



**FOR HOUSING**

Habitat For Humanity - San Marcos page 1  
 P.O. Box 1594  
 San Marcos, Texas 78667  
 (512) 754-8142



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.

Date \_\_\_\_\_

Applicant: _____ Applicant Social Security #: _____ Applicant Date of Birth: _____ Applicant Hm Ph: _____ Cell Ph#: _____ Email Address: _____	Co-Applicant: _____ Co-Applicant Social Security #: _____ Co-Applicant Date of Birth: _____ Co-Applicant Ph: _____ Cell Ph#: _____ Email Address: _____
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Current Address: _____ Landlord information: _____ How Long: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Current Address: _____ Landlord information: _____ How Long: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____
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Previous Address <i>if current &lt;2yrs</i> : _____ Landlord information: _____ How Long: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Previous Address <i>if current &lt;2yrs</i> : _____ Landlord Information: _____ How Long: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____
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Dependents			Do you own a:			Yes	No
Name	Age	Name	Age	Car#1 Make, Model & Year			
_____	_____	_____	_____	Car#2 Make, Model & Year	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	Mobile home Make, Model & Year	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Are you A U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you A U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>EMPLOYMENT:</b> Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant employer: _____ Work Address: _____ Work telephone#: _____ Position: _____ How Long: _____ Years in Profession: _____ Gross Monthly Income: Base: _____ Commission: _____	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Applicant employer: _____ Work Address: _____ Work telephone#: _____ Position: _____ How Long: _____ Years in Profession: _____ Gross Monthly Income: Base: _____ Commission: _____
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<b>Former employer if less than 2 years at current job</b> Applicant Previous employer: _____ Work Address: _____ Work telephone #: _____ Position: _____ How Long: _____	<b>Former employer if less than 2 years at current job</b> Co-Applicant Previous employer: _____ Work Address: _____ Work telephone#: _____ Position: _____ How Long: _____
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Other Income	Amount	Declarations		Applicant	Co-Applicant
				Yes	No
Food Stamps	\$	a. Do you have any debt because of a court decision against you?		<input type="checkbox"/>	<input type="checkbox"/>
Social Security	\$	b. Have you been declared bankruptcy within the past seven years?		<input type="checkbox"/>	<input type="checkbox"/>
Disability	\$	c. Have you had a property foreclosure or short sale in the past seven years?		<input type="checkbox"/>	<input type="checkbox"/>
Child Support	\$	d. Are you currently involved in a low suit?		<input type="checkbox"/>	<input type="checkbox"/>
Other	\$	e. Are you paying alimony or child support?		<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL</b>	<b>\$</b>	If you answered "yes" to any question, please explain on a separate piece of paper.			

<b>ASSETS:</b> Balance Checking \$ _____ Savings \$ _____ 401k \$ _____ Other: \$ _____	<b>Banking Institution</b> _____ _____ _____
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