



**ADDITIONAL INFORMATION SHEET**

Applicant: \_\_\_\_\_  
Full name

Social Security Number: \_\_\_\_\_ Date of birth \_\_\_\_\_

Co-Applicant: \_\_\_\_\_  
Full name

Social Security Number: \_\_\_\_\_ Date of birth \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_

Previous address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number(s): \_\_\_\_\_  
\_\_\_\_\_

I/we hereby give permission to Washington County Habitat for Humanity to conduct a credit check as part of the homeownership program.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_