

◆ 614 Plum Street ◆ Red Wing ◆ Minnesota ◆ 55066 ◆ 651-327-2195 ◆

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 _____ D O Birth ____/____/____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security Number _____ Home Phone _____ D O Birth ____/____/____ <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) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Dependents and others who will live with you (not listed by applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Number of Years _____	Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Number of Years _____
If living at present address for less than two years, complete the following	
Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Number of Years _____	Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Number of Years _____

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE
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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: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete 200 hours of "sweat equity" per adult up to a maximum of 400 hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, 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 <input type="checkbox"/>	<input type="checkbox"/>
	Co-applicant <input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

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) _____

If you rent your residence, what is your monthly rent payment? \$ _____/month
 (Please supply a copy of your lease or a copy of a money order receipt or cancelled rent check.)

Name, address and phone number of current landlord: _____

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

5. 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.

6. 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 / Position	Business Phone	Type of Business / Position	Business Phone

If Working at Current Job Less Than One Year, Complete the Following Information

Applicant		Co-Applicant	
Name and Address of Last Employer	Years on This Job	Name and Address of Last Employer	Years on This Job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of Business / Position	Business Phone	Type of Business / Position	Business Phone

7. MONTHLY INCOME

Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not chose to have it considered for repaying this loan.

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 applicant(s) 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 CLOSING COSTS

Where will you be getting the money to pay the closing costs estimated at \$1,100 – \$1,300 (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

9. ASSETS

Name of bank, savings and loan, credit union	Address	City, state	ZIP	Account number	Current balance

10. DEBT

To whom do you and the co-applicant 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, TV						
Alimony						
Child support						
Credit card						
Credit card						
Credit card						
Total Medical						
Other						
Other						
Total			n/a			n/a

Monthly Expenses

Account	Applicant	Co-Applicant	Total
Rent			
Utilities			
Insurance			
Child Care			
Internet Service			
Cell Phone			
Land Line			
Business Expense			
Union Dues			
Other			
Other			
Other			
Total			

11. DECLARATIONS

Please check the box 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. 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
If you answered "yes" to any question a through e , or "no" to question f , please explain on a separate sheet 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-interest/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. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>Birth Date: ____/____/____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>Birth Date: ____/____/____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview

This application was taken by: <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type)
	Interviewer's Phone Number
	Interviewer's Signature Date

Combined Privacy Notice and Tennesen Warning

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read the disclosures and acknowledgements outlined below carefully.

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Habitat for Humanity program and to help Habitat for Humanity manage the program.

Depending on the type of assistance being provided, either grant or loan assistance, different disclosures apply. For grant assistance, your name and address are private data. For loan assistance, your name and address are public data. Regardless of whether you receive grant or loan assistance, the amount of assistance you receive is public data.

With both grant and loan assistance, all other data we create or collect from you, including financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals under Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both the public data and the private data may be shared with nonaffiliated third parties as permitted by law, including Habitat for Humanity of Minnesota, the Federal Home Loan Bank and Minnesota Housing Finance Agency (MHFA), and staff whose jobs require them to see it in connection with our normal operating practices.

Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Under the Privacy Act of 1974, you may refuse to provide your Social Security Number (SSN) and it will not affect your eligibility for assistance. Disclosure of your SSN for the purpose of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

Client Signature _____ Date _____

Client Signature _____ Date _____



Credit Report Authorization and Release

Authorization is hereby granted to Goodhue County Habitat for Humanity to obtain a standard factual data credit reports(s) through credit-reporting agencies chosen by Goodhue County Habitat for Humanity.

My (our) signature(s) below authorizes the release to the credit-reporting agency and Goodhue County Habitat for Humanity a copy of my credit application and authorizes the credit-reporting agency and Goodhue County Habitat for Humanity to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, charge cards, credit unions, etc.). Authorization is further granted to the reporting agency, Goodhue County Habitat for Humanity, and lenders to use a photostatic reproduction of the authorization if necessary to obtain any information regarding the above-mentioned information such as verification of employment and verification of assets and liabilities.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Goodhue County Habitat for Humanity and any credit-reporting organization harmless in so mailing the copy requested.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

I / we certify that the information provided in this application is true and correct and specifically acknowledge and agree that verification or re-verification of any information contained in the application may be made at any time by the lender, successors and assigns, either directly or through a credit-reporting agent.

Borrower's Signature _____
Date

Social Security Number: _____

Print your full name (including middle name) _____

Co-Borrower's Signature _____
Date

Social Security Number: _____

Print your full name (including middle name) _____