

HABITAT FOR HUMANITY - LOCKPORT, EASTERN NIAGARA COUNTY - P.O BOX 884 - LOCKPORT, NEW YORK 14095 - (716) 433-5073

MINI APPLICATION FOR APPLYING FOR A HABITAT FOR HUMANITY HOME

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Date of Application; _						
Applicant #1 Name:	eant #1 Name:		Applicant #2Name:		First	
Number of Adults in y	our family:					
Number of Dependent	s (children) in your fam	ily	Male	Female		
Current Address:						
City, State & Zip Code:	City		State		Zip-Cod	le
Your Telephone Number: _	Area Code Telephone Number		Alternate Telepho	one Number		
Your Total Current Monthl	y Gross Income: \$					
Your Employer's Name:		Your Position		Time on the Job:	YEARS	MONTHS
Your Monthly Pay	MENTS:					
Rent:	\$					
Car Loan:	\$					
Credit Card Payments	\$					
Other Debts	\$					

THANK YOU for providing us with some background about you and your family so that we can consider your application for a Habitat for Humanity Home. Additional information will be obtained from you in the future to determine your eligibility. Also a Habitat for Humanity representative will contact you to discuss the guidelines for qualifying for a Habitat for Humanity Home.

If you have any questions or need assistance in completing this application, please contact the Habitat for Humanity office at 433-5073 and someone will by happy to assist you.

Thank you for your interest in Habitat for Humanity.