

HOME OWNER APPLICATION FORM (revised November 2019)

1. APPLICANT INFORMATION

Last Name:		First Name:	
Address:		Phone Number(s)	
		Email Address:	
Marital Status: _____		National ID#: _____	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Passport#: _____	
		DP#: _____	
		BIR#: _____	
		NIS#: _____	

1(A). SOURCE OF INCOME

Salary	Old Age Pension	Self-Employed Income	National Insurance	Disability Grant	Other Source:
\$	\$	\$	\$	\$	\$
					List source
Name and Address of Employer: (if self-employed, list type of work done):				How long employed there: _____ years _____ months	

2. CO-APPLICANT INFORMATION

Last Name:		First Name:	
Address:		Phone Number(s)	
		Email Address:	
Marital Status: _____		National ID#: _____	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Passport#: _____	
		DP#: _____	
		BIR#: _____	
		NIS#: _____	

2(A). SOURCE OF INCOME

Salary	Old Age Pension	Self-Employed Income	National Insurance	Disability Grant	Other Source:
\$	\$	\$	\$	\$	\$
					List source
Name and Address of Employer: (if self-employed, list type of work done):				How long employed there: _____ years _____ months	
TOTAL HOUSEHOLD INCOME				\$	

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3. GUARANTOR INFORMATION

Last Name:		First Name:	
Address:		Phone Number(s)	
		Email Address:	
Marital Status: _____		National ID#: _____	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Passport#: _____	
		DP#: _____	
		BIR # _____	
		NIS # _____	

3(A). SOURCE OF INCOME

Salary	Old Age Pension	Self-Employed Income	National Insurance	Disability Grant	Other Source:
\$	\$	\$	\$	\$	\$
					List source
Name and Address of Employer: (if self-employed, list type of work done):				How long employed there: _____ years _____ months	

4. HOUSEHOLD INFORMATION

How many persons live in the household including applicant and co-applicant?

Name	Date of Birth	Relationship to Applicant	Please list any disabilities	Income
1.		<u>APPLICANT</u>		
2.		<u>CO-APPLICANT</u>		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
TOTAL NUMBER OF PERSONS IN HOUSEHOLD				

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5. REFERENCES

List two persons who have known you for at least two years.
 Note: These persons will be contacted if for any reason we cannot reach you.

1. Name :	Address:	Phone Number(s):
		Email address:
2. Name:	Address:	Phone Number(s):
		Email address:

6. LAND TENURE/LOCATION OF LAND

<input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Rented <input type="checkbox"/> Squatter	Where is land located? Give Legal Street Address or Light Pole Number:
	Write Directions to get to Property:

7. ASSISTANCE REQUESTED (CHECK ONE)

CONSTRUCTION <input type="checkbox"/>	RENOVATION/ MICROBUILD <input type="checkbox"/>	COMPLETION <input type="checkbox"/>	OTHER LIST: <input type="checkbox"/>
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FOR CONSTRUCTION ONLY: DO YOU HAVE TOWN AND COUNTRY APPROVAL? YES _____ No _____
 IF YES, PROVIDE COPY OF THE APPROVAL

8. MONTHLY EXPENSES

Expense Item	Amount
Rent	
Electricity (divide by 2 for monthly amount)	
Cable TV	
WASA (divide by 3 for monthly amount)	
Telephone (include home and mobile bills)	
Internet	
Travel expenses (total for each member of household)	
Medical Expenses	
School Expenses (Uniform, Books ,etc. -Divide annual fees by 12)	
Grocery	
Market	
Toiletries	
Home and/or Life Insurance (Divide annual by 12)	
Loans/Hire Purchase/Credit Card – Name of Creditor:	Outstanding balance: Monthly payment amount
Car Number Plate	Car Payment amount
Gas	
Car Maintenance	
Car Insurance (Annual total amount divided by 12)	
Other Expenses: List	
TOTAL EXPENSES	
NET INCOME LEFT TO PAY LOAN (INCOME MINUS EXPENSES)	



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SIGNATURES (check boxes and initial indicating where you agree)

- I/We understand that all monies expended by Habitat on my 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.
- I/We authorize Habitat for Humanity T&T to verify the information provided on this form as to credit and employment history through a paid credit check. 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.
- 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.
- I/We give Habitat for Humanity T&T permission to use my/our profile and pictures in promotional materials.

Signature of Applicant _____ Dated: _____

Signature of Co-Applicant _____ Dated: _____

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 _____ Dated: _____

FOR OFFICIAL USE ONLY

Application Received by: _____ Date: _____

Reviewed with Applicant by: _____ Date: _____

DOCUMENTS RECEIVED (PLEASE TICK)

- | | |
|--|--|
| <input type="checkbox"/> COPIES OF IDENTIFICATION CARDS | <input type="checkbox"/> EVIDENCE OF CITIZENSHIP |
| <input type="checkbox"/> COPIES OF BIRTH CERTIFICATE(S) | <input type="checkbox"/> COPIES OF MARRIAGE LICENSE |
| <input type="checkbox"/> COPY OF PROOF OF OWNERSHIP – LEASE, DEED OR PERMISSION TO OCCUPY LAND | <input type="checkbox"/> COPIES OF LAND TAX RECEIPTS |
| <input type="checkbox"/> COPIES OF WASA BILL/CLEARANCE CERTIFICATE | <input type="checkbox"/> COPIES OF ELECTRICITY (TTEC) BILL |
| <input type="checkbox"/> ESTIMATE OF MATERIALS/REPAIRS | <input type="checkbox"/> APPLICATION FOR PMCU SUBMITTED |

APPLICATION APPROVED BY: _____ Date: _____

APPLICATION DENIED BY: _____ Date: _____

Reason for Denial: _____

