

Date: _____

St. Tammany Homeownership Center

A Service of Habitat for Humanity St. Tammany West



Home Repair Personal Profile Form

Type of Service Seeking: _____ Home Repair or Modification

APPLICANT INFORMATION

1. Name: First _____ MI _____ Last _____

2. Current Street Address: _____ City: _____ Zip: _____

3. Current Mailing Address: _____ City: _____ Zip: _____

4. Number of years at this address: _____ If less than 2 yrs., list previous address:

Previous Street Address (No P.O. Boxes) _____

City: _____ State: _____ Zip Code: _____

5. Home Phone: _____ Work Phone: _____

Other Phone: _____ E-Mail: _____

6. Social Security #: _____ Age: _____ DOB: _____

7. Marital Status : _____ Married _____ Unmarried (Divorced, Widowed, or Never Married) _____ Separated

8. Regarding U.S. Military Service, is anyone in the household: active duty veteran neither

If yes, who? _____ Branch (if applicable): _____

9. Disabled? Yes No

Can we provide you with any special accommodations? Yes No (If yes, notify a staff member.)

10. English Proficiency: Are you able to read, write, and understand English? Yes No

11. Highest level of education: _____ High School Diploma or GED _____ Two-Yr. College or Technical School

_____ Bachelor's Degree _____ Graduate Degree

12. How long have you owned your home? _____ years

How did you learn about Habitat or the Homeownership Center? (Please check all that apply.)

Friend STHOC Client/ Habitat Homeowner Bank/Lender Other Agency

Staff or Board member Facebook TV/Radio Sign Newspaper or Magazine

Other (please list): _____

HOUSEHOLD INCOME

APPLICANT EMPLOYMENT STATUS:

____ Employed ____ Unemployed ____ Retired ____ Disabled ____ Other

WAGES:

Please provide 2 years of work history, starting with your current job and working backward.

Current Employer:

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ Gross Wages (before taxes): _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Twice a month ___ Monthly

Prior Employer:

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ End Date: _____ Gross Wages: _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Twice a month ___ Monthly

Prior Employer:

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ End Date: _____ Gross Wages: _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Twice a month ___ Monthly

Other Income: Does anyone in the home receive any of the following?

Social Security, SSI, Disability:

Who? _____ Amt.\$ _____ How many more years? _____

Who? _____ Amt.\$ _____ How many more years? _____

Who? _____ Amt.\$ _____ How many more years? _____

Who? _____ Amt.\$ _____ How many more years? _____

Food Stamps: Who? _____ Amt.\$ _____

Pension: Who? _____ Amt.\$ _____

Other: Who? _____ Amt.\$ _____

Self-Employment Income: \$ _____ (additional documents will be required)

Child Support: Who? _____ Amt.\$ _____ How many more years? _____

Alimony or other: Who? _____ Amt. \$ _____ How many more years? _____

CURRENT HOUSING CONDITIONS

Check all that apply to you:

Homeowner with mortgage Home is owner occupied
 Homeowner with mortgage paid off Home is not owner occupied

Other: _____

My home is: single family detached mobile home Other: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Number of people in household: _____

Current issue(s), please check all that apply:

Circle One: Is your home in foreclosure or pre-foreclosure?
Yes No

<input type="checkbox"/> Roof damage	<input type="checkbox"/> Weak or missing portions of the floor	Is your home listed for sale or has it been listed for sale withing the last 3 years? Yes No
<input type="checkbox"/> Exposed Wiring	<input type="checkbox"/> Need a ramp or other accessibility features	Have you previsouly received grant funds to repair your home? Yes No If yes, explain _____
<input type="checkbox"/> Mold	<input type="checkbox"/> Fire Damage	Is your home located in a high risk flood zone? Yes No
<input type="checkbox"/> Broken windows or doors	<input type="checkbox"/> Other: _____	Do you or a family member work for St. Tammany Parish Government, HFHSTW, or USDA? Yes No

DEPENDENTS AND OTHERS IN THE HOUSEHOLD

1. Name: _____
 Male Female Age: _____
 Date of Birth: _____
 Relationship to You: _____

4. Name: _____
 Male Female Age: _____
 Date of Birth: _____
 Relationship to You: _____

2. Name: _____
 Male Female Age: _____
 Date of Birth: _____
 Relationship to You: _____

5. Name: _____
 Male Female Age: _____
 Date of Birth: _____
 Relationship to You: _____

3. Name: _____
 Male Female Age: _____
 Date of Birth: _____
 Relationship to You: _____

6. Name: _____
 Male Female Age: _____
 Date of Birth: _____
 Relationship to You: _____

Do you have custody of all of the children who will live in the home? Yes No

Are there any non-dependents who will be living in the home? Yes No

If yes, please list:

Name: _____ Relationship to You: _____ Age: _____
 Name: _____ Relationship to You: _____ Age: _____

ASSETS

<p>1. Checking Account Financial Institution: _____ Balance: \$ _____</p> <p>2. Savings Financial Institution: _____ Balance: \$ _____</p> <p>3. Cash Amount: \$ _____</p> <p>4. Certificates of Deposit Amount: \$ _____</p>	<p>5. Securities (Stocks and bonds): Amount: \$ _____</p> <p>6. Retirement Account: Amount: \$ _____</p> <p>7. Are you about to receive other funds? (tax refund, law suit, property sale, etc.) Amount: \$ _____</p> <p>8. Do you own land or any other property? What? _____ Value: \$ _____</p>
<p>Do you own a car or truck? ____yes ____no If yes, please give make and year: _____</p>	<p>Do you own a mobile home? ____yes ____no If yes, what is the value? \$ _____</p>

DEBTS AND LIABILITIES

Debts:	Company:	Monthly Payment:	Balance Due:
Car Loan:			
Credit Card:			
Credit Card:			
Credit Card:			
Finance Company:			
Student Loans:			
Other Loan:			
Medical:			
Other:			
Liabilities:			
Car insurance:			
Day care:			
Child support:			
Alimony:			
Cell Phone Contract:			
Other:			

BANKRUPTCY

Have you ever filed for bankruptcy? ____ Yes ____ No
 If yes:
 Was it chapter 7 or chapter 13? _____
 Has it been discharged? ____ Yes ____ No If yes, date of discharge: _____

Declarations and Other Information:	Applicant		Co-Applicant	
1. Do you have any court-ordered debt payments, judgments, or liens?	Yes	No		
2. Have you declared bankruptcy in the past 7 years?	Yes	No		
3. Have you had property foreclosed on the past 7 years?	Yes	No		
4. Are you currently involved in a lawsuit?	Yes	No		
5. Are you paying alimony or child-support?	Yes	No		
6. Are you a co-signer on anyone else's loan or note?	Yes	No		
7. Have you been convicted of a felony?	Yes	No		
8. Are you a U.S. citizen or permanent resident?	Yes	No		

Answering "yes" to questions 1 through 7 or "no" to question 8 does not automatically disqualify you. If you answered "yes" to #1-7 or no to #8, please provide more information on another sheet of paper.

9. Does the applicant or co-applicant own any land/property? Yes No If yes, please complete the following:

a. Owner of property: _____

b. Location of the property: _____

c. Size of property: _____

d. Is there a mortgage on the property? Yes No If yes: Monthly Payment: \$ _____

Unpaid Balance: \$ _____

10. Have you owned a home in the last three (3) years? ___ Yes ___ No

11. Do you have a contract on a house at this time? ___ Yes ___ No

12. Are you currently working with a real-estate agent? ___ Yes ___ No

13. Most convenient time for an individual appointment: ___ AM ___ PM

AUTHORIZATION - Applicant

I authorize St. Tammany Homeownership Center to:

- a. Pull my credit report to review my credit file for housing counseling in connection with my pursuit of a loan to purchase real property or obtain a home repair loan.

- b. Pull my credit report and review my credit file for informational inquiry purposes; and

- c. Obtain a copy of the Closing Disclosure when I purchase a home or receive a repair loan from the lender who made me a loan or the title company that closed the loan.

Applicant Signature

Date

I have answered all the questions on this form truthfully. I understand that if I have not answered the questions truthfully, STHOC counseling and educational services may be terminated. The original or a copy of this application, along with all supporting documents, will be retained by STHOC.

Applicant Signature

Date



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.

Applicant's Name _____ Co-Applicant's Name _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 on 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 below. (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 for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <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"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaska Native AND Black/African American <input type="checkbox"/> Other	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <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"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaska Native AND Black/African American <input type="checkbox"/> Other
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: ____ / ____ / ____	Birthdate: ____ / ____ / ____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by:

- Face-to-face interview
- By Mail
- By Telephone

Interviewer's Name (print or type) _____

Interviewer's Signature _____ Date _____

Interviewer's Phone Number: _____

Dependents:

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic



CO-APPLICANT INFORMATION

1. Name: First _____ MI _____ Last _____

2. Current Street Address: _____ City: _____ Zip: _____

3. Current Mailing Address: _____ City: _____ Zip: _____

4. Number of years at this address: _____ If less than 2 yrs., list previous address:

Previous Street Address (No P.O. Boxes) _____

City: _____ State: _____ Zip Code: _____

5. Home Phone: _____ Work Phone: _____

Other Phone: _____ E-Mail: _____

6. Social Security #: _____ Age: _____ DOB: _____

7. Marital Status : _____ Married _____ Unmarried (Divorced, Widowed, or Never Married) _____ Separated

8. Regarding U.S. Military Service, is anyone in the household: active duty veteran neither

If yes, who? _____ Branch (if applicable): _____

9. Disabled? Yes No

Can we provide you with any special accomodations? Yes No (If yes, notify a staff member.)

10. English Proficiency: Are you able to read, write, and undestand English? Yes No

11. Highest level of education: _____ High School Diploma or GED _____ Two-Yr. College or Technical School
_____ Bachelor's Degree _____ Graduate Degree

12. Have you or anyone buying with you owned a home in the past 3 years? Yes No

How did you learn about Habitat or the Homeownership Center? (Please check all that apply.)

- Friend
- STHOC Client/ Habitat Homeowner
- Bank/Lender
- Other Agency
- Staff or Board member
- Facebook
- TV/Radio
- Sign
- Newspaper or Magazine

Other (please list): _____

CO-APPLICANT INCOME

CO-APPLICANT EMPLOYMENT STATUS:

___ Employed ___ Unemployed ___ Retired ___ Disabled ___ Other

WAGES: Please provide 2 years of work history, starting with your current job and working backward.

Current Employer: _____

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ Gross Wages (before taxes): _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Twice a month ___ Monthly

Prior Employer: _____

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ End Date: _____ Gross Wages: _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Twice a month ___ Monthly

Prior Employer: _____

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

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Who? _____ Amt.\$ _____ How many more years? _____

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Other: Who? _____ Amt.\$ _____

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Alimony or other: Who? _____ Amt. \$ _____ How many more years? _____

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<p>Do you own a car or truck? _____yes _____no If yes, please give make and year: _____</p>	<p>Do you own a mobile home? _____yes _____no If yes, what is the value? \$ _____</p>

DEBTS AND LIABILITIES

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Car Loan:			
Credit Card:			
Credit Card:			
Credit Card:			
Finance Company:			
Student Loans:			
Other Loan:			
Medical:			
Other:			
Liabilities:			
Car insurance:			
Day care:			
Child support:			
Alimony:			
Cell Phone Contract:			
Other:			

BANKRUPTCY

If yes:
Was it chapter 7 or chapter 13? _____

Has it been discharged? _____ Yes _____ No If yes, date of discharge: _____

ADDITIONAL INFORMATION: Co-Applicant

- 1. Have you owned a home in the last three (3) years? ___Yes ___No
- 3. Do you have a contract on a house at this time? ___Yes ___No
- 4. Are you currently working with a real-estate agent? ___Yes ___No
- 5. Most convenient time for an individual appointment: ___AM ___PM

AUTHORIZATION: Co- Applicant

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- b. Pull my credit report and review my credit file for informational inquiry purposes; and
- c. Obtain a copy of the Closing Disclosure settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

Co-Applicant Signature

Date

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Date



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Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin:	Race/National Origin:
<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"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaska Native AND Black/African American <input type="checkbox"/> Other	<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"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaska Native AND Black/African American <input type="checkbox"/> Other
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex:	Sex:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: _____ / _____ / _____	Birthdate: _____ / _____ / _____
Marital Status:	Marital Status:
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by:

- Face-to-face interview
- By Mail
- By Telephone

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Interviewer's Signature _____ Date _____

Interviewer's Phone Number: _____

Dependents:

Name: _____
Race/National Origin: _____
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Race/National Origin: _____
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Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic