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VETERANS PRE-APPLICATION FOR HABITAT HOUSING

The information contained in this pre-application will remain strictly confidential. It may be viewed by members of the staff, Family Selection Committee or Board of Directors in order to determine your eligibility for our program.

**APPLICANT INFORMATION**

**Applicant Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_  
 (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Are you a U.S citizen or permanent resident? Y N EMAIL: \_\_\_\_\_  
 Gross Monthly Income from Employment: \$ \_\_\_\_\_  
 Net Monthly Income from Employment: \$ \_\_\_\_\_  
 Other Monthly Income : \$ \_\_\_\_\_ Source of other income: \_\_\_\_\_

**Co-Applicant Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_  
 (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Are you a U.S citizen or permanent resident? Y N DD214: \_\_\_\_\_  
 Gross Monthly Income from Employment: \$ \_\_\_\_\_  
 Net Monthly Income from Employment: \$ \_\_\_\_\_  
 Other Monthly Income: \$ \_\_\_\_\_ Source of other income: \_\_\_\_\_

<b>OTHER OCCUPANTS:</b> If selected, who would be living in the home? (Please do not include applicant/co-applicant)			
Name (first & last)	Date of Birth	Sex	Relationship to Applicant(s)
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

How did you hear about our program/Info Night? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Applicant:**  
 Present Employer: \_\_\_\_\_ Length of Time: \_\_\_\_\_  
 (Please select one): Full Time Part Time

**Co-Applicant:**  
 Present Employer: \_\_\_\_\_ Length of Time: \_\_\_\_\_  
 (Please select one): Full Time Part Time

**Present Housing**

Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_  
 How much is your monthly rent? \$ \_\_\_\_\_

**DECLARATIONS**

**Applicant:**  
 Do you have any debt because of a court decision against you (i.e. tax lien, judgements, etc.)? Y N  
 Have you declared bankruptcy within the past 3 years? Y N  
 Have you had property foreclosed on within the past 7 years? Y N  
**Co-Applicant:**  
 Do you have any debt because of a court decision against you (i.e. tax lien, judgements, etc.)? Y N  
 Have you declared bankruptcy within the past 3 years? Y N  
 Have you had property foreclosed on within the past 7 years? Y N

This form is a PRE-application. It will be used by the Family Selection Committee to help evaluate your eligibility for a Habitat home, but it in no way guarantees that you will receive housing through Habitat for Humanity of Northwest Indiana. If after review of your pre-application, you meet our general qualifications, you will be contacted to fill out a full application. You may not be contacted if you do not meet the qualifications. The original or a copy of this application will be retained by Habitat for Humanity of Northwest Indiana for 25 months, even if it is not approved.

I understand that by filing this pre-application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat house, my ability to repay the no-interest loan and other expenses of home ownership and my willingness to partner with Habitat for Humanity of Northwest Indiana.

I have answered all of the questions on this pre-application truthfully. I understand that if I have not answered truthfully, my application may be denied.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_