, Last)	Date of Birth	Social Security Number	Relationship
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Name (First, Middle, Last)	Date of Birth	Social Security Number	Relationship
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Name (First, Middle, Last)	Date of Birth	Social Security Number	Relationship
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(Please continue on an additional sheet of paper if needed)

Have you ever been evicted  Yes or  No?

(if so address \_\_\_\_\_, Landlord \_\_\_\_\_)

What are your concerns with your current housing situation? \_\_\_\_\_

Current Landlord's Name Phone #

Current landlord's Street Address

City, State, Zip Code

Rental Property Address

Dates of Occupancy from \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ YES or NO  
Monthly Rent Payment Is rent subsidized?

Previous Landlord's Name Phone #

Previous Landlord's Street Address

City, State, Zip Code

Rental Property Address

Dates of Occupancy from \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ YES or NO  
Monthly Rent Payment Is rent subsidized?

Previous Landlord's Name Phone #

Previous Landlord's Street Address

City, State, Zip Code

Rental Property Address

Dates of Occupancy from \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ YES or NO  
Monthly Rent Payment Is rent subsidized?

Previous Landlord's Name Phone #

Previous Landlord's Street Address

City, State, Zip

Rental Property Address

Dates of Occupancy from \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ YES or NO  
Monthly Rent Payment Was rent subsidized?

Previous Landlord's Name Phone #

Previous Landlord's Street Address

City, State, Zip

Rental Property Address

Dates of Occupancy from \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ YES or NO  
Monthly Rent Payment Was rent subsidized?

Previous Landlord's Name Phone #

Previous Landlord's Street Address

City, State, Zip

Rental Property Address

Dates of Occupancy from \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ YES or NO  
Monthly Rent Payment Was rent subsidized?

(Please continue on an additional sheet of paper if needed)

EMPLOYMENT HISTORIES (List all employers for the past 5 years)

APPLICANT

1 \_\_\_\_\_  
Name of Current Employer

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

3. \_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

**CO-APPLICANT (List all employers for the last 5 years)**

1 \_\_\_\_\_  
Name of Current Employer

\_\_\_\_\_  
Employers Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

2 \_\_\_\_\_  
Name of Previous Employer

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

4. \_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

2 \_\_\_\_\_  
Name of Previous Employer

\_\_\_\_\_  
Employers Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

3. \_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employers Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

4. \_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employers Phone Number

\_\_\_\_\_  
Street Address (Of the Human Resource Dept)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Position/Title                      Dates of Employment? Seasonal?

\$ \_\_\_\_\_  
Hourly Wage              Average Hours/Week              Average Weeks/Year

\_\_\_\_\_  
Reason for Leaving

References (can not be a relative or a person who lives with you, or employer, who you've known at least one year)

**Applicant**

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Applicant (ex: Friend, co-worker, teacher, etc.)

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relation to Applicant (ex: Friend, co-worker, teacher, etc.)

**Co-Applicant**

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Applicant (ex: Friend, co-worker, teacher, etc.)

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relation to Applicant (ex: Friend, co-worker, teacher, etc.)

(Please continue on an additional sheet of paper if needed)

**OTHER SOURCES OF INCOME**

Do you or your dependents receive any of the following: child support, alimony, social security/ disability, etc?

		\$	
Child Support	Recipient's Name	Monthly Amount	Length of time received/How long will it continue?

		\$	
Social Security/ Disability	Recipient's Name	Monthly Amount	Length of time received/How long will it continue?

		\$	
Other Source	Recipient's Name	Monthly Amount	Length of time received/How long will it continue?

		\$	
Other Source	Recipient's Name	Monthly Amount	Length of time received/How long will it continue?

**ASSETS – Please list all cash and/or property assets  
(including checking and savings accounts, bonds, certificates of deposit, stock, and/or property)**

**Applicant**

1 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

2 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial Institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

3 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial Institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

4 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial Institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

(Please continue on an additional sheet of paper if needed)

**Co-Applicant**

1 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

3 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial Institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

2 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial Institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

4 \_\_\_\_\_  
Name of Bank, Credit Union, etc.

\_\_\_\_\_  
Financial Institution's Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

Do you Own?	YES	NO	Do you Own?	YES	NO
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Year, Make and Model		
Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Car (# 2)	<input type="checkbox"/>	<input type="checkbox"/>
Lawnmower	<input type="checkbox"/>	<input type="checkbox"/>	Year, Make and Model		

(Please continue on an additional sheet of paper if needed)

**DEBTS / LIABILITIES - list monthly payments on credit cards, loans-including loans you have co-signed on, child support, ALL OPEN Accounts & ANY COLLECTION accounts.**

**Applicant**

1 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

2 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

3 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

4 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

**Co-Applicant**

1 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

2 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

3 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

4 \_\_\_\_\_  
Name of Creditor (Lender)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number Monthly Payment Current Balance

\_\_\_\_\_

Type of Payment (ex: credit card, car, student loan, rent to own loan, etc)

(Please continue on an additional sheet of paper if needed)

MONTHLY EXPENSES

GAS Utility Provider

Street Address

City, State, Zip Code

Account Number

ELECTRIC Utility Provider

Street Address

City, State, Zip Code

Account Number

WATER or OTHER UTILITY Provider

Street Address

City, State, Zip Code

Account Number

RESIDENTIAL TELEPHONE Provider

Street Address

City, State, Zip Code

Account Number

LONG DISTANCE TELEPHONE Provider

Street Address

City, State, Zip Code

Account Number

CELL PHONE Provider

Street Address

City, State, Zip Code

Account Number

Number of users on acct.

CABLE TELEVISION Provider

Street Address

City, State, Zip Code

Account Number

INTERNET SERVICE Provider

Street Address

City, State, Zip Code

Account Number

DAY CARE Provider

Street Address

City, State, Zip Code

Account Number

INSURANCE PROVIDER Car, Renters, Life, Health

Street Address

City, State, Zip Code

Account Number

(Please continue on an additional sheet of paper if needed)

I/We certify that all the information on this application and accompanying documentation is true and correct to the best of our knowledge. I/we understand that false or misleading information may be grounds for rejection of the application. Furthermore, it is understood that the completion of this application does not guarantee that I/we will receive housing through the Habitat for Humanity of Fond du Lac County. I give permission to the Habitat for Humanity of Fond du Lac County to check any and all information, including but not limited to rental history, employment, personal references, and credit references included herein. I also give permission to Habitat for Humanity of Fond du Lac County to check my credit rating and criminal record.

To my creditor:

I/We authorize you to provide Habitat for Humanity any and all information and documentation they request. Such documentation may include, but is not limited to, the following types of information:

1. Employment history
2. Credit history and reports
3. Balances on savings accounts, checking accounts, investment accounts, etc.
4. Payment history and delinquencies
5. Amounts owed on accounts
6. Cash values on life insurance policies
7. Security agreements and pledges for purpose of security
8. Loan amounts, terms, payment schedules, etc.
9. Copies of tax returns or W2 forms
10. National Sexual Offender Registry
11. Social security awards, child support payments, or residency verification
12. Any other documents pertaining to my financial, credit and liability circumstances

\*A photocopy of this authorization shall be as effective and valid as the original. The terms of this authorization apply jointly and individually to the persons who have signed it.

\_\_\_\_\_  
Applicant's Name- Print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-applicant's Name- Print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature

\_\_\_\_\_  
Date

Within the limits of the law, Habitat for Humanity of Fond du Lac County will do its best to keep the information in this application confidential.



### Equal Opportunity Housing

We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity through 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, family status or national origin.

**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, or other approved activities. A two-adult household is required to perform a minimum of 500 hours; a single-adult family is required to complete 300 hours. If you are willing to complete the required sweat equity hours, please sign below.

\_\_\_\_\_  
 Applicant Date Co-applicant Date

**DECLARATIONS**

Please answer the following questions:

	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
A. Have you filed bankruptcy in the last seven years?	___	___	___	___
B. Have you had property foreclosed on in the last seven years?	___	___	___	___
C. Have you ever been convicted of a felony?	___	___	___	___
D. Are you currently involved in a lawsuit?	___	___	___	___
E. Do you have any debt because of collections or judgments against you?	___	___	___	___
F. Are you a U.S. citizen or permanent resident?	___	___	___	___
G. Would you feel comfortable paying approximately \$400-\$550 per month for housing?	___	___	___	___

The main criteria in selecting an applicant to become a Habitat for Humanity partner family are:

- \*Willingness to partner
- \*Ability to repay the interest-free mortgage
- \*Need for adequate housing

Where or how did you hear about Habitat for Humanity? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other comments: \_\_\_\_\_  
 \_\_\_\_\_

Applicants Name \_\_\_\_\_ Co-applicants Name \_\_\_\_\_

**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
<p style="text-align: center;"><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><b>Birth date:</b> ____/____/____</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (includes single, divorced, widowed)</p>	<p style="text-align: center;"><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin:</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><b>Birth date:</b> ____/____/____</p> <p><b>Marital Status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (includes single, divorced, widowed)</p>

**To Be Completed Only By the Person Conducting the Interview**

<p>This Application was taken by:</p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p><b>Interviewer's Name (Print)</b></p> <hr/> <p><b>Interviewer's Signature</b> <span style="float: right;"><b>Date</b></span></p> <hr/> <p><b>Interviewer's Phone Number</b></p> <hr/>
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# Habitat for Humanity of Fond du Lac County, Inc.

## APPLICATION CHECKLIST

**The following documents need to be returned as part of the total application package:**

1. \_\_\_ Copy of Driver Licenses of everyone living in the household
2. \_\_\_ Copy of Social Security/Green Card for each member living in the household
3. \_\_\_ Application for Housing
4. \_\_\_ Child support payment or receipt history from the clerk of courts for the past 12 months
5. \_\_\_ Credit Report from one agency for Applicant and Co-applicant  
([www.annualcreditreport.com](http://www.annualcreditreport.com))
6. \_\_\_ Copy of One month's paycheck stubs for Applicant and Co-applicant  
(From each employer and/or SSI award letter)
7. \_\_\_ Copy of Utilities Bills
8. \_\_\_ Copies of State and Federal Income Tax Returns for the last 2 years.
9. \_\_\_ Denial letter from lending institute for a conventional home loan
10. \_\_\_ Sweat Equity Log #1
11. \_\_\_ Sweat Equity Log #2

Please send your completed form to:

Habitat for Humanity  
Of Fond du Lac County, Inc.  
P.O. Box 2311,  
Fond du Lac, WI 54936-2311

Or **Drop off** at 150 S. Brooke Street, Fond du Lac



# SWEAT EQUITY LOG #1

Applicant Name \_\_\_\_\_ Co-applicant Name \_\_\_\_\_

<u>EVENT/TASK</u>	<u>NUMBER OF HOURS</u>	<u>SUPERVISOR APPROVAL</u>
Orientation Meeting	1 hour	
Submit Completed Application	2 hours	

Total Hours \_\_\_\_\_

**Five hours of Sweat Equity are required to be completed prior to submitting this application.**



## SWEAT EQUITY LOG #2

Applicant Name \_\_\_\_\_ Co- applicant Name \_\_\_\_\_

EVENT/TASK	NUMBER OF HOURS	SUPERVISOR APPROVAL

Total Hours \_\_\_\_\_

**Five hours of Sweat Equity  
are required from receipt of Application  
for Housing till the presentation to the  
Board of Habitat**