| **Copy of TTLogo3** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HOMEOWNER APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For official use only** | | | | | | **1. Applicant Information** | | | | | | | | | | | | | | | | | | | | | |
| Application Received  by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Checked by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Checked\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DOCUMENTS RECEIVED**  **(PLEASE TICK)**   * **COPIES OF IDENTIFICATION CARDS** * **COPIES OF BIRTH CERTIFICATES** * **EVIDENCE OF CITIZENSHIP** * **COPIES OF MARRIAGE CERTIFICATE, WHERE APPLICABLE** * **COPY OF TITLE, DEED, LEASE AND OR OTHER PROOF OF OWNERSHIP OR PERMISSION TO OCCUPY LAND** * **COPIES OF LAND TAX RECEIPTS** * **COPIES OF WASA BILL/CLEARANCE** * **ESTIMATE OF REPAIRS AND ESTIMATE OF MATERIALS AND LABOUR REQUIRED** * **APPLIED FOR PMCU**   **DATE:\_\_\_\_\_\_\_\_\_\_\_\_**   * **APPLIED FOR REAP**   **DATE:\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | Last Name: | | | | | | | | | | | First Name: | | | | | | | | | | |
| Address: | | | | | | | | | | | Phone Number(s) | | | | | | | | | | |
| Email Address: | | | | | | | | | | |
| Marital Status   * Single * Married * Divorced * Separated * Widowed * Common Law | | | | | | | | | | | Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIR #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Sex   * Female * Male | | | | | | | | | | |
| **2. SOURCE OF INCOME (please circle which applies and include THE income received from source)** | | | | | | | | | | | | | | | | | | | | | |
| Salary  $ | | | Old Age Pension  $ | | | | | | | Self-Employed  $ | | | | | | | | National Insurance  $ | | Disability Grant  $ | |
| Name and Address of Employer: | | | | | | | | | | | | | How long employed there:  \_\_\_\_ years \_\_\_\_\_ months | | | | | | | | |
| Other Source(s) of Income: List source(s) and Amount:  $ | | | | | | | | | | | | | | | | | | | | | |
| **3. co-applicant INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| last name: | | | | | | | | | | | | | first name: | | | | | | | | |
| **APPLICATION**   * **Approved** * **Not Approved**   **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | aDDRESS (if different from applicant) | | | | | | | | | | | | | PHONE NUMBER(S):  Email Address: | | | | | | | | |
| Marital Status   * Single * Married * Divorced * Separated * Widowed * Common Law | | | Sex   * Female * Male | | | | | | | | | | | Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIR #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **4. GUARANTOR’S SOURCE OF INCOME**  **(please circle which applies and include THE income received from source)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Salary  $ | Old Age Pension  $ | | | | | | Self-Employed  $ | | | | | | | | National Insurance  $ | | | | | | | | | | Disability Grant/Other Government Grant  $ | |
| Name and Address of Employer: | | | | | | | | | | How long employed there:  \_\_\_\_ years \_\_\_\_\_ months | | | | | | | | | | | | | | | | |
| Other Source(s) of Income: List source(s) and Amount:  $ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TOTAL OF HOUSEHOLD INCOME** | | | | | | | | **$** | | | | | | | | | | | | | | | | | | |
| **5. household information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many persons live in house hold (including applicant and co-applicant? \_\_\_\_\_  List below persons in household (including applicant and co-applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | DATE OF BIRTH | | | | | | | RELATIONSHIP TO APPLICANT | | | | | | | | | | CHECK IF THE FAMILY MEMBER HAS A DISABILITY AND LIST THE DISABILITY | | | | |
|  | | | | | |  | | | | | | | APPLICANT | | | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | | CO-APPLICANT | | | | | | | | | |  | | | | |
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| **6. REFERENCES – LIST TWO PERSONS WHO HAVE KNOWN YOU FOR AT LEAST 2 YEARS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **nAME** | | | | **pHONE NUMBERS** | | | | | | | | | | | | | | | | **Home & EMAIL ADDRESS** | | | | | | | |
| **NAME** | | | | **PHONE NUMBERS** | | | | | | | | | | | | | | | | **Home & EMAIL ADDRESS** | | | | | | | |
| **7. LAND TENURE / LAND LOCATION (CHECK ONE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DO YOU HAVE TOWN AND COUNTRY APPROVAL YES no**  **IF YES, PROVIDE A COPY OF THE APPROVAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * FREEHOLD | | * LEASEHOLD | | | | | | | | | * RENTED | | | | | | | | | | | * SQUATTER | | | | | |
| WHERE IS LAND LOCATED? GIVE LEGAL STREET ADDRESS BELOW: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WRITE DIRECTIONS TO GET TO PROPERTY: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. ASSISTANCE REQUIRED FOR THE PURPOSES OF:(CHECK ONE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION RENOVATION COMPLETION OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. expenses** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXPENSE ITEM** | | | | | | | | | | | | | **AMOUNT** | | | | | | | | | | | | | | |
| RENT | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| ELECTRICITY | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| CABLE | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| TELEPHONE  CELL | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| INTERNET | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| TRANSPORTATION  CAR MAINTENANCE  GAS  INSURANCE | | | | | | | | | | | | | $  $  $  $ | | | | | | | | | | | | | | |
| WASA | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| SCHOOL FEES/UNIFORMS/BOOKS | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| FOOD  MARKET  TOILETRIES / PENNYWISE | | | | | | | | | | | | | $  $  $ | | | | | | | | | | | | | | |
| INSURANCE – HOME  LIFE | | | | | | | | | | | | | $  $ | | | | | | | | | | | | | | |
| LOANS: LIST NAME OF CREDITOR (INCLUDE CREDIT UNION LOANS) | | | | | | | | | | | | OUTSTANDING BALANCE  $ | | | | | | | | | MONTHLY PAYMENT AMOUNT  $ | | | | | | |
| CREDIT CARDS: LIST BANKS | | | | | CREDIT LIMIT:  $ | | | | | | | | | | | | | TOTAL MONTHLY PAYMENT  $ | | | | | | | | | |
| OTHER EXPENSES: PLEASE LIST | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| **TOTAL OF ALL EXPENSES** | | | | | | | | | | | | | $ | | | | | | | | | | | | | | |
| DO YOU OWN A CAR?  YES NO | | | | | | | | | | | | | LIST NUMBER PLATE | | | | | | | | | | | | | | |
| **SIGNATORIES**  **I/We understand that all monies expended by Habitat on my/our behalf for any construction purposes are LOANS that must be repaid and I/We will be required to sign a Mortgage, Loan Agreement or Promissory Note including the terms of the agreement. I/We also agree that if Habitat applies for any government subsidy on my/our behalf or I apply on my own for a government subsidy for land, the monies will come directly to Habitat and credited towards my account.**   * **YES** * **NO**   Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I understand that as the Guarantor for this applicant, I will be signing the Mortgage or Loan Agreement or Promissory Note agreeing to act as Surety for this loan and that if the applicant(s) fail to repay the loan, I agree to be responsible for paying the loan and that Habitat may sue me to recover the outstanding balance.**   * **YES** * **NO**   Signature of Guarantor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I/We authorize Habitat for Humanity T&T to verify the information provided on this form as to my/our credit and employment history. I/we understand that if the information I/we provided is determined to be inaccurate, my/our application can be denied and any prior approval revoked.**   * **YES** * **NO**   Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I/We agree to complete 300 hours sweat equity as per Habit for Humanity T&T policy. I/We agree to attend homeowner workshops sponsored by Habitat for Humanity T&T and understand that my/our failure to attend may result in my application not being approved or any prior approval revoked.**   * **YES** * **NO**   Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I/We give Habitat for Humanity T&T permission to use my/our profile and pictures in promotional materials.**   * **YES** * **NO**   Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Once selected, assessment interviews will be conducted, including but not limited to discussions with neighboring residents**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **On** | | | | | | | | | | | | | | | | | | | | | | | | | | | |