



## ABWK: Ramps and Rollers Application

### Checklist

The following documents must be turned in with your application. Incomplete applications will not be considered.

#### Proof of Income

Pay stubs for 2 most recent months

Applicant \_\_\_\_\_  
Co-applicant \_\_\_\_\_  
Household member \_\_\_\_\_  
Household member \_\_\_\_\_

Current award letters or 3 most recent stubs for

Child Support \_\_\_\_\_  
SS \_\_\_\_\_  
SSI \_\_\_\_\_  
SSDI \_\_\_\_\_  
Pension \_\_\_\_\_  
Other \_\_\_\_\_

#### Veteran Status

DD-214 form for

Applicant \_\_\_\_\_  
Co-applicant \_\_\_\_\_  
Household member \_\_\_\_\_

#### Proof of Income

One of the following: TXDL, auto insurance, official mail with address, utility bill in applicant or co-applicant's name

Applicant \_\_\_\_\_  
Co-applicant \_\_\_\_\_

Other documents may be requested once application is reviewed.

Call 409 832-5853 with any questions regarding the application.



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### I. Homeowners

(Applicant & any co-owners residing in the house)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SS# \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_  
Co-applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

### II. Household Members

(All people residing in the home, regardless of relationship, unless listed in section I)

Name (first,MI,last,suffix)	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Check here if more space is needed and continue on the back of page

### III. Property

Street  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Legal Description (if known)  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Owners Named  
On Deed \_\_\_\_\_



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### IV. Income

To be considered for this program, you must report ALL household income

Applicant	Co-Applicant	Household Members	Totals	
Wages _____	Wages _____	Wages _____	_____	
Wages _____	Wages _____	Wages _____	_____	
Child Supp _____	Child Supp _____	Child Supp _____	_____	
SS _____	SS _____	SS _____	_____	
SSI _____	SSI _____	SSI _____	_____	Total Household Income
SSDI _____	SSDI _____	SSDI _____	_____	
Pension _____	Pension _____	Pension _____	_____	
Other _____	Other _____	Other _____	_____	
Other _____	Other _____	Other _____	_____	
			_____	
			_____	
			_____	

### V. Employment

Employer Name and Address \_\_\_\_\_

Phone # \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Pay \$ \_\_\_\_\_ Check frequency below

Weekly	Bi-weekly	Monthly	Semi-monthly	Bi-monthly
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Employer Name and Address \_\_\_\_\_

Phone # \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Pay \$ \_\_\_\_\_ Check frequency below

Weekly	Bi-weekly	Monthly	Semi-monthly	Bi-monthly
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### VI. Expenses

Mortgage _____	Telephone _____	Car Note _____	Other _____
Insurance _____	Utilities _____	Other _____	Other _____
Taxes _____	Child Supp _____	Other _____	
			Total \$ _____

Is there a need for accessibility modifications? \_\_\_\_\_

Describe \_\_\_\_\_

"I understand that by filing this application, I authorize Habitat for Humanity to evaluate my need, ability to pay and willingness to partner. I understand that evaluation will include a home inspection, employment/income verification, verification of homeownership and mortgage in good standing, and residency. I have answered all questions on this application truthfully. I understand that if I have not answered truthfully my application may be denied and if I previously received an acceptance letter, I may be disqualified. The original of this application and all supporting documents will be retained by Habitat for Humanity even if not approved.

I understand that Habitat for Humanity screens all staff, volunteers, board members and applicants on the sex offender registry. By submitting this application I am agreeing to such a screening for myself and all members of my household."

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_