



Habitat for Humanity of Greater Lowell  
68 Tadmuck Rd, Unit 1, Westford, MA 01886  
978-692-0927 / Fax: 978-692-3430



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, disability, marital status, national origin, age, ancestry, sexual orientation, gender identity, military status, source of income and genetic information.

## Application for Housing

**Dear Applicant:** Complete this application so that we may determine if you meet the qualifications for a HFHGL home.  
**Fill out application completely and accurately.** All information you include on this application will be kept confidential:

1. APPLICATION INFORMATION							
(This application must be completed by any person(s) whose name(s) will appear on the deed)		(This application must be completed by any person(s) whose name(s) will appear on the deed)					
<b>Applicant's Name:</b>		<b>Co-Applicant's Name:</b>					
Social Security Number:		Social Security Number:					
Marital Status (Married, Domestic Partnership, Single, Separated, Divorced, Widowed) <b>circle one</b>		Marital Status (Married, Domestic Partnership, Single, Separated, Divorced, Widowed) <b>circle one</b>					
Age & Date of Birth:		Age & Date of Birth:					
Current Home Phone No.		Current Home Phone No.					
Work Phone No.		Work Phone No.					
Cell Phone No.		Cell Phone No.					
E-mail Address		E-mail Address					
Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent		Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					
Years at this address: _____, If less than two years, complete below:		Years at this address: _____, If less than two years, complete below:					
Last Address: (street, city, state, Zip Code) <input type="checkbox"/> Own <input type="checkbox"/> Rent		Last Address: (street, city, state, Zip Code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					
# of years at this address _____		# of years at this address: _____					
Are you a US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list any Dependents (Individuals you claim as Dependents on your IRS tax returns) and any individuals who will be living with you. Please list the relationship of these individuals to you.							
Name(s):	Age	M	F	Name(s):	Age	M	F
Name(s):	Age	M	F	Name(s):	Age	M	F
Name(s):	Age	M	F	Name(s):	Age	M	F
Name(s):	Age	M	F	Name(s):	Age	M	F
Name(s):	Age	M	F	Name(s):	Age	M	F
Name(s):	Age	M	F	Name(s):	Age	M	F
FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE							
Date Application Received: _____				Date Home Visit: _____			
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Accepted into Family Partner Program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date more information requested _____				Acceptance Letter Sent: _____ Denial Letter Sent _____			

Date Application Received: \_\_\_\_\_  
 More Information Requested?  Yes  No  
 Date more information requested \_\_\_\_\_

Date Home Visit: \_\_\_\_\_  
 Accepted into Family Partner Program:  Yes  No  
 Acceptance Letter Sent: \_\_\_\_\_ Denial Letter Sent \_\_\_\_\_

## 2. PRESENT HOUSING CONDITIONS

Number of bedrooms where you currently live (please circle one).      1      2      3      4      5					
Other rooms in the place where you currently reside (check all that apply)					
_____ Kitchen _____ # Bathrooms _____ Living Room _____ Dining Room _____ Other (describe) _____					
Name of Current Landlord:			Landlord Phone #		
Mailing Address of Landlord:					
If you rent, what is the monthly rent you are currently paying? \$_____					
Does your rent include heat, hot water and/or utilities? Yes _____ No _____					
List the utilities and amount due for those utilities not included in your Monthly Rent: \$_____ / _____ \$_____ / _____ \$_____ / _____					
Is your current residence year round or seasonal? _____					
Do you own your residence? _____ Monthly Mortgage Payment _____ Unpaid Balance _____					
Do you own land? _____ Please describe on separate sheet of paper including the location of the land.					
Do you or any of your household members have accessibility needs? _____ Yes _____ No _____					
Briefly describe those needs:					
<b>3. EMPLOYMENT/ INCOME INFORMATION</b>					
<b>Please include income from ALL household members over the age of 18 who receive income. (please include 5 weekly paystubs or 3 biweekly pay stubs)</b>					
Gross <b>Monthly</b> Income	Applicant:			Co-Applicant:	
To Calculate Gross Monthly Income use: Annual Income divided by 12	\$			\$	
Overtime: Monthly Income	\$			\$	
Employer Name					
Employer Address					
Employer Phone Number					
How long have you been employed there?					
Previous Employer Name					
Previous Employer Address					
Previous Employer Phone					
How long were you employed there?					
AFDC/TANF (Aid for Families w/Dependent Children & Temporary Assistance for Needy Families)	\$			\$	

#### 4. EMPLOYMENT/INCOME INFORMATION (continued)

	<u>Applicant</u>	<u>Co Applicant</u>
Social Security Income	\$	\$
Disability Income	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Housing Subsidy (Section 8 Voucher)	\$	\$
Fuel Assistance	\$	\$
Additional Income Please list Amounts	Amount 1. \$ 2. \$ 3. \$ 4. \$	Income Source 1. \$ 2. \$ 3. \$ 4. \$

**List all assets and approximate values  
(Cars, Homes, Land, Boats, Stocks,  
Bonds, etc.)**

Item	\$ Value	Item	\$ Value

**Do you have a 401K/403B Retirement  
account?    Yes    No**

#### 5. EXPENSES

Expense	Cost Per Month	Expense	Cost Per Month
Heating (Gas or Oil)	\$	Child Support (you pay)	\$
Electric	\$	Alimony (you pay)	\$
Telephone (House)	\$	Education/Student Loans	\$
Cell Phone	\$	Medical Bills	\$
Internet/Cable/Direct TV	\$	Health Insurance	\$
Car Payment	\$	Life Insurance	\$
Auto Insurance	\$	Property Insurance	\$
Public Transportation	\$	Other (specify)	\$
Child Care	\$	Other (specific)	\$
Dependent Care	\$	Other (specific)	\$
Job Related Expenses	\$	Other (specific)	\$
School Lunch	\$	Other (specific)	\$

Comments:

**6. DEBT**  
**(Credit Card Debt, Medical Debit, Car Loans, Unpaid Taxes, Student Loans,  
Court Ordered Payments, Utility Liens, etc.)**

Name of Creditor	Creditor Address	Monthly Payment	Unpaid Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

A	Do you have any debt because of a court decision against you?	Yes	No
B	Have you been declared bankrupt within the last 5 years? If so, when?	Yes	No
C	Have you had any property foreclosed on in the last 5 years?	Yes	No
D	Are you currently involved in a lawsuit or tax lien?	Yes	No
E	Are you paying alimony or child support?	Yes	No
F	Have you ever owned a home? If so, when?	Yes	No

**Answering "yes" to these questions DOES NOT automatically disqualify you. If you answered "yes" to any question A through F, however, please explain on a separate sheet of paper.**

**PERSONAL STATEMENT: (THIS IS A REQUIREMENT )**

Clearly state why you and your family need a Habitat home. Describe any circumstance about your current housing situation that relates to your need for an affordable home; such as, poor condition of current residence, overcrowded living conditions, high rent compared to income, being homeless or at risk of being homeless, and any other circumstance that you feel is appropriate for you to include. Please advise if you need assistance due to physical disability or language barrier. Please be specific. You may use the back page of this application or write/type your statement on a separate sheet of paper.

**WILLINGNESS TO PARTNER**

To be considered for a Habitat home you and your family must be willing to complete a certain number of "sweat-equity hours." Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending home ownership classes, special events or other approved activities.

Sweat Equity Hours for a Single Family = 225 Hours Total with a Minimum Monthly Requirement: 21 Hours

Sweat Equity Hours for a Dual Family = 450 Hours Total with a Minimum Monthly Requirement: 42 Hours

**I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:**

**I AM WILLING TO COMPLETE THE REQUIRED 22 HOURS OF FINANCIAL TRAINING (Minimum):**

**Note: Dual Partner Family will be credited 44 hours if both applicants attend the Financial Training.**

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

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

I understand that, by submitting this application to the Family Partner Program, I am authorizing Habitat for Humanity of Greater Lowell to evaluate my actual need for a Habitat home and my willingness to be a Family Partner. I understand that the evaluation will include a review of credit history, landlord reference, employment/income verification and upon acceptance into the program, a SORI/CORI check. I also understand that this process may include a home visit during which pictures may be taken of my current housing conditions. I consent to the use of these photos during the family selection process.

I authorize Habitat for Humanity of Greater Lowell to conduct a check on my credit history as well as contacting landlord and employment references. If selected in to the Family Partner Program, I understand that I will need to qualify for a mortgage to purchase a Habitat home. I have answered all the questions on this application truthfully. ***I understand that, if I have not answered the questions truthfully, my application may be denied.***

The original or a copy of this application will be held strictly confidential and retained by Habitat for Humanity of Greater Lowell for one year even if the application is not approved.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant Name: (please print): \_\_\_\_\_ Co Applicant Name: (please print): \_\_\_\_\_

**Be sure to:**

- Submit this completed & signed application and supporting documents no later than 5:00 pm, Feb 20th, 2026
- **Review the cover application checklist CAREFULLY, incomplete packets may not be accepted.**

**YOUR APPLICATION CAN NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION**

- Include a photo copy an unexpired government issued ID with photograph and date of birth for both applicants.
- Include copies of your most recent paystubs; 5 weekly (if paid weekly) or 3 bi-weekly (if paid every other week)
- Paystubs must be concurrent weeks- all in a row.
- Include copies of your bank statements for all accounts for the past 3 months.
- Include copies of your signed Federal Tax Returns for the past 3 years.
- Include a personal statement that describes your present housing circumstances, why you have a serious need for a safe, decent, and affordable Habitat home.
- Include Government Monitoring Sheet

Application and supporting documents must be mailed or hand delivered (DO NOT EMAIL) to:

**Habitat for Humanity Of Greater Lowell  
68 Tadmuck Rd, Unit 1  
Westford, MA 01886**

**Application and all supporting documents are due no later than 5:00pm February 20, 2026**  
**DO NOT SEND ORIGINALS- PLEASE MAKE COPIES**

***If you have questions or if you need help with this form,  
please call Nancy Cook, Habitat For Humanity Greater Lowell at 978 656-6591.***

## Personal Statement:

Revised 12/25

## **EMPLOYMENT VERIFICATION**

Employer: \_\_\_\_\_

Date: \_\_\_\_\_

Regarding: \_\_\_\_\_  
(Applicant Name)

Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant

Date

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.  
**Return Form To: Habitat for Humanity of Greater Lowell 68 Tadmuck Road Unit 1., Westford, MA 01886 Attn: Nancy Cook**

### **THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed: \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment: \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of regular hours per week: \_\_\_\_\_

Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour

Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour

Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Employer's Signature

Employer's Printed Name

Date

Company Name and Address

Phone #

Fax #

E-mail



# Habitat for Humanity®

of Greater Lowell

Please read this statement before completing the box below: The following information is requested by the federal government for loans related to the purchase of homes in order to monitor the lender's compliance with equal credit opportunity and fair-housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. Although disclosing minority status is optional, it is helpful in determining 'status for a lottery, (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied).

<b>Applicant's Name:</b>	<b>Co-Applicant's Name:</b>
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
<b>Race</b> (select all that apply):  <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Other	<b>Race</b> (select all that apply):  <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Other
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Sex:</b>
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birth Date:</b> ____/____/_____
<b>Birth Date:</b> ____/____/_____	<b>Marital Status:</b>
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)
<input type="checkbox"/> Unmarried (including single, divorced, widowed)	<b>County of Origin:</b>
<b>County of Origin:</b>	



## AFFIDAVIT OF NO INCOME\*

**\*Complete only if you are not working**

(To be completed by adult household members, if applicable)

Applicant Name: \_\_\_\_\_

Co: Applicant Name: \_\_\_\_\_

I hereby certify that I do not receive income **from any of the following sources**.

- a) Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b) Income from operation of a business
- c) Rental income from real or personal property
- d) Interest or dividends from assets
- e) Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits
- f) Unemployment or disability payments
- g) Public assistance payments
- h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- i) Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
- j) Any other source not named above

I do not anticipate receiving any income prior to purchasing a property. I verify that the income I have reported is all the income that I have.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud.

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

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Signature of Applicant

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Printed Name of Applicant

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Date

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Signature of Co-Applicant

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Printed Name of Co-Applicant

---

Date

---

Notary Public Signature

---

Commission Expires

---

Date



## **AFFADAVIT OF LIQUID ASSET CERTIFICATION**

(To be completed by ALL adult household members, if applicable)

Name: \_\_\_\_\_

I hereby certify that the combined totals of my/our available liquid assets **do not exceed \$75,000**. The definition of liquid assets, not counting retirement money, is typified by monetary holdings in bank accounts (Savings and Checking), and Certificates of Deposit (CD's).

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud.

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**Signature of Borrower**

**Printed Name of Applicant**

Date

**Signature of Co-Borrower/Spouse**

**Printed Name of Applicant**

Date

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## Notary Public Signature

## Commission Expires

—  
Date