

# Let Caldwell County Habitat for Humanity's Homeownership Program Unlock the Door to Your Dreams!



Since 1992, Caldwell Habitat has helped local families unlock the door to their dream of homeownership. Habitat does not give away houses. Instead, families partnering with Habitat invest their “sweat equity” in building houses and attending homeowner education. Once the family completes the Homeownership Program, they purchase their home with an affordable, no-interest Habitat mortgage.

## Qualifications for the Homeownership Program

### 1) Need for Affordable Housing

- ◆ The applicant's current living condition is overcrowded or substandard, or the applicant lives in public housing.
- ◆ Applicant cannot own a home at the time of application.
- ◆ Current rent exceeds 30% of gross income.
- ◆ Utility costs are excessively high.

### 2) Ability to Pay

- ◆ Applicants must have the ability to pay an affordable no-interest mortgage.
- ◆ The applicant's income must be verifiable. Their annual income should fall within the Income Guidelines listed on the next page.
- ◆ The Habitat mortgage payment cannot exceed 30% of the applicant's income.
- ◆ Applicants should have satisfactory credit, demonstrating their ability and willingness to repay the Habitat mortgage.

### 3) Willingness to Partner

- ◆ Applicants must have lived or worked in Caldwell County within the 12 months before application and must be legal US residents.
- ◆ Applicants must be willing to invest “sweat equity” by building homes and attend homeowner education.



1216 Harper Avenue  
PO Box 1341  
Lenoir, NC 28645  
(828) 758-8757  
[Caldwellhabitat.org](http://Caldwellhabitat.org)



Caldwell Habitat accepts applications for the Homeownership Program from March 1 through June 30.

If you are interested in applying, carefully read and complete the attached application and return it to the Caldwell County Habitat Office with copies of current pay stubs or other income verification by June 30.

The application process for Caldwell Habitat's Homeownership Program consists of three phases:

#### Phase 1 – Ability to Pay, initial review

- Habitat reviews applications for the ability to pay a mortgage using the applicant's income and credit history. Credit reports are obtained on applicants whose income meets the below guidelines.
- If your application does not qualify during Phase 1, you will receive an adverse action letter within 30 days, denying your application for housing and outlining the reason for denial.

| Income Guidelines<br>(subject to change)              |                         |                         |
|---|-------------------------|-------------------------|
| Family Size   | Annual Minimum Income * | Annual Maximum Income * |
| 1   | \$22,472                | \$34,956                |
| 2   | \$25,678                | \$39,944                |
| 3   | \$28,884                | \$44,931                |
| 4   | \$32,091                | \$49,919                |
| 5   | \$34,678                | \$53,944                |
| 6   | \$37,238                | \$57,925                |
| 7   | \$39,797                | \$61,906                |
| 8   | \$42,384                | \$65,931                |
| *gross yearly income<br>(before taxes and deductions) |                         |                         |

#### Phase 2 – Need for Housing and Willingness to Partner, initial review

- If your application qualifies under the ability to pay initial review, you will receive a letter within 30 days requesting additional documentation to proceed. Once your documentation is ready, contact Habitat staff to schedule an appointment.
- Homeowner information meetings are in August. Attendance is mandatory to proceed with your application. You will receive meeting dates when you meet with Habitat staff.
- In September, Habitat's family selection team will schedule a virtual interview to discuss your need for housing and willingness to partner with Habitat.
- Should the number of qualified applications that Caldwell Habitat receives exceed the current housing inventory, the family selection team will rank each application based on the need for housing, ability to pay, and willingness to partner to determine which applications are recommended for Habitat's Homeownership Program this year.
- Habitat's Board of Directors approves final recommendations in October.
- If your application does not qualify during Phase 2, you will receive an adverse action letter denying your application for housing and outlining the reason for denial.

#### Phase 3 – Journey to Homeownership

- Approved applicants begin the final phase of Caldwell County Habitat's application process in November. This phase includes working on "sweat equity" and attending homeowner education classes while maintaining income and creditworthiness. This final phase takes between 12 and 18 months.

# **Caldwell County Habitat for Humanity, Inc.**

## **Privacy Statement and Notice**

---

At Caldwell County Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms
- Information about your transactions with us, our affiliates, or others
- Information we receive from a consumer reporting agency

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as Name, Social Security Number, Income, Assets, Debts, Address, etc.
- Information about your transactions with us, our affiliates, or others such as your payment history, account balance, delinquency, etc.
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history

Caldwell County Habitat for Humanity employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents
- Nonprofit organizations or governments (DSS & WPCOG)
- North Carolina Housing Finance Agency

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Caldwell County Habitat for Humanity, Inc. at 828-758-8757.

This page is intentionally left blank.



Caldwell County Habitat for Humanity  
PO Box 1341  
Lenoir, NC 28645  
(828) 758-8757

# Application

## Habitat Homeownership Program



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

**Dear Applicant:** Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit**
- ☐ I am applying for **individual credit**.
- ☐ I am applying for **joint credit**. Total number of borrowers: \_\_\_\_\_
- ☐ Each borrower intends to apply for joint credit. **Your initials:** \_\_\_\_\_

### 1A. APPLICANT INFORMATION

| Applicant   | Co-applicant   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
|---|--|--------------------------|--------------------------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|---|------|-----|------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|
| <b>Applicant's name:</b> _____  | <b>Co-applicant's name:</b> _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Alternative and former names:</b> _____  | <b>Alternative and former names:</b> _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Social Security number _____  | Social Security number _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Home phone (____) _____   | Home phone (____) _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Cell phone (____) _____   | Cell phone (____) _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| E-Mail _____  | E-Mail _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Age _____ Date of birth (mm/dd/yyyy) _____  | Age _____ Date of birth (mm/dd/yyyy) _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)  | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Dependents and others who will live with you:</b>  | <b>Dependents and others who will live with you (not listed by co-applicant):</b>  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <table border="1"><thead><tr><th>Name</th><th>DOB</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> | Name   | DOB                      | Male                     | Female | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><thead><tr><th>Name</th><th>DOB</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> | Name | DOB | Male | Female | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Name  | DOB  | Male                     | Female                   |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Name  | DOB  | Male                     | Female                   |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____  | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent   | Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Number of years: _____  | Number of years: _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:</b>  |  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent  | Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Number of years: _____  | Number of years: _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE</b>   |  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Date received: _____  | Date of selection committee approval: _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Date of notice of incomplete application letter: _____  | Date of board approval: _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Date of adverse action letter: _____  | Date of partnership agreement: _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |

## 1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard
- ☐ Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard

## 2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

### I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

|              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| Applicant    | <input type="checkbox"/> | <input type="checkbox"/> |
| Co-applicant | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. PRESENT HOUSING CONDITIONS

Currently, are you: ☐ Renting ☐ Rent-free ☐ Own

Number of bedrooms (please circle): 1 2 3 4 5

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room

Other (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

---

---

---

---

---

---

---

---

**If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.**

Name, address and phone number of current landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. PROPERTY INFORMATION

☐ I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

\$ \_\_\_\_\_/month Unpaid balance \$ \_\_\_\_\_

Do you own land other than your residence? ☐ No ☐ Yes  
Monthly payment (including taxes, insurance, etc.)

\$ \_\_\_\_\_

| 5. EMPLOYMENT INFORMATION  |                             |   |   |
|--|-----------------------------|---|---|
| Applicant  |                             | Co-applicant                                  |   |
| <input type="checkbox"/> Does not apply.   |                             | <input type="checkbox"/> Does not apply.      |   |
| Name and address of <b>CURRENT</b> employer:   | Start date (mm/dd/yyyy):    | Name and address of <b>CURRENT</b> employer:  | Start date (mm/dd/yyyy):  |
|  | Annual (gross) wages:<br>\$ |   | Annual (gross) wages:<br>\$   |
| Type of business:  | Business phone:             | Type of business:                             | Business phone:   |
| If working at current job less than one year, complete the following information.  |                             |   |   |
| Name and address of <b>PREVIOUS</b> employer:  | Years on this job:          | Name and address of <b>PREVIOUS</b> employer: | Years on this job:  |
|  | Annual (gross) wages:<br>\$ |   | Annual (gross) wages:<br>\$   |
| Type of business:  | Business phone:             | Type of business:                             | Business phone:   |
| <input type="checkbox"/> Check if you are the business owner or are self-employed.<br><input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more.<br>Monthly income (or loss) \$ _____ |                             |   | <b>PLEASE NOTE:</b> Self-employed applicants will be required to provide additional documents such as tax returns and financial statements. |

| 6. MONTHLY INCOME - ATTACH VERIFICATION OF ALL INCOME LISTED BELOW |           |              |                     |       |
|--|-----------|--------------|---------------------|-------|
| Income source  | Applicant | Co-applicant | Others in household | Total |
| Salary/wages (gross)   | \$        | \$           | \$                  | \$    |
| TANF   | \$        | \$           | \$                  | \$    |
| Alimony  | \$        | \$           | \$                  | \$    |
| Child support  | \$        | \$           | \$                  | \$    |
| Social Security  | \$        | \$           | \$                  | \$    |
| SSI  | \$        | \$           | \$                  | \$    |
| Disability   | \$        | \$           | \$                  | \$    |
| Housing voucher (e.g., Section 8)                                  | \$        | \$           | \$                  | \$    |
| Unemployment benefits  | \$        | \$           | \$                  | \$    |
| VA compensation  | \$        | \$           | \$                  | \$    |
| Retirement (e.g., pension)   | \$        | \$           | \$                  | \$    |
| Military entitlements  | \$        | \$           | \$                  | \$    |
| Other: _____   | \$        | \$           | \$                  | \$    |
| Total  | \$        | \$           | \$                  | \$    |

| HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE |               |                |               |
|--|---------------|----------------|---------------|
| Name   | Income source | Monthly income | Date of birth |
|  |               |                |               |
|  |               |                |               |
|  |               |                |               |
|  |               |                |               |
|  |               |                |               |

## 7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

## 8. ASSETS

| Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.) | Address | City, state | ZIP | Account number | Current balance/ value/vested amount (if applicable) |
|--|---------|-------------|-----|----------------|--|
|  |         |             |     |                | \$   |
|  |         |             |     |                | \$   |
|  |         |             |     |                | \$   |
|  |         |             |     |                | \$   |
|  |         |             |     |                | \$   |
|  |         |             |     |                | \$   |
|  |         |             |     |                | \$   |

## 9. LIABILITIES AND EXPENSES

| TO WHOM DO YOU OWE MONEY?                                  | Applicant       |                |                    | Co-applicant    |                |                    |
|--|-----------------|----------------|--------------------|-----------------|----------------|--------------------|
| Account  | Monthly payment | Unpaid balance | Months left to pay | Monthly payment | Unpaid balance | Months left to pay |
| Auto loan  | \$              | \$             |                    | \$              | \$             |                    |
| Installment (e.g., boat, personal loan)                    | \$              | \$             |                    | \$              | \$             |                    |
| Lease (e.g., furniture, appliances — includes rent-to-own) | \$              | \$             |                    | \$              | \$             |                    |
| Alimony/separate maintenance                               | \$              | \$             |                    | \$              | \$             |                    |
| Child support  | \$              | \$             |                    | \$              | \$             |                    |
| Revolving (e.g., credit cards)                             | \$              | \$             |                    | \$              | \$             |                    |
| Student loan debt  | \$              | \$             |                    | \$              | \$             |                    |
| Open 30 days (balance paid monthly, e.g., travel card)     | \$              | \$             |                    | \$              | \$             |                    |
| Medical debt   | \$              | \$             |                    | \$              | \$             |                    |
| Other  | \$              | \$             |                    | \$              | \$             |                    |
| Other  | \$              | \$             |                    | \$              | \$             |                    |
| <b>Total</b>   | <b>\$</b>       | <b>\$</b>      |                    | <b>\$</b>       | <b>\$</b>      |                    |

## MONTHLY EXPENSES

| Account                               | Applicant | Co-applicant | Total |
|---------------------------------------|-----------|--------------|-------|
| Rent                                  | \$        | \$           | \$    |
| Utilities (electricity, water, gas)   | \$        | \$           | \$    |
| Insurance (rental, car, health, etc.) | \$        | \$           | \$    |
| Child care                            | \$        | \$           | \$    |
| Internet service                      | \$        | \$           | \$    |
| Cell phone                            | \$        | \$           | \$    |



|  |           |           |           |
|--|-----------|-----------|-----------|
| Land line  | \$        | \$        | \$        |
| Business expenses  | \$        | \$        | \$        |
| Union dues   | \$        | \$        | \$        |
| Transportation expense (gas, bus pass, vehicle upkeep, etc.) | \$        | \$        | \$        |
| Food and essential supplies                                  | \$        | \$        | \$        |
| Entertainment  | \$        | \$        | \$        |
| Other  | \$        | \$        | \$        |
| Other  | \$        | \$        | \$        |
| <b>Total</b>   | <b>\$</b> | <b>\$</b> | <b>\$</b> |

## 10. DECLARATIONS

| Please check the box beside the word that best answers the following questions for you and the co-applicant.   | Applicant  | Co-applicant   |
|--|--|--|
| a. Are there any outstanding judgments because of a court decision against you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Have you declared bankruptcy within the past seven years?<br>If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Have you had any property foreclosed upon in the past seven years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you party to a lawsuit in which you potentially have any personal financial liability?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Are you a U.S. citizen or permanent resident?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Note:</b> If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.  |  |  |

## 11. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

|                            |             |                               |             |
|----------------------------|-------------|-------------------------------|-------------|
| <b>Applicant signature</b> | <b>Date</b> | <b>Co-applicant signature</b> | <b>Date</b> |
| X _____                    | _____       | X _____                       | _____       |

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

## 12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

**Applicant's name** \_\_\_\_\_ **Co-applicant's name** \_\_\_\_\_

### 13. DEMOGRAPHIC INFORMATION

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:**

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

| Applicant   | Co-applicant  |
|---|---|
| <b>Ethnicity (check one or more):</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban<br><input type="checkbox"/> Other Hispanic or Latino –<br><i>Origin:</i> _____<br><i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i><br><input type="checkbox"/> Not Hispanic or Latino<br><input type="checkbox"/> I do not wish to provide this information  | <b>Ethnicity (check one or more):</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban<br><input type="checkbox"/> Other Hispanic or Latino –<br><i>Origin:</i> _____<br><i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i><br><input type="checkbox"/> Not Hispanic or Latino<br><input type="checkbox"/> I do not wish to provide this information  |
| <b>Sex:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information   | <b>Sex:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information   |
| <b>Race (check one or more):</b><br><input type="checkbox"/> American Indian or Alaska Native —<br><i>Name of enrolled or principal tribe:</i> _____<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian — <i>race:</i> _____<br><i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i><br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____<br><i>For example: Fijian, Tongan, and so on.</i><br><input type="checkbox"/> White<br><input type="checkbox"/> I do not wish to provide this information | <b>Race (check one or more):</b><br><input type="checkbox"/> American Indian or Alaska Native —<br><i>Name of enrolled or principal tribe:</i> _____<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian — <i>race:</i> _____<br><i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i><br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____<br><i>For example: Fijian, Tongan, and so on.</i><br><input type="checkbox"/> White<br><input type="checkbox"/> I do not wish to provide this information |

| To be completed only by the person conducting the interview   |                                    |                            |
|---|------------------------------------|----------------------------|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                    |                            |
| Was the sex of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                    |                            |
| Was the race of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |                            |
| This application was taken by:<br><input type="checkbox"/> Face-to-face interview (included electronic media w/video component)<br><input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type) | Interviewer's phone number |
|   | Interviewer's signature            | Date                       |

## Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at the **Southeast Region, 225 Peachtree St. NE, Suite 1500, Atlanta GA 30303**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

### Applicant(s):

X \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

X \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_