

Shelby County Habitat for Humanity – Family Selection Criteria

Please read the family selection criteria on the following pages. If you think you qualify, continue to fill out the application. If you do not qualify, please stop and do not fill out the application. Fill in all the blanks fully and honestly. Please sign all forms that are required.

If you need help with the form, please call the Shelby County Habitat for Humanity at 502-633-5578.

When you are finished, please mail the completed application along with a copy of your last federal tax form (1040), W-2 Form, and a copy of the last 6 pay stubs (these can be obtained from your employer) for each family member with income. This includes the following items

Attachments we must have before we can proceed with your application:

1. Income records for past 6 months for all family members receiving income
2. Proof of child support from support office if applicable
3. Federal Tax Form 1040 & W-2's for the past year
4. proof of disabilities in the family from a Doctor or Social Security Office if applicable

Mail completed application and appropriate forms to;

Shelby County Habitat for Humanity

PO Box 728

Shelbyville, KY 40066

After your application has been reviewed, a member of our family selection committee will contact you. Note that it may take about a year or longer to place a partner family in a home. Habitat is not a solution to an immediate housing requirement.

Please keep this page for your own records.

Shelby County Habitat for Humanity – Family Selection Criteria

1. **Need for Adequate Shelter: (ONE of these three criteria MUST apply)**
 - a. The family's current shelter has problems with the structure, roof, floor, heating and cooling system, water supply, electricity, bathrooms, or kitchen.
 - b. The family's current shelter has an inadequate number of bedrooms as determined by the number of family members or ages and sex of household members living together.

c. The family's neighborhood is unsafe or unsanitary.

2. Ability to Pay: (ALL of these criteria MUST apply)

a. The family's income must be between 30% and 60% of the Area Median Income for Shelby Co.

Family size	30% level	60% level
1	15,350	30,700
2	17,550	35,100
3	19,750	39,500
4	21,900	43,800
5	23,700	47,400
6	25,450	50,900
7	27,200	54,400
8	28,950	57,900

b. The family selected for a Habitat home must establish and escrow account of \$900 prior to the closing on the Habitat home. The money will be used to pay closing costs at closing.

c. The family must have the ability to make monthly mortgage payments at about \$350, including principal, insurances fees, and taxes

3. Willingness to Partner: (ALL of these criteria MUST apply)

a. The two parent family must agree to perform 500 hours of sweat equity on their home or other Habitat projects prior to moving into their Habitat home.

b. A single parent applicant must agree to complete 350 hours of sweat equity on their home or other Habitat projects prior to moving into their Habitat home.

c. All applicant families must complete the Family Nurture Program, which includes Financial counseling, Home management and maintenance, and other Habitat activities.

4. Current Residence: The family head of household must be a permanent resident of the USA

5. Equal Opportunity for Potential Homeowners: All qualified applicants will receive consideration for homeownership without regard to race, color, religion, sex or national origin. (The application will include our equal opportunity housing statement)



God...hath made of one blood all nations of men for to dwell on all the face of the earth, and hath determined the times before the appointed, and the bounds of their habitation. (Acts 17:24-26)

APPLICATION INFORMATION

Applicant

Mr. Mrs. Ms.

Last Name _____ First Name _____ MI _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Telephone (H) _____ (Cell) _____ (Cell) _____

Marital Status _____ Are you a permanent resident alien/US citizen? _____

Number of Family Members in Household _____ Number of Children in Household _____

Co-Applicant

Mr. Mrs. Ms.

Last Name _____ First Name _____ MI _____

If approved for a HFH home, how should your name(s) appear on the legal documents?

Applicant _____

Co-Applicant _____

When did you move to Shelby County _____
(day / month / year)

Others in Household			
Name	Date of Birth	Sex	Relationship

PRESENT HOUSING CONDITIONS

Does your home have any of the following? If yes, please explain.

Structural problems No Yes _____

Problems with plumbing, sewage or electrical systems No Yes _____

Unsafe heating system or no formal heating system No Yes _____

Lack of air conditioning No Yes _____

Little or no insulation No Yes _____

Lack of functioning entrance and exit points (front and back doors) No Yes _____

Unhealthy conditions (mold, pests, etc.) No Yes _____

Unsuitable neighborhood (unsafe or unsanitary) No Yes _____

Inoperable kitchen or bathroom No Yes _____

Overcrowding No Yes _____

Cost-burdened No Yes _____

Homelessness (living with friends/relatives or in temporary housing) No Yes _____

Denied government assisted financing No Yes _____

Living in government subsidized housing No Yes _____

How long have you lived at your current address _____

Number of Bedrooms (please circle) 1 2 3 4 5

Other rooms in the residence where you are living:

Living Room Dining Room Kitchen Bathroom Other (please describe)

PROPERTY INFORMATION (IF APPLICABLE)

If you own your residence, what is your monthly mortgage payment? \$ _____

Unpaid Balance \$ _____

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

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____

Unpaid Balance \$ _____

EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer	Employment Period (mm/yy-mm/yy)	Name and Address of Current Employer	Employment Period (mm/yy-mm/yy)
	Gross Annual Income \$		Gross Annual Income \$
Type of Business	Business Phone	Type of Business	Business Phone

If Working at Current Job Less Than One Year, Complete the Following Information			
Name and Address of Previous Employer	Employment Period (mm/yy-mm/yy)	Name and Address of Previous Employer	Employment Period (mm/yy-mm/yy)
	Gross Annual Income \$		Gross Annual Income \$
Type of Business	Business Phone	Type of Business	Business Phone

SELF-EMPLOYED APPLICANT(S) WILL BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION SUCH AS TAX RETURNS AND FINANCIAL STATEMENTS

MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$	\$	\$	Housing	\$
Social Security Income				Utilities	
				Car Payment(s)	
Disability				Insurance	
Alimony				Child Care/School Lunch	
Child Support				Credit Card Payment(s)	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

ACCOUNT INFORMATION

List Checking and Savings Accounts Below

Name and Address of Bank/Credit Union:		Name and Address of Bank/Credit Union:	
Account Number:	Balance: \$	Account Number:	Balance: \$
Account Type: <input type="checkbox"/>Checking <input type="checkbox"/>Savings		Account Type: <input type="checkbox"/>Checking <input type="checkbox"/>Savings	

Name and Address of Bank/Credit Union:		Name and Address of Bank/Credit Union:	
Account Number:	Balance: \$	Account Number:	Balance: \$
Account Type: <input type="checkbox"/>Checking <input type="checkbox"/>Savings		Account Type: <input type="checkbox"/>Checking <input type="checkbox"/>Savings	

PERSONAL INFORMATION RELEASE AUTHORIZATION

To Whom It May Concern,

I/We hereby authorize the release of any personal and financial information requested by *HABITAT FOR HUMANITY of SHELBY COUNTY* through REPUBLIC BANK of Shelbyville including:

- Employment and Income Records (Paystubs, Tax returns, etc.)
- Checking and Savings Account Records
- Personal Credit References
- Credit Report (\$25 fee)
- Landlord/Mortgage Statements
- Social Service Payment Verification

A photographic copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Any and all information received by *HABITAT FOR HUMANITY of SHELBY COUNTY* will be used solely for the reasons aforementioned, will not be sold to any third party and will be kept strictly confidential.

By signing this document, you (the applicant/co-applicant) affirm your willingness to complete 500 'Sweat Equity' hours in an effort to complete your home, (provided that you are approved). Such tasks may include lot preparation, framing, painting, or other related tasks.

(APPLICANT'S SIGNATURE) (APPLICANT'S SSN) (DATE)

(CO-APPLICANT'S SIGNATURE) (CO-APPLICANT'S SSN) (DATE)

*** FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE ****		
Date Received: _____		More information requested <input type="checkbox"/> No
<input type="checkbox"/> Yes		
(day / month / year)		
Date Letter Sent: _____	Date of Home Visit: _____	
(day / month / year)		(day / month / year)
Date Application Received: _____		<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
(day / month / year)		