



## REQUIREMENTS CHECKLIST

The following documents must be provided to Habitat for Humanity of North Augusta by anyone applying to be a Habitat Homeowner. Please fill out each form completely and sign where indicated.

The forms should be sent to:

Habitat for Humanity of North Augusta  
P. O. Box 8121  
North Augusta, SC 29861-8121

Please check all forms that you are including in your submission and sign below:

- Housing Application
- Authorization for Credit Check
- Authorization for Landlord Reference
- Authorization for Employment Verification
- If employed, a copy of your most recent pay stub
- If you are receiving any form of supplemental income, please attach a signed verification of the amount of this income and how long this income will last. This verification of income should be signed by the administrator of the program.

I have completed and included these required forms in my package of materials

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Applicant's Name

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Applicant's Signature

P.O. Box 8121  
North Augusta, SC 29861-8121  
phone: 803-613-0305 • fax: 803-613-0305  
[www.hfhna.org](http://www.hfhna.org)





**AUTHORIZATION FOR CREDIT CHECK**

I authorize Habitat for Humanity of North Augusta to conduct a check of my credit history.

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Age

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Social Security Number

\_\_\_\_\_  
Age

\_\_\_\_\_  
Co-Applicant's Signature





**AUTHORIZATION FOR LANDLORD REFERENCE**

I authorize **Habitat for Humanity of North Augusta** to request a Reference from the following landlord.

\_\_\_\_\_  
Landlord's Name or Title

\_\_\_\_\_  
Landlord's Phone Number

\_\_\_\_\_  
Landlord's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State    Zip

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
Applicant's Street Address

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip





**AUTHORIZATION FOR EMPLOYMENT VERIFICATION**

I authorize **Habitat for Humanity of North Augusta** to request an Employment Verification.

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Applicant's Employer

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Manager or Contact's Name

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Phone Number

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Employer Mailing Address

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City

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State

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Zip

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**Applicant's Signature**

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**Social Security Number**

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Co-applicant's Employer

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Manager or Contact's Name

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Phone Number

---

Employer Mailing Address

---

City

---

State

---

Zip

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**Co-Applicant's Signature**

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**Social Security Number**

