ADU Pre-Application Packet

Pre-applications will not be reviewed if the required documents are not received.

REQUIRED DOCUMENTATION

- **Proof of Income:** Provide copies of the three most recent, consecutive pay stubs for everyone over 18 who is employed, including on-call or temporary/informal work. If self-employed, provide all pages of the last 2 years' tax returns. If receiving benefits, provide a copy of the benefit statement.
- **Photo ID:** Provide copies of each applicant's photo ID.
- **Permanent Residency:** All applicants must show proof of legal residency and at least one applicant must be a permanent resident. Provide a copy of the permanent resident card, US birth certificate, certificate of naturalization, or US passport.
- **We do not make copies.**

Questions? Call us at 831-469-4663

Ready to turn in your packet? Make sure you have copies of all requested documentation and a completed pre-application packet. Please drop off at the office or mail to:

Habitat for Humanity Monterey Bay
Attn: Cathy Wylie
108 Magnolia Street, Santa Cruz, CA 95062

EQUAL HOUSING OPPORTUNITY

Habitat for Humanity Monterey Bay provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, gender identification, national origin, religion, familial or marital status, disability, ancestry, sexual orientation, source of income, or other characteristics protected by law. Equal Access Opportunity.

APPLICANT INFORMATION (TITLEHOLDER)

First Name:_____Last Name: _____

Married (to co-applicant____) Single ____ Divorced Separated ___

Present Address: _____
Street City, State Zip

Mailing Address: _____
Street City, State Zip

Birthdate (mm/dd/yyyy):_____Social Security Number: _____

Preferred Phone #_____ Email: _____

Is the applicant employed or receive income of any kind? Yes___No___

CO-APPLICANT INFORMATION (TITLEHOLDER)

First Name:_____Last Name: _____

Married___(to co-applicant___) Single___Divorced___Separated___

Present Address: _____
Street City, State Zip

Mailing Address: _____
Street City, State Zip

Birthdate (mm/dd/yyyy):_____Social Security Number: _____

Preferred Phone #_____ Email: _____

Is the applicant employed or receive income of any kind? Yes___No _____

ADDITIONAL HOUSEHOLD MEMBERS

Name	Birthdate	Age	Sex	Social Security #	Relationship	Has Income?	Currently living with you?
						___Yes ___No	___Yes ___No
						___Yes ___No	___Yes ___No
						___Yes ___No	___Yes ___No
						___Yes ___No	___Yes ___No

HOUSEHOLD EMPLOYMENT INFORMATION

Applicant First Name: _____ Last Name: _____	____ Self-Employed Employer:_____ Address:_____ _____ PH # :_____Employed (mm/dd/yyy):_____
Co-Applicant First Name:_____ Last Name:_____	____ Self-Employed Employer:_____ Address:_____ _____ PH # :_____Employed (mm/dd/yyyy):_____
Additional Household Member First Name:_____ Last Name:_____	____ Self-Employed Employer:_____ Address:_____ _____ PH # :_____Employed (mm/dd/yyyy):_____
Additional Household Member First Name:_____ Last Name:_____	____ Self-Employed Employer:_____ Address:_____ _____- PH # :_____Employed (mm/dd/yyyy):_____

Monthly Income	**Applicant**	**Co-Applicant**	**Additional Household Member**	**Additional Household Member**
Gross Monthly Income	$	$	$	$
CalWORKS/CashAid	$	$	$	$
Pension/Social Security	$	$	$	$
VA Benefits	$	$	$	$
Supplemental Social Security Income (SSI)	$	$	$	$
Disability (SSD)	$	$	$	$
Alimony	$	$	$	$
Child Support	$	$	$	$
Other (specify)	$	$	$	$
Total Income	$	$	$	$

Additional Information:_____

_____

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