



APPLICATION FOR IDA PROGRAM

DATE _____

Applicant A

Applicant B

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip

Email

Email

*Former Address (If at present address less than 1 year)
Please include address, city, state, and zip*

*Former Address (If at present address less than 1 year)
Please include address, city, state, and zip*

Main Phone

Work/Cell Phone(s)

Main Phone

Work/Cell Phone(s)

Best way/time to contact you

Best way/time to contact you

Birth date

Birth date

U.S. Citizen Yes / No (circle one)

U.S. Citizen Yes / No (circle one)

SSN

SSN

If not a US citizen, please complete back of this page

If not a US citizen, please complete back of this page

Level of Education

Level of Education

Name and Address of Employer:

Name and Address of Employer:

Position/Title

Position/Title

Length of Employment

Length of Employment

Name and Address of Employer 2:

Name and Address of Employer 2:

Position/Title

Position/Title

Length of Employment

Length of Employment

Any Pending Litigation Y / N (Circle one)

Any Pending Litigation Y / N (Circle one)

Current Marital Status

Current Marital Status



NON-U.S. CITIZENS

Applicant A

Name

Legal Status:

Documented? Yes _____ No _____

If not documented, then:

ITIN # (if applicable) _____

If documented, then:

Social Security # _____

Type of Social Security Card
(ex: Permanent, Valid for Work, Not Valid for work, other...)

SS CARD TYPE _____

Renewal or Expiration Date _____

Applicant B

Name

Legal Status:

Documented? Yes _____ No _____

If not documented, then:

ITIN # (if applicable) _____

If documented, then:

Social Security # _____

Type of Social Security Card
(ex: Permanent, Valid for Work, Not Valid for work, other...)

SS CARD TYPE _____

Renewal or Expiration Date _____

Please use this space to provide any additional information regarding your legal status



Dependents (People who live with you and whom you financially support)

Name	Age	Birth Date	Gender (M/F)	Relationship
1. _____	_____	____/____/____	_____	_____
2. _____	_____	____/____/____	_____	_____
3. _____	_____	____/____/____	_____	_____
4. _____	_____	____/____/____	_____	_____
5. _____	_____	____/____/____	_____	_____
6. _____	_____	____/____/____	_____	_____
7. _____	_____	____/____/____	_____	_____
8. _____	_____	____/____/____	_____	_____

Monthly Household Income (Total Before Deductions)

	Applicant A	Applicant B	TOTAL
Gross Wages (before deductions)	_____	_____	_____
Govt Assistance (ex. SSI, W2, SSD)	_____	_____	_____
Child Support	_____	_____	_____
Alimony/Spousal Support	_____	_____	_____
Unemployment Benefits	_____	_____	_____
Social Security	_____	_____	_____
Income of Dependents	_____	_____	_____
Govt. Housing Assistance	_____	_____	_____
Food Stamps	_____	_____	_____
Other	_____	_____	_____
		Total Monthly Income	\$ _____

Monthly Expenses

Rent	_____	_____	_____
Gas/Heat	_____	_____	_____
Electric	_____	_____	_____
Telephone	_____	_____	_____
Cable TV	_____	_____	_____
Food	_____	_____	_____
Car Payments	_____	_____	_____
Car Insurance	_____	_____	_____
Credit Cards	_____	_____	_____
Loan Payments (furniture, jewelry, car, Ex.)	_____	_____	_____
Medical bills	_____	_____	_____
Child care/support	_____	_____	_____
Other expenses _____	_____	_____	_____
		Total Monthly Expenses	\$ _____

Student Loans Balance _____ Deferred? Y / N If Yes, Deferral date _____
 Current Monthly Payment _____

Assets (Approx. value of things you own)

Checking/Savings Account (Average balance)	_____
Cars/Trucks (No. of vehicles)	_____
Life Insurance (Policy value)	_____
Personal Property (Appliances, jewelry, etc.)	_____
Real Estate	_____ \$ _____



Present Housing Situation Own _____ Rent _____ Other _____ Number of bedrooms _____
If you rent, do you rent for relatives? Yes___ No___ If yes, what is their relation to you? _____

Condition of house you are living in:

Explain why you should be chosen to be in our IDA PROGRAM:

I hereby authorize Racine Habitat for Humanity to verify my past and present employment earnings, bank accounts, and any other asset balances that are needed to process my IDA PROGRAM application. I further authorize Habitat to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

Applicant A Signature

Date

Applicant B Signature

Date

Witness signature

Date

