



P.O. Box 613
Luray, VA 22835
(540) 743-7879
PageCountyHFH@gmail.com

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 to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant		Co-Applicant	
Applicant's name		Co-Applicant's name	
Social Security Number	Home Phone	Social Security Number	Home Phone
Age	DOB	Age	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. Single, divorced, widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	
Dependents and others who will live with you (not listed by co-applicant)		Dependents and others who will live with you (not listed by applicant)	
Name	Age	Male	Female
_____	___	___	___
_____	___	___	___
_____	___	___	___
_____	___	___	___
Present address (street, city, state, ZIP code)		Present address (street, city, state, ZIP code)	
<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of years _____		Number of years _____	
If at address for less than two years, complete the followIf living at present			
Former address (street, city, state, ZIP code)		Former address (street, city, state, ZIP code)	
<input type="checkbox"/> Own <input type="checkbox"/> Rent		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of years _____		Number of years _____	

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date received: _____
Date of notice of incomplete application letter: _____
Date of adverse action letter: _____

Date of selection committee approval: _____
Date of board approval: _____
Date of partnership agreement: _____



7. MONTHLY INCOME

Income Source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

**PLEASE NOTE:
Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.**

Household members whose income is listed above			
Name	Income source	Monthly income	Date of Birth

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?



9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	ZIP	Account number	Current balance
				\$
				\$
				\$
				\$
				\$

10. DEBT

To whom do you and the co-applicant(s) owe money?

Account	Applicant			Co-applicant		
	Monthly payment	Unpaid Balance	Months left to pay	Monthly payment	Unpaid Balance	Months left to pay
Motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, televisions (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
TOTAL	\$	\$		\$	\$	



11. Monthly expenses			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Landline	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$

11. DECLARATIONS				
Please circle the word that best answers the following questions for you and the co-applicant				
	Applicant		Co-applicant	
a. Do you have any outstanding judgments because of a court decision against you?	Yes	No	Yes	No
b. Have you been declared bankrupt within the past seven (7) years?	Yes	No	Yes	No
c. Have you had property foreclosed on in the past seven (7) years?	Yes	No	Yes	No
d. Are you currently involved in a lawsuit?	Yes	No	Yes	No
e. Are you paying alimony or child support?	Yes	No	Yes	No
f. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No
If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.				



12. AUTHORIZATION 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 the no/or low interest loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families 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.

Applicant signature Date:

Co-applicant signature Date:

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.



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
<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mexican</p> <p style="padding-left: 20px;"><input type="checkbox"/> Puerto Rican</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cuban</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Hispanic or Latino - <i>Origin:</i> _____ <i>For example: Argentinean, Dominican, Nicaraguan, Salvadoran, Spaniar, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mexican</p> <p style="padding-left: 20px;"><input type="checkbox"/> Puerto Rican</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cuban</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Hispanic or Latino - <i>Origin:</i> _____ <i>For example: Argentinean, Dominican, Nicaraguan, Salvadoran, Spaniar, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native - <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Asian Indian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Chinese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Fillpino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Japanese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Korean</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vietnamese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Asian - race: _____</p> <p><i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Guamanian or Chamorro</p> <p style="padding-left: 20px;"><input type="checkbox"/> Samoan</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Pacific Islander - race: _____</p> <p><i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native - <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Asian Indian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Chinese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Fillpino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Japanese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Korean</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vietnamese</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Asian - race: _____</p> <p><i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Guamanian or Chamorro</p> <p style="padding-left: 20px;"><input type="checkbox"/> Samoan</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other Pacific Islander - race: _____</p> <p><i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>



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

14. UNMARRIED ADDENDUM
FOR BORROWER SELECTING THE UNMARRIED STATUS
<p>Lender Instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.</p>
<p>If you selected "Unmarried" in Section 1:</p> <p>Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? ___ Yes ___ No</p> <p>If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.</p> <p>___ Civil union ___ Domestic partnership ___ Registered reciprocal beneficiary relationship</p> <p>___ Other (explain): _____</p> <p>State: _____</p>



Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 FTC Regional office for the east central region, Consumer Response Center, Federal Trade Commission 600 Pennsylvania Avenue, NW, Washington, DC 20580 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payments if you choose not to do so. However, because we operate as 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 _____ X _____

Print name: _____ Print name _____

Date: _____ Date _____