



## **Application Checklist and instructions**

This packet includes the following (please complete all applicable forms as fully as possible):

- Application for housing
- Background Check Authorization
- Permission for Electronic Communication
- Under/Over \$5000 Asset Certification
- Child Support Self-Affidavit (leave blank if you have a court order for child support to add to this packet [see below] or do not receive child support)
- Zero Income Self-Affidavit (Every member of the house hold that is 18 years old or older and who does not earn an income must complete one of these affidavits. If there are no zero-income members of the family that are 18 years old or older you can leave this sheet blank.)
- Full-Time Student Verification (For household members that are 18 years old or older who are full-time students. Leave blank if no members of the household are full-time college or post-grad students)
- Verification of Income from Business/Self Employment (leave blank if you do not own a business)

Additional documents needed for a complete application (Each of these is needed for any household member that is 18 years old or over)

- 6 Months of paycheck stubs
- 6 months most recent bank statements for all accounts
- 2 years most recent tax returns and W2's
- Proof of child support or alimony (if you receive child support)
- Documentation of any outstanding debt such as loans or credit cards. Please include balance totals and payment plans.

If you have any questions regarding how to complete this packet or would like help, please call Tiffany Anderson at (641) 295-5805.

**See instruction on reverse side of this sheet on how to submit this information.**

To mail this application, please address mail to:

Mahaska County Habitat for Humanity  
PO box 583  
Oskaloosa, IA 52577

Or hand-deliver to our office at (please call ahead to assure someone will be available to accept application):

201 N Market St  
Oskaloosa, IA 52577



**CONFIDENTIAL**

**Background Check Authorization**

Print Name: \_\_\_\_\_

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **Mahaska County Habitat for Humanity** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer

purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Mahaska County Habitat for Humanity** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **Mahaska County Habitat for Humanity** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### FULL-TIME STUDENT VERIFICATION

I, \_\_\_\_\_, certify that I am (check one):

- A full-time student or
- NOT a full-time student.

If you are a full-time student, please fill out the following information:

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Years Remaining to Complete Degree or Program: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Permission for Electronic Communication

Dear \_\_\_\_\_

We are pleased you have made it this far in the home owner selection process. It is often quicker to communicate electronically compared to paper copies through the mail. Please review this document and provide your consent.

**1. Scope of Communications to be provided in electronic form.** Habitat for Humanity will continue to meet you in person and use paper copies for all contracts and legally binding agreements. The purpose for electronic communication will be restricted to scheduling appointments, confirming appointments, and planning and organizing dedication events including but not limited to invitation lists, programs, schedules, and deadlines. If at any time it is deemed better for communications sake to discuss these things in person an appointment will be made to meet in person.

**2. Method of communications in electronic form.** By providing your consent you are granting us permission to contact you via email and texts to your personal device.

**3. How to withdraw your consent.** You may withdraw your consent to receive communications in electronic form by contacting us at our office. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

**4. Consent.** By signing below, you agree that you have read, understand, and agree to the Permission for Electronic Communication Form. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that you have provided us with a current e-mail address at which we may send electronic communications to you.

Date: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Phone number for personal device (if applicable): \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_



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**VERIFICATION OF INCOME FROM BUSINESS (SELF-EMPLOYMENT)**

Based on business transacted from \_\_\_\_\_ to \_\_\_\_\_

1. Gross Income \$ \_\_\_\_\_

2. Expenses

(a) Interest on loans \$ \_\_\_\_\_

(b) Cost of goods/materials \$ \_\_\_\_\_

(c) Rent \$ \_\_\_\_\_

(d) Utilities \$ \_\_\_\_\_

(e) Wages/salaries \$ \_\_\_\_\_

(f) Employee contributions \$ \_\_\_\_\_

(g) Federal Withholding Tax \$ \_\_\_\_\_

(h) State Withholding Tax \$ \_\_\_\_\_

(i) FICA \$ \_\_\_\_\_

(j) Sales tax \$ \_\_\_\_\_

(k) Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(l) Straight line depreciation \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Net Income \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

or Authorized Representative (such as a CPA) \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_