

**[Please print clearly]**

Applicant: \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

List all others to be living in the home and their ages: \_\_\_\_\_

Circle one: Rent / Own Circle one: Caledonia, Orleans or Essex County Years at this address: \_\_\_\_\_

**Are you an active or retired veteran?** \_\_\_\_\_

**INCOME:** [List all forms of income, including public assistance, by wage earner and monthly amounts.]

<u>Wage Earner</u>	<u>Employer/source</u>	<u>Years on Job</u>	<u>Monthly Amount</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

<u>Other Income</u>	<u>Source</u>	<u>Monthly Amount</u>
3. _____	_____	\$ _____
4. _____	_____	\$ _____

**ASSETS:**

<u>Bank/Credit Union Accounts</u>	<u>Type of account</u>	<u>Balance</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____

**EXPENSES/DEBTS:**

List below your current housing expenses:

1. Mortgage Holder/Account # \_\_\_\_\_ Monthly Amount  
 \$ \_\_\_\_\_

Insurance: \_\_\_\_\_ \$ \_\_\_\_\_

Property Taxes: \_\_\_\_\_ \$ \_\_\_\_\_

Second mortgage/equity loan: \_\_\_\_\_ \$ \_\_\_\_\_

2. Utilities/Company Monthly Amount

Heat _____	\$ _____
Electricity _____	\$ _____
Phone/Internet _____	\$ _____
Water/Sewer _____	\$ _____

3. Credit Debt/Company Monthly Payment

Credit card: _____ /Balance: _____	\$ _____
Credit card: _____ /Balance: _____	\$ _____
Car loan: _____ /Balance: _____	\$ _____

4. Medical: \_\_\_\_\_ / Balance: \_\_\_\_\_ \$ \_\_\_\_\_

Are there any other issues that may affect your credit, or your ability to repay a non-interest loan (e.g. alimony or child support payments, court judgements, bankruptcy, foreclosure, credit card delinquencies...) NO YES If yes, explain:

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Have you declared bankruptcy in the past 7 years? YES NO If yes, explain:

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*I hereby certify that the information contained herein is complete and accurate. This information is being furnished with the understanding that it is to be used to determine the amount and condition on the credit to be extended. Furthermore, I herein authorize the financial institutions listed to release necessary information to Upper Valley Habitat for Humanity in order to verify the information contained herein.*

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Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

For office use: Date application form sent: \_\_\_\_\_ Date application received: \_\_\_\_\_