



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) Applicant's Name:					(This application must be completed by any person(s) whose name(s) will appear on the deed) Co-Applicant's Name:				
Social Security Number:					Social Security Number:				
Marital Status (Married, Domestic Partnership, Single, Separated, Divorced, Widowed) circle one					Marital Status (Married, Domestic Partnership, Single, Separated, Divorced, Widowed) circle one				
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.					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: _____
 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:					

3. EMPLOYMENT/ INCOME INFORMATION

**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)**

Gross Monthly 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
Do you have a 401K/403B Retirement account? <u> </u> Yes <u> </u> No	\$ Value	

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
<p>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.</p>			

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.***

[illegible]

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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



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).

Applicant's Name:

Co-Applicant's Name:

☐ I do not wish to provide this information

☐ I do not wish to provide this information

Race (select all that apply):

Race (select all that apply):

☐ American Indian or Alaskan Native

☐ American Indian or Alaskan Native

☐ Native Hawaiian or other Pacific Islander

☐ Native Hawaiian or other Pacific Islander

☐ Black/African American

☐ Black/African American

☐ Caucasian

☐ Caucasian

☐ Asian

☐ Asian

☐ Other

☐ Other

Ethnicity:

Ethnicity:

☐ Hispanic ☐ Don-Hispanic

☐ Hispanic ☐ Don-Hispanic

Sex:

Sex:

☐ Female ☐ Male

☐ Female ☐ Male

Birth Date: ____/____/____

Birth Date: ____/____/____

Marital Status:

Marital Status:

☐ Married

☐ Married

☐ Separated

☐ Separated

☐ Unmarried (including single, divorced, widowed)

☐ Unmarried (including single, divorced, widowed)

County of Origin:

County of Origin:



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.

_____ Signature of Applicant	_____ Printed Name of Applicant	_____ Date
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_____ Signature of Co-Applicant	_____ Printed Name of Co-Applicant	_____ Date
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_____ Notary Public Signature	_____ Commission Expires	_____ Date
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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

Notary Public Signature

Commission Expires

Date