



ReNewIt

Habitat for Humanity Northumberland
 P.O. Box 222
 45 Ewart Street
 Cobourg, ON K9A 4K5
 905-373-HOME (4663)
www.habitatnorthumberland.ca
info@habitatnorthumberland.ca

Homeowner Application

SECTION 1: HOMEOWNER INFORMATION

Applicant			Co-Applicant (if applicable)		
Applicant's Full Name	Date of Birth (dd-mm-yr)		Co-Applicant's Full Name	Date of Birth (dd-mm-yr)	
Present Address			Relationship to Applicant		
Number of years as homeowner _____			Present Address		
SIN			Number of years as homeowner _____		
Home Phone		Work Phone	SIN		Work Phone

Dependants (people who live with you OTHER than the Co-Applicant)

Name	Age	Gender	Name	Age	Gender
_____		M / F	_____		M / F
Relationship			Relationship		
Name	Age	Gender	Name	Age	Gender
_____		M / F	_____		M / F
Relationship			Relationship		
Name	Age	Gender	Name	Age	Gender
_____		M / F	_____		M / F
Relationship			Relationship		

What is your primary language of communication? English French Other _____

Does the homeowner or anyone in the home have accessibility needs? Yes No

If yes, please describe _____

SECTION 6: HOUSEHOLD INCOME

Applicant's Annual Gross Income: \$ _____

Co-Applicant's Annual Gross Income: \$ _____

The total, combined income before taxes for ALL persons living in the home is: \$ _____ per year.

You must attach verification of all sources of HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and any benefits received for children (ie. child support, child tax benefit, etc.). Acceptable verification includes: a copy of your most recent income tax return, monthly pension statement, other retirement income statements, employment cheque stub. Please note on the statement if it represents annual, monthly, semi-monthly, bi-weekly or weekly income.

PLEASE PROVIDE INFORMATION REGARDING EMPLOYMENT INCOME

APPLICANT
Name and address of employer

CO-APPLICANT
Name and address of employer

What is your job?

What is your job?

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 and address of employer

Name and address of employer

What is your job?

What is your job?

Work phone

Start date

Finish date

Work phone

Start date

Finish date

Who else has an income in your family?

Name of family member -

Name of family member -

Name and address of employer/source of income (pension, retirement, etc.)

a) Please include most recent Tax Return

a) Please include most recent Tax Return

b) Please provide copy of a current pay stub

b) Please provide copy of a current pay stub

Work Phone

Work Phone

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

SECTION 7: MONTHLY INCOME AND TOTALS

MONTHLY INCOME	Applicant	Co-Applicant	Others*	Documents
Monthly Income Before Tax				<input type="checkbox"/>
Monthly Social Assistance				<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"/>
Other income(attach written explanation of this income)				<input type="checkbox"/>
Totals	\$	\$	\$	

PLEASE NOTE: OTHERS* means family members other than the Co-Applicant. We need information regarding how long they'll be living with you and what their financial contributions to the household income. Please attach a separate sheet if necessary and explain.

Please provide proof of income for Applicant and Co-Applicant. **Proof of income MUST include** (A.) (T1) Canada Revenue Agency Notice of Assessment (B.) 2 pay stubs (C.) Employment Insurance benefit statement and other documents, if applicable. **For any history of bankruptcy, copies of discharge documents must be submitted.**

SECTION 8: MONTHLY EXPENSES AND TOTALS

MONTHLY EXPENSES	Applicant	Co-Applicant	Others*	
Monthly Mortgage				
Monthly Utilities (Hydro/Gas/Cable/Telephone)				
Monthly Car Payments				
Insurance (medical/house/car/etc.)				
Child Care				
Monthly Credit Card Payments				
Monthly Student Loan Payments				
Monthly Spousal/Child Support Payment				
Other				
Totals	\$	\$	\$	

SECTION 9: LONG-TERM DEBTS

How much do you owe Master Card/American Exp.?				
What is your credit limit for this/these cards?				
How much do you owe Visa?				
What is your credit limit for this card?				
Other credit cards? (Zellers, Canadian Tire, etc.)				
Money left to pay on Car Loan				
Money owed on Student Loans				
Do you have a line of Credit? If so, how much?				
And how much do you owe?				
Do you have any Personal Loans? If so, how much do you owe?				
Please list all other debts and amounts owing				
Totals	\$	\$	\$	

SECTION 10: MORTGAGE AND INSURANCE INFORMATION

Are you still making loan or mortgage payments on your home: Yes No

If yes, what is your monthly payment? \$ _____/month

Mortgage Holder: _____

Estimated current value of home \$ _____

Balance owing on mortgages and/or loans on property \$ _____

Does the applicant or co-applicant own any other property than the property in question? Yes No

Do you currently have homeowners insurance? Yes No

Name of Insurance Company: _____

Broker's Name: _____

Broker's Phone Number: _____

Please provide your most recent mortgage statement. Please provide a copy of your house insurance.

HOMEOWNER AGREEMENT

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least 3 years. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the **ReNewIt** volunteers. I confirm that, except for the conditions listed above.

I hereby release **ReNewIt**, Habitat for Humanity Northumberland, all volunteers, employees, agents, directors, officers and representatives from any and all liability whatsoever.

SIGNATURE OF HOMEOWNER: _____ DATE: _____

SIGNATURE OF CO-OWNER: _____ DATE: _____

Complete the following if you are not the homeowner but are assisting the homeowner in completing this application.

NAME: _____ PHONE No.: _____

Is the homeowner aware of this application? Yes No

SECTION 11: PERSONAL REFERENCES

Please list 2 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

How do you know them?

How do you know them?

Home Phone

Work Phone

Home Phone

Work Phone

AUTHORIZATION AND RELEASE

The undersigned applicant(s) applies for a Habitat for Humanity **ReNew/It** loan to finance repairs to their existing home. In signing, applicants expressly authorize Habitat for Humanity Northumberland or their designate to conduct credit checks, contact personal references or obtain any other information that is pertinent in the verification of this application.

The work "information" means credit information, personal information and information about the services that you use.

"Credit Information" means information about you, including your name, age, date of birth, occupation, place of residence, previous places of residence, occupancy length, marital status, co-occupant/spouse/same-sex partner's name and age, number of dependants, particulars of education or professional qualifications, places of employment, previous places of employment, employment duration, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or landlord and tenant disputes, assets and banking information (including account and credit card information).

"Personal Information" means information about you other than credit information that is relevant to your suitability as a homeowner, including your social insurance number, driver's licence number, vehicle licence plate number, vehicle make and year, and information from references which you provide about your character, reputation, physical or personal characteristics or mode of living or about any other matter concerning you that is relevant to your suitability as a homeowner.

You expressly give your consent to and authorize Habitat for Humanity Northumberland:

- To use this information about you to determine your suitability as a **ReNew/It** loan recipient as permitted or required by law.
- To disclose information about you as permitted or required by law in order to establish credit history to support credit approval process.
- To retain this application and information indefinitely for the purposes above, subject to any applicable legal restrictions, even if the application is not approved.

You further agree that you will not withdraw your authorization and consent to the collection, use and disclosure of information about you by Habitat for Humanity Northumberland as outlined above.

Please provide your consent by checking the following box and signing in the appropriate space below.

Yes, I have read and agree to the collection, use and disclosure of information as outlined above. I have read, understood and voluntarily agree to the terms and conditions outlined above.

Applicant's Signature

Print Name

Yes, I have read and agree to the collection, use and disclosure of information as outlined above. I have read, understood and voluntarily agree to the terms and conditions outlined above.

Co-Applicant's Signature

Print Name

By signing below, the applicant(s) warrants the information on this application to be accurate and true, and authorizes the release of information. The applicant(s) also agrees to provide any other up-to-date information that may be deemed necessary in the construction of this application.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

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

	Applicant	Co-Applicant
1) Employment Information		
(a) Two most recent pay stubs	<input type="checkbox"/>	<input type="checkbox"/>
2) Financial Information		
<i>If an item does not apply please print N/A (not applicable)</i>		
(a) Your last <i>two</i> Notice of Assessments from Canada Revenue Agency* <i>*if self-employed, please attach most recent copy of Income Tax Return</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Statements of amounts owing on every credit card and loan	<input type="checkbox"/>	<input type="checkbox"/>
(c) Assessment of Child Tax Benefit from Revenue Canada	<input type="checkbox"/>	<input type="checkbox"/>
(d) Statement of all childcare supplements	<input type="checkbox"/>	<input type="checkbox"/>
(e) Statement of disability income	<input type="checkbox"/>	<input type="checkbox"/>
(f) Proof of child or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
(g) Discharge papers if you declared bankruptcy within the last six years	<input type="checkbox"/>	<input type="checkbox"/>
(h) Information about income from any other member of your household	<input type="checkbox"/>	<input type="checkbox"/>
(i) Mortgage statement	<input type="checkbox"/>	<input type="checkbox"/>
(j) Copy of insurance	<input type="checkbox"/>	<input type="checkbox"/>

Date Application Received:

Application Number Assigned: