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APPLICATION FOR ABWK PROGRAM

The information contained in this pre-application will remain strictly confidential. It may be viewed by members of the staff, Family Selection Committee or Board of Directors in order to determine your eligibility for our program.

APPLICANT INFORMATION

Applicant Name: (Last) _____ (First) _____ (Middle Initial) _____

Date of Birth: _____ Social Security #: _____ Marital Status: _____

Address: (Street) _____ (City) _____

(State) _____ (Zip Code) _____ Phone #: _____

Are you a U.S citizen or permanent resident? Y / N EMAIL: _____

Gross Monthly Income from Employment: \$ _____

Net Monthly Income from Employment: \$ _____

Other Monthly Income : \$ _____ Source of other income: _____

Co-Applicant Name: (Last) _____ (First) _____ (Middle Initial) _____

Date of Birth: _____ Social Security #: _____ Marital Status: _____

Address: (Street) _____ (City) _____

(State) _____ (Zip Code) _____ Phone #: _____

Are you a U.S citizen or permanent resident? Y / N

Gross Monthly Income from Employment: \$ _____

Net Monthly Income from Employment: \$ _____

Other Monthly Income: \$ _____ Source of other income: _____

OTHER OCCUPANTS: If selected, who would be living in the home? (Please do not include applicant/co-applicant)

| Name (first & last) | Date of Birth | Sex | Relationship to Applicant(s) |
|---------------------|---------------|-------|------------------------------|
| | | M / F | |
| | | M / F | |
| | | M / F | |
| | | M / F | |

GENERAL INFORMATION

Medical condition / need for ramp _____

Are you a veteran? _____ Is any member of your immediate family a veteran? _____

How did you hear about our program _____

