



Partner Family Application

Date _____

Partner Family Application

Please return completed application to:
via US mail:

Yates County Habitat for Humanity
P.O. Box 391
Penn Yan, NY 14527

or via email:

YatesCountyHabitatforHumanity@gmail.com

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, sex, handicap, familial status or national origin.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant		
Applicant's Name		
Telephone Number		
Email		
Dependents and others who will live with you (not listed by co-applicant)		
<u>Name</u>	<u>Age</u>	<u>Male/Female?</u>
Present address (street, city, state, zip code)		
Please circle one: Own Rent		
Number of years at this address?		
If you have lived at your current address for less than two years, complete the following:		
Last address (street, city, state, zip code)		
Please circle one: Own Rent		
Number of years at this address?		

Co-Applicant		
Co-Applicant's Name		
Telephone Number		
Email		
Dependents and others who will live with you (not listed by co-applicant)		
<u>Name</u>	<u>Age</u>	<u>Male/Female?</u>
Present address (street, city, state, zip code)		
Please circle one: Own Rent		
Number of years at this address?		
If you have lived at your current address for less than two years, complete the following:		
Last address (street, city, state, zip code)		
Please circle one: Own Rent		
Number of years at this address?		

2. FOR OFFICE USE ONLY--PLEASE DO NOT WRITE IN THIS SPACE

Date received	
Date of notice of incomplete application letter	
Date of adverse action letter	

Date of selection committee approval	
Date of board approval	
Date of partnership agreement	