

- Present housing situation: How much do you pay in rent per month? \$ _____ Utilities? \$ _____
- Is this rent subsidized (i.e. Section 8, etc.)? YES NO If YES, please explain: _____
- Number of Bedrooms _____ Number of bathrooms _____ Other rooms _____
- Do you share housing with another family? YES NO If YES, explain: _____
- Do you live in a garage or other similar structure? YES NO If YES, describe: _____
- **Do Not** include applicant or co-applicant. List every person living in your home with you currently (today). Add additional members on a piece of paper.

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to applicant</u>	<u>Will this person live with you in Habitat House?</u>

- Please describe the condition of your current home (why do you need a Habitat for Humanity home)? _____
- How did you hear about Habitat for Humanity and the orientation meeting you just attended? _____
- Have you applied for homeownership through Habitat for Humanity at this affiliate or any other affiliate in the past? If so, please explain where you applied, how many times you applied and what the outcome was after each application. _____



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, gender, physical or mental limitations, familial status, or national origin.

When the application is completed please submit your application with \$10.00 for each applicant (your application will not be processed without the \$10.00 credit check fee) and Signed Authorization Form to:

Greater Lycoming Habitat for Humanity, Inc.
Attn: Family Selection Committee
335 Rose St
Williamsport PA 17701

You may call 570-322-2515 if you have any questions or concerns.

FOR OFFICE USE ONLY—DO NOT WRITE BELOW THIS SPACE

Authorization Form Received? YES NO

Credit check fee paid? YES NO CASH MONEY ORDER CHECK # _____

Location where application was given: _____ Date Received: _____ APPLICATION # _____