



Cabot Habitat for Humanity  
 P.O. Box 8910  
 St. John's, NL A1B 3P6  
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## Cabot Habitat for Humanity Homeownership Application

Please ensure you **complete and sign** this application. If you have questions about how to fill out this form, please call the Cabot Habitat office at 737-2823 and leave a message for the Family Selection Committee. Someone will return your call and assist you. **Please allow a minimum of 8-12 weeks for processing.** Phone inquiries after this length of time are acceptable.

### 1. APPLICANT INFORMATION

Applicant	Co-Applicant
Applicant's Name	Co-Applicant's Name <span style="float: right;">Age &amp; Birth Date</span>
Present Address (In Full) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (In Full) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years There _____	Number of Years There _____
Social Insurance Number <span style="float: right;">Phone Numbers (home/work/cell)</span>	Social Insurance Number <span style="float: right;">Phone Numbers (home/work/cell)</span>
Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other <input type="checkbox"/> (Attach Explanation & Documentation)	Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other <input type="checkbox"/> (Attach Explanation & Documentation)
<input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Unmarried (single,divorced,separated,widow)	<input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Unmarried (single,divorced,separated,widow)
Dependents (people who live with you other than the Co-Applicant) Name <span style="float: right;">Age M or F?</span>	Dependents (people who live with you other than the Applicant) Name <span style="float: right;">Age M or F?</span>
Relationship	Relationship
Status Cdn. Citizen? ___ Landed Immigrant? ___ Other? ___ Name <span style="float: right;">Age M or F?</span>	Status Cdn. Citizen? ___ Landed Immigrant? ___ Other? ___ Name <span style="float: right;">Age M or F?</span>
Relationship	Relationship
Status Cdn. Citizen? ___ Landed Immigrant? ___ Other? ___ Name <span style="float: right;">Age M or F?</span>	Status Cdn. Citizen? ___ Landed Immigrant? ___ Other? ___ Name <span style="float: right;">Age M or F?</span>
Relationship	Relationship
Status Cdn. Citizen? ___ Landed Immigrant? ___ Other? ___	Status Cdn. Citizen? ___ Landed Immigrant? ___ Other? ___

**For additional household members, please include a list with names, relationship to the applicant(s), and status to work and reside in Canada. If living at present address for less than three years, complete the following.**

Previous Address In Full <input type="checkbox"/> Own <input type="checkbox"/> Rent	Previous Address In Full <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years There <span style="float: right;">Monthly Rent</span>	Number of Years There <span style="float: right;">Monthly Rent</span>

**Applicants are required to obtain a statement from your current and previous landlords, referencing current rent, payment history and home/house maintenance for the past two years. Applicants must have lived in St. John's/Mt. Pearl for at least one year prior to application.**

## 2. WILLINGNESS TO PARTNER

To be considered for a Cabot Habitat home, you and your family must be willing to complete 500 hours of volunteer service to Cabot Habitat for Humanity. Your participation in the process of 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 Cabot Habitat office or other approved activities. At no time will anyone performing these volunteer hours be provided with compensation by Habitat for Humanity.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS.      Applicant Sign Here

Co-Applicant Sign Here

Do you see any challenges with completing the 500 hours of sweat equity? Please explain the nature of these challenges.

## 3. HOUSING CONDITIONS

Number of Bedrooms in your **current home** (please circle)    1    2    3    4    5

Other rooms in the place where you live now:

Kitchen     Bathroom     Living Room     Dining Room     Other (please describe) \_\_\_\_\_

Name, address and phone number of current landlord:

In the space below, describe the condition of your current home and the neighborhood you live in. Why do you need a Cabot Habitat home?

How is your current housing situation not meeting your needs?

Do you anticipate a change in your family size in the near future? Do all family members reside in the current (same) accommodation?

Are there special needs that you would consider in choosing or building a house (disabled accessibility, room for parents/grandparents, etc.)?

How did you hear about Cabot Habitat for Humanity?

#### 4. EMPLOYMENT INFORMATION

**Please supply work history for the past year, current pay stub(s) and a letter from each person's employer confirming this information. A copy of each person's Notice of Assessment from Revenue Canada for the past two years must also be included.**

Applicant - Current Job			Co-Applicant - Current Job		
Name and address of primary employer			Name and address of primary employer		
Position Held?			Position Held?		
Work Phone	Start Date	Finish Date	Work Phone	Start Date	Finish Date
Applicant - Previous Job 1			Co-Applicant - Previous Job 1		
Name and address of primary employer			Name and address of primary employer		
Position Held?			Position Held?		
Work Phone	Start Date	Finish Date	Work Phone	Start Date	Finish Date
Applicant - Previous Job 2			Co-Applicant - Previous Job 2		
Name & address of primary employer			Name & address of primary employer		
Position Held?			Position Held?		
Work Phone	Start Date	Finish Date	Work Phone	Start Date	Finish Date
If you have a second job, please complete the following:					
Applicant - Second Job			Co-Applicant - Second Job		
Name & address of secondary employer, if applicable.			Name & address of secondary employer, if applicable.		
Position Held?			Position Held?		
Work Phone	Start Date		Work Phone	Start Date	
Any Other Household Members With Income					
Name of Household Member -			Name of Household Member -		
Name & address of employer or source of income (pension, retirement, etc.)			Name & address of employer or source of income (pension,retirement, etc.)		
a) Please include Notice of Assessment for past two years.			a) Please include Notice of Assessment for past two years.		
b) Please provide current pay stub(s).			b) Please provide current pay stub(s).		
Work Telephone Number	Start Date		Work Telephone Number	Start Date	

**NOTE: All blanks on this page MUST be completed. If the blank does not apply, please print N/A (not applicable).**

**5. MONTHLY INCOME AND TOTALS**

Monthly Income Before Tax	Applicant	Co-Applicant	Others*	Documents Enclosed?
Monthly Income After Tax - Current Job				<input type="checkbox"/>
Monthly Income After Tax - Current Job				<input type="checkbox"/>
Monthly Social Income (EI, CPP, etc.)				<input type="checkbox"/>
Monthly Child Tax Benefits				<input type="checkbox"/>
Monthly Disability				<input type="checkbox"/>
Monthly Spousal Support				<input type="checkbox"/>
Monthly Child Support				<input type="checkbox"/>
Provincial Childcare Supplements				<input type="checkbox"/>
Monthly Pension Income				<input type="checkbox"/>
Any other Income (attach written explanation of this income)				<input type="checkbox"/>
<b>Total</b>				

**PLEASE NOTE: \*For permanent household members who are not Co-Applicants, we need information regarding their length of residence and contributions to the income of the household. Please attach a separate sheet and explain.**

Please provide current proof of income for Applicant and Co-Applicant. **Proof of income must include:** (1) a T-4 slip for the most recent year; (2) Revenue Canada Notice of Assessment for past two years; (3) a letter from your employer confirming (a) the length of your employment and (b) the annual rate of pay or the number of hours worked per week with the hourly rate of pay; (4) Employment Insurance (EI) benefits statement and other documents, if applicable. **Copies of discharge documents must be submitted for bankruptcy history.**

**6. MONTHLY EXPENSES AND TOTALS**

Monthly Expenses	Applicant	Co-Applicant	Others	
Monthly Rent				
Groceries (including household items/toiletries/etc.)				
Clothing				
Monthly Utilities (heat/light/cable/phone)				
Monthly Car Expenses (loan payment/fuel/repairs)				
Leased Equipment (car/furniture/electronics/etc.)				
Insurance (car/life/fire/etc.)				
Medical/Dental Expenses				
Child Care				
Monthly Credit Card Payments				
Monthly Loan Payments (other than car - student loans)				
Monthly Spousal/Child Support Payment				
Entertainment/Recreation (sports/movies/etc.)				
Other Personal Expenses (haircuts/tobacco/etc.)				
<b>Total</b>				

**7. LONG TERM DEBTS YOU OWE**

Total Balance on Master Card/American Express				
Total Balance on Visa				
Other Credit Cards ( Zellers, Canadian Tire, etc.)				
Total Balance on Car Loan				
Total Balance on Student Loans				
Total Balance on Line of Credit				
Total Balance on Personal Loans (Bank/Finance Co.)				
Total Balance on Government Debts (Taxes, etc.)				
Total Balance on Other Debts - Please Explain				
<b>Total Amounts Owning</b>				

### 8. ASSETS

**List All Financial Accounts such as Chequing, Savings, RRSP's and others**

Name and Address of Bank		Name and Address of Bank	
Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance	Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance
Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance	Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance
Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance	Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance
Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance	Account Type (Checking,Savings,RRSP,Mutual Funds,etc.)	Balance
<b>Total of above accounts</b>		<b>Total of above accounts</b>	
Do you own any real estate? Please provide location & market value		Do you own any real estate? Please provide location & market value	
Do you own an automobile? Please provide year, make and model		Do you own an automobile? Please provide year, make and model	
Do you own any other asset? Please provide details		Do you own any other asset? Please provide details	

### 9. PERSONAL REFERENCES

**Please list at least 3 personal references from people who know you, but are not related to you.**

Name and address of First Reference		Name and address of Second Reference	
Relationship to Applicant		Relationship to Applicant	
Home Telephone Number	Work Telephone Number	Home Telephone Number	Work Telephone Number
Name and address of Third Reference		Name and address of Fourth Reference	
Relationship to Applicant		Relationship to Applicant	
Home Telephone Number	Work Telephone Number	Home Telephone Number	Work Telephone Number

**The undersigned declare(s) that the statements made in this application are true and correct.**

I/We, the Applicant(s), consent to any inquiries by Cabot Habitat for Humanity deemed necessary to reach a decision on this application, including contacting references, and I/we consent to the disclosure at any time of any credit information about me/us by any credit reporting agency or by anyone with whom I/we have financial relations. I/We, the Applicant(s), further certify that I/we have answered all the questions truthfully and to the best of my/our knowledge. I/We understand that I/we will automatically be disqualified for a Cabot Habitat for Humanity house for providing incomplete or misleading information.

Date	Signature of Applicant	Signature of Co-Applicant	Date

**\*\*PLEASE ENSURE THAT YOU PROVIDE US WITH ALL REQUIRED INFORMATION WHEN APPLYING. SEE CHECKLIST ON BACK.\*\***

**THE FOLLOWING DOCUMENTS MUST BE INCLUDED  
FOR BOTH APPLICANT AND CO-APPLICANT**

	<b>Applicant</b>	<b>Co-Applicant</b>
<b>1. Proof of Eligibility to Work and Reside in Canada</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Canadian Citizenship or birth certificate if born in Canada OR landed immigrant papers or temporary work visa.</i>		
<b>2. Rental information</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A letter from your landlord(s) for the past two years stating current rent payment, payment history and home house maintenance.</i>		
<b><i>Applicant(s) must have lived in St. John's/Mt. Pearl for at least one year prior to submitting an application.</i></b>		
<b>3. Employment Information</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A letter from your employer(s) stating your current earnings, how long you worked there, whether you are full -time or part-time, permanent or seasonal contract.</i>		
<b>4. Financial Information</b>		
<i>If an item does not apply , please print N/A (not applicable).</i>		
a) Notice of Assessment from Revenue Canada for the past two years (for each adult in family)	<input type="checkbox"/>	<input type="checkbox"/>
b) Current pay stubs	<input type="checkbox"/>	<input type="checkbox"/>
c) Statements of amounts owing and payments for every debt (credit cards, loans, taxes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>**Include amounts paying on leases held for cars, furniture, equipment &amp; any payments that Applicant(s) may have walked away from without fully paying</b>		
d) Statements of utilities (electric, phone, cable, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e) Assessment of Child Tax Benefit from Revenue Canada	<input type="checkbox"/>	<input type="checkbox"/>
f) Statement of provincial childcare supplements	<input type="checkbox"/>	<input type="checkbox"/>
g) Statement of disability income	<input type="checkbox"/>	<input type="checkbox"/>
h) Proof of child or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
i) Discharge papers, if you declared bankruptcy within the last 10 years	<input type="checkbox"/>	<input type="checkbox"/>
j) Information about income from any other member of your household	<input type="checkbox"/>	<input type="checkbox"/>
k) Statement of Social Income (EI, CPP, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
j) Statements of Assets (bank accounts, RRSP's, real estate appraisals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Letters of Reference - at least three</b>		
a) Letter of Confirmation of Employment (see above under <i>Employment Information</i> )	<input type="checkbox"/>	<input type="checkbox"/>
b) Personal Letter of Reference (not from family member)	<input type="checkbox"/>	<input type="checkbox"/>
c) Community Letter of Reference (volunteer service, church, school, etc.)	<input type="checkbox"/>	<input type="checkbox"/>