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. |
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| **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. |
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| 1. **APPLICANT INFORMATION** | |
| --- | --- |
| Applicant | Co-Applicant |
| **Applicant’s name** | **Co-Applicant’s name** |
| **Social Security Number Home Phone Age DOB**  **\_\_ Married \_\_ Separated \_\_ Unmarried (Incl. Single, divorced, widowed)** | **Social Security Number Home Phone Age**  **\_\_ Married \_\_ Separated \_\_ Unmarried (Incl. single, divorced, widowed)** |
| Dependents **and others who will live with you (not listed by co-applicant)**  **Name Age Male Female**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_ \_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_ \_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_ \_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_ \_\_** | **Dependents** and others who will live with you (not listed by applicant)  **Name Age Male Female**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_ \_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_ \_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_ \_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_ \_\_** |
| **Present address (street, city, state, ZIP code) \_\_ Own \_\_ Rent**  **Number of years \_\_\_\_\_\_\_** | **Present address (street, city, state, ZIP code) \_\_ Own \_\_ Rent**  **Number of years \_\_\_\_\_\_\_** |
| If at address for less than two years, complete the followIf living at present | |
| **Former address (street, city, state, ZIP code) \_\_ Own \_\_ Rent**  **Number of years \_\_\_\_\_\_\_** | **Former address (street, city, state, ZIP code) \_\_ Own \_\_ Rent**  **Number of years \_\_\_\_\_\_\_** |
| 1. **FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE** | |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| 1. **WILLINGNESS OF PARTNER** | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of “sweat-equity” hours. Your help in building your home and the homes of others is called “sweat equity” and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.**  **Yes No**  **I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Applicant \_\_\_ \_\_**  **Co-Applicant \_\_\_ \_\_** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PRESENT HOUSING CONDITIONS** | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of bedrooms (please circle) 1 2 3 4 5  Other rooms in the place where you are currently living (check all that apply):  \_\_ 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? | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| If you own your residence, what is your monthly mortgage payment? $\_\_\_\_\_\_\_\_/month Unpaid balance $\_\_\_\_\_\_\_  Do you own land? \_\_No \_\_ Yes Monthly payment $ \_\_\_\_\_\_\_\_ /month Unpaid balance $\_\_\_\_\_\_\_\_\_\_\_\_\_  If you wish your property to be considered for building your Habitat home, please attach land documentation. | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **EMPLOYMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant | | | | | | | | | | Co-applicant | | | | | | | | | | | | | | |
| Name and address of **CURRENT** employer | | | | | Years on this job | | | | | Name and address of **CURRENT** employer | | | | | Years on this job | | | | | | | | | |
| Monthly (gross) wages  $ | | | | | Monthly (gross) wages  $ | | | | | | | | | |
| 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 **FORMER** employer | | | | | Years on this job | | | | | Name and address of **FORMER** employer | | | | | Years on this job | | | | | | | | | |
| Monthly (gross) wages  $ | | | | | Monthly (gross) wages  $ | | | | | | | | | |
| Type of business | | | | | Business phone | | | | | Type of business | | | | | Business phone | | | | | | | | | |
| **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 | | | | | | | |
|  | | | |  | | | |  | | | | |  | | | | | | | |
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| **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? | | | | | | |
|  | Applicant | | | Co-applicant | | |
| **Account** | **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 | |
| **Ethnicity (check one or more):**   * Hispanic or Latino   + Mexican   + Puerto Rican   + Cuban   + Other Hispanic or Latino -   *Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *For example: Argentinean, Dominican, Nicaraguan, Salvadoran, Spaniar, and so on.*   * Not Hispanic or Latino * I do not wish to provide this information | | | | | | **Ethnicity (check one or more):**   * Hispanic or Latino   + Mexican   + Puerto Rican   + Cuban   + Other Hispanic or Latino -   *Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *For example: Argentinean, Dominican, Nicaraguan, Salvadoran, Spaniar, and so on.*   * Not Hispanic or Latino * I do not wish to provide this information | |
| **Sex:**   * Female * Male * I do not wish to provide this information | | | | | | **Sex:**   * Female * Male * I do not wish to provide this information | |
| **Race (check one or more):**   * American Indian or Alaska Native -   *Name of enrolled or principal tribe:*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   * Asian   + Asian Indian   + Chinese   + Fillpino   + Japanese   + Korean   + Vietnamese   + Other Asian - race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.   * Black or African American * Native Hawaiian or Other Pacific Islander   + Native Hawaiian   + Guamanian or Chamorro   + Samoan   + Other Pacific Islander - race: \_\_\_\_\_\_\_\_\_\_\_\_\_   *For example*: Fijian, Tongan, and so on.   * White * I do not wish to provide this information | | | | | | **Race (check one or more):**   * American Indian or Alaska Native -   *Name of enrolled or principal tribe:*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   * Asian   + Asian Indian   + Chinese   + Fillpino   + Japanese   + Korean   + Vietnamese   + Other Asian - race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.   * Black or African American * Native Hawaiian or Other Pacific Islander   + Native Hawaiian   + Guamanian or Chamorro   + Samoan   + Other Pacific Islander - race: \_\_\_\_\_\_\_\_\_\_\_\_\_   *For example*: Fijian, Tongan, and so on.   * White * 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?**  **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?** | | | | | | * **Yes** * **Yes** * **Yes** | * No * No * No |
| This application was taken by:   * Face-to-face interview (included electronic media w/video) * By mail * 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 |
| **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. |
| **If you selected “Unmarried” in Section 1:**  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  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.  \_\_\_ Civil union \_\_\_ Domestic partnership \_\_\_ Registered reciprocal beneficiary relationship  \_\_\_ Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_