



Dear Applicant(s),

Thank you for reaching out to Iberia Habitat for Humanity to be considered for a Habitat home in Iberia Parish. The first step to become a partner with Iberia Habitat for Humanity is to complete the application and gather the items listed below that pertain to you.

Please gather required documents and fill out the application as completely and accurately as possible. Failure to report correct information is considered **fraud** and will be grounds for disqualification. All information will be kept confidential. Applicants will need to supply copies (NOT originals) of all the following documents, if applicable, with their application:

1. **IDENTIFICATION**
  - a. Driver's License(s) or State Issued Identification for Applicant(s).
  - b. Social Security Card(s) of Applicant(s)
2. **PROOF OF INCOME** (all that apply to the Applicant and Co-Applicant)
  - a. Check stubs covering the last 2 months
  - b. Social security award letter
  - c. Disability award letter
  - d. Retirement pension letter
  - e. Food stamp letter
  - f. **Employment Verification Form** completely filled out for Applicant and Co-Applicant.
  - g. Any other information that establishes your current income.
3. **LAST 2 BANK STATEMENTS FOR ALL BANK ACCOUNTS** (all that apply to the Applicant and Co-Applicant)
4. **PREVIOUS 2 YEARS TAX RETURNS**
  - a. Form 1040 & W-2's
  - b. U.S. Federal Income Tax Return transcripts
  - c. If self-employed, bring copies of two years' tax returns and a year to date Profit & Loss Statement
5. **CREDIT REPORT FEE**
  - a. \$39.95 \*Application will not be processed without appropriate funds.
  - b. Please submit a MONEY ORDER made payable to Iberia Habitat for Humanity
  - c. Iberia Habitat for Humanity in association with Louisiana State Habitat will pull a credit report. Credit reports from outside sources are not acceptable as a substitute for the tri-merge credit report required by Iberia Habitat for Humanity/Louisiana State Habitat.
6. Two most recent rent receipts with **Landlord Contact Information**. TOP Portion completed ONLY.
7. Signed **Release Authorization Form** completely filled out by Applicant and Co-Applicant.
8. **Partner / Volunteer Information Sheet**
9. Signed **Legal Advisory / Privacy Statement and Notice**
10. **Information for Government Monitoring Purposes** Worksheet
11. Completed and Signed **Application to Homeownership Program**



*We are pledged to the U.S. policy for the achievement of equal housing opportunity. We support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, age, religion, sex, handicap, marital or familial status, income source, national origin, sexual preference, or exercising the right to federal credit protection.*



# Iberia Habitat for Humanity

Strength • Stability • Self-Reliance

Iberia Habitat for Humanity is a Christian housing ministry financed through private donations and utilizing volunteer labor. Homes are sold to Habitat homebuyers for no profit and financed by Iberia Habitat with an affordable mortgage loan.

## Need

Applicant(s) has a current housing need as determined by the condition of current shelter, housing cost, or neighborhood safety.

## Ability to Pay

Since you will actually be buying your house from Iberia Habitat, you must demonstrate your ability to pay the monthly mortgage disbursement. The payment will include not only the mortgage disbursement, but the payment for real estate taxes, insurance and alarm service. The loans through Iberia Habitat for Humanity are currently NO interest loans.

An Applicant must make a percentage of the \*Annual HUD defined Median Family Income to qualify. This is just the base guideline for qualification but does not mean a family becomes an automatic partner with Iberia Habitat. Applicant income must be sufficient to cover basic living expenses plus the monthly mortgage of the home. **Debt to Income** ratio will be calculated based on an applicant's gross income, house expenses and total cost of living. Additionally, an applicant must have an acceptable credit history and an income that will not stop or decrease if the applicant owns a home.

### 2018 HUD Income Guidelines Iberia Parish, Louisiana

(Website for qualification specifications is: <https://www.huduser.gov/portal/datasets/il.html>)

1 person:	\$15,400.00*- \$32,300.00	*adjusted for affordable housing
2 people:	\$16,460.00- \$36,900.00	
3 people:	\$20,780.00- \$41,500.00	
4 People:	\$25,100.00- \$46,100.00	
5 People:	\$29,420.00- \$49,800.00	
Etc.		

As per the rules and regulations established by the Louisiana State Support System, a down payment is required on your home and due at closing.

## Residency:

- You must have lived in Iberia Parish for at least one year.
- You must be a legal resident of the United States of America.

## Willingness to Participate as a Partner with Habitat

- When selected, you become a "partner family". As a partner family you will be responsible for up to 500 hours of sweat equity.
- Applicant completes the Habitat Affordable Housing program application requirements including a home visit and interview.
- Applicant agrees to disclose financial and personal information, including employment verification, tax returns, etc.
- Applicant agrees to assume full maintenance responsibility and repairs of home after occupancy
- Applicant agrees to make mortgage payments each month for the duration of the mortgage loan.

If your family, or a family you know, is in need of decent, affordable housing, please check our website: [www.iberia-habitat.org](http://www.iberia-habitat.org). You may also contact the office through our e-mail: [info@iberia-habitat.org](mailto:info@iberia-habitat.org).



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## PLEASE NOTE

A \$39.95 money order (or exact cash) must be submitted to the office WITH your completed application.

This, however, DOES NOT guarantee selection as a partner-family. This amount helps offset administrative costs associated with processing your application and accessing other resources, such as your credit report.

Our Family Selection committee will not be able to process your application without recent credit reports.

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PLEASE DO NOT WRITE BELOW THIS LINE- FOR OFFICE USE ONLY

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Name: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Money Order: \_\_\_\_\_ Cash: \_\_\_\_\_



# Iberia Habitat for Humanity

## Affordable Homeownership Application

*Strength, Stability, Self-Reliance and Shelter.*



This is an application for Iberia Habitat for Humanity's Homeownership Program. Please fill out this application as completely and accurately as possible. All information submitted will be kept confidential.

### APPLICANT INFORMATION

**Applicant:** The Applicant would be owner of the Habitat home and would be responsible for the mortgage loan.

1. Applicant's Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Maiden Name or Another Name that may have been previously used: \_\_\_\_\_
2. Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Number of years at this address: \_\_\_\_\_ If less than 2 yrs., list previous address below:  
 (No P.O. Boxes) Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Best way to contact you:  Cell  HomePhone  Email
6. Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_
7. Marital Status:  Married  Legally separated  Divorced  Unmarried
8. Are you a Veteran?  Yes  No Branch? \_\_\_\_\_ 9. Have you ever owned a home?  Yes  No
10. Disabled?  Yes  No Special Modifications: \_\_\_\_\_

**Co-Applicant (if applicable):** The Co-applicant would be co-owner of the Habitat home and would have joint responsibility for the Habitat mortgage. If you are married and **not** legally separated, your spouse must be listed as co-applicant.

1. Co-applicant's Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Maiden Name or Another Name that may have been previously used: \_\_\_\_\_
2. Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Number of years at this address: \_\_\_\_\_ If less than 2 yrs., list previous address below:  
 (No P.O. Boxes) Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Best way to contact you:  Cell  Home Phone  Email
6. Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_
7. Marital Status:  Married  Legally separated  Divorced  Unmarried
8. Are you a Veteran?  Yes  No Branch? \_\_\_\_\_ 9. Have you ever owned a home?  Yes  No
10. Disabled?  Yes  No Special Modifications: \_\_\_\_\_

## HOUSEHOLD INCOME

*You must have enough regular, reliable income to afford a monthly mortgage payment. If anyone is 18+, currently employed and will be living in the home with you, please tell us about their job(s) on an additional sheet of paper.*

**APPLICANT EMPLOYMENT STATUS:**

Employed       Unemployed       Retired  
 Disabled       Other

**WAGES:** Please provide 2 years of work history, starting with your current job and working backward.

**1. Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Gross Wages (before taxes): \_\_\_\_\_

Wages paid:  Daily  Weekly  Every Two Weeks  Twice a month  Monthly

**2. Prior Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Gross Wages: \_\_\_\_\_

Wages paid:  Daily  Weekly  Every Two Weeks  Twice a month  Monthly

**3. Prior Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Gross Wages: \_\_\_\_\_

Wages paid:  Daily  Weekly  Every Two Weeks  Twice a month  Monthly

**Other Income: Does anyone in the home receive any of the following?**

**Social Security, SSI, Disability:**

Who? \_\_\_\_\_ Amt.\$ \_\_\_\_\_ How many more years? \_\_\_\_\_

Who? \_\_\_\_\_ Amt.\$ \_\_\_\_\_ How many more years? \_\_\_\_\_

Who? \_\_\_\_\_ Amt.\$ \_\_\_\_\_ How many more years? \_\_\_\_\_

Who? \_\_\_\_\_ Amt.\$ \_\_\_\_\_ How many more years? \_\_\_\_\_

**Food Stamps:** Who? \_\_\_\_\_ Amt.\$ \_\_\_\_\_

**Pension:** Who? \_\_\_\_\_ Amt.\$ \_\_\_\_\_

**Other:** Who? \_\_\_\_\_ Amt.\$ \_\_\_\_\_

**Alimony, child support, or other maintenance payments.**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Amt.\$ \_\_\_\_\_ monthly

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Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Amt.\$ \_\_\_\_\_ monthly

**Alimony or other maintenance payments:** Who? \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**HOUSEHOLD INCOME**

**CO-APPLICANT EMPLOYMENT STATUS:**

\_\_\_\_ Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired  
\_\_\_\_ Disabled \_\_\_\_\_ Other

**WAGES:** Please provide 2 years of work history, starting with your current job and working backward.

**Current Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Gross Wages (before taxes): \_\_\_\_\_  
Wages paid: \_\_\_ Daily \_\_\_ Weekly \_\_\_ Every Two Weeks \_\_\_ Twice a month \_\_\_ Monthly

**Prior Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Gross Wages: \_\_\_\_\_  
Wages paid: \_\_\_ Daily \_\_\_ Weekly \_\_\_ Every Two Weeks \_\_\_ Twice a month \_\_\_ Monthly

**Prior Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Gross Wages: \_\_\_\_\_  
Wages paid: \_\_\_ Daily \_\_\_ Weekly \_\_\_ Every Two Weeks \_\_\_ Twice a month \_\_\_ Monthly

**DEPENDENTS AND OTHERS IN THE HOUSEHOLD**

1. Name: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

4. Name: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

2. Name: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

5. Name: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

3. Name: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

6. Name: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Do you have custody of all of the children who will live in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DEPENDENTS AND OTHERS IN THE HOUSEHOLD Continued**

Are there any non-dependents who will be living in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Age: \_\_\_\_\_

**Failure to report correct information is considered fraud and will be considered grounds for disqualification.**

**ASSESTS: Applicant / Co-Applicant**

Do you own any of the following?

	Value		Value
Bank Account (checking) <input type="checkbox"/> Yes <input type="checkbox"/> No		Cash <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Account (savings) <input type="checkbox"/> Yes <input type="checkbox"/> No		Stocks <input type="checkbox"/> Yes <input type="checkbox"/> No	
House/Building <input type="checkbox"/> Yes <input type="checkbox"/> No		Retirement /401k/IRA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CLOSING COSTS**

Closing costs can range between \$700.00 to \$3,000.00. If you are accepted, you will be required to save *at least* \$60.00 monthly for closing costs and **submit proof** of savings. Where do you plan to get this money? (Example: wages, gift, tax refund, etc.)

**DEBTS: Please list any debt/loan accounts you or the co-applicant currently have.**

**Credit Cards**

Company Name	Balance	Required Monthly Payment	Past-due ?
1.			
2.			
3.			
4.			

**Vehicle Loans**

Company Name	Balance	Required Monthly Payment	Past-due ?
1.			
2.			
3.			

**Medical Bills**

Company Name	Balance	Required Monthly Payment	Past-due ?
1.			
2.			

**DEBTS CONTINUED****Student Loans**

Company Name	Balance	Required Monthly Payment	Past-due ?
1.			
2.			

**Pay Day Loans**

Company Name	Balance	Required Monthly Payment	Past-due ?
1.			
2.			
3.			

**Collections/Judgments**

Company Name	Balance	Required Monthly Payment	Past-due ?
1.			
2.			

**Other**

Company Name	Balance	Required Monthly Payment	Past-due ?
1.			
2.			

**HOUSEHOLD**

List the names of people who would live in your Habitat home, if you are approved.

Name	Birth Date	Male/Female	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			

**PRESENT HOUSING**

Where do you currently live?  House  Apartment  Trailer  Living with others  Homeless  Other \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ How long have you lived at this location? \_\_\_\_\_

Do you pay rent?  Yes  No If yes, how much per month? \_\_\_\_\_

**If you rent, please list your current landlord information:**

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_



**PRESENT HOUSING CON'T**

Do you own your current home?  Yes  No      If you own your home, do you have a mortgage balance? \$ \_\_\_\_\_

Do you own land?  Yes  No      What is the value of your home and/or land? \$ \_\_\_\_\_

Address of property: \_\_\_\_\_

Size of Property: (Dimensions) \_\_\_\_\_ Is there a mortgage on the property?  Yes  No

Monthly Payment: \$ \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

Have you lost a home or land due to foreclosure?  Yes  No      If yes, what date did this happen?

**REQUIRED:** Describe the condition of your current home and list the reasons why you believe you need a Habitat house. Attach a separate letter if you need extra space.

Empty space for describing the condition of the current home and reasons for needing a Habitat house.

**DECLARATIONS**

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Do you have any court-ordered debt payments, judgements, or liens?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you declared bankruptcy in the past 7 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chapter 7 or Chapter 13? _____ Date of Discharge _____		
Are you currently involved in a lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a co-signer on anyone else's loan or note?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a U.S. permanent resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

The answers to these questions will not necessarily disqualify you. If you are not a US citizen/permanent resident or answered "yes" to questions above, please write an explanation in the space below.

Empty space for providing an explanation if applicable.

**MARKETING INFORMATION**

How did you hear about Iberia Habitat for Humanity's Affordable Homeownership Program?

- Friend
- Board Member
- Newspaper/Magazine
- Sign
- Radio
- TV
- Another Agency

**AUTHORIZATION AND RELEASE OF INFORMATION**

I understand that by filing an Affordable Homeownership Program application with Iberia Habitat for Humanity, I am authorizing Iberia Habitat for Humanity to evaluate my need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a full partner in Habitat’s Affordable Homeownership Program. I understand that the evaluation may include, but is not limited to, **personal visits, credit checks, rent verification, employment verification, criminal background checks, and sex offender registry checks.**

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 approved to participate in the homeownership program, I may be disqualified from the program.

I also understand that my signature on this application gives Iberia Habitat for Humanity, and its partners, permission to use photographs of me and my household, as well as my bio in appropriate publications.

The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

By signing this statement, I am submitting to such inquiries, allowing the release of my personal information to Lafayette Habitat for Humanity, and certifying that all information submitted on this application is accurate and complete.

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Signature Date Co-Applicant Signature Date

**If this application was completed by someone other than the applicant/co-applicant, please supply the following information:**

This information was taken by:  Face-to-face interview  Mail  Telephone  Internet  Other \_\_\_\_\_

Interviewer’s Name Interviewer’s Organization:

Interviewer’s Phone: Interviewer’s Signature: X Date:



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## INCOME & EXPENSES WORKSHEET

		<b>NOTE: You must list income from <u>all</u> household members age 18+</b>		
<b>MONTHLY EXPENSES</b>	Average amount you pay each month:	<b>MONTHLY INCOME</b>	Average amount you receive each month:	Will this income end? If yes, when?
Rent/Mortgage:	\$	Full Time Job #1:	\$	
Auto Loan Payment:	\$	Full Time Job #2:	\$	
Credit Card Payment:	\$	Part Time Job #1:	\$	
Student Loan Payment:	\$	Part Time Job #2:	\$	
Other Loan Payment:	\$	Social Security:	\$	
Child Support Payment:	\$	SSI:	\$	
Auto Insurance:	\$	Disability:	\$	
Life Insurance:	\$	TANF:	\$	
Health Insurance:	\$	Alimony/Child Support:	\$	
Utilities (electric, gas, water, trash):	\$	SNAP/Food Stamps:	\$	
Phone Bill:	\$	Retirement:	\$	
Internet & TV:	\$	VA Benefits:	\$	
Gasoline/Transportation:	\$	Other: _____	\$	
Child Care:	\$	Other: _____	\$	
Food:	\$	Other: _____	\$	
Medical Bills/Medication:	\$	Other: _____	\$	
Other: _____	\$	Other: _____	\$	
Other: _____	\$	Other: _____	\$	
Other: _____	\$	Other: _____	\$	
<b>Total Expenses:</b>	\$ _____	<b>Total Income:</b>	\$ _____	



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**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 race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Race/National Origin:</b>	<b>Race/National Origin:</b>
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American <input type="checkbox"/> Other
<b>Ethnicity:</b>	<b>Ethnicity:</b>
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Sex:</b>	<b>Sex:</b>
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Birthdate:</b> _____ / _____ / _____	<b>Birthdate:</b> _____ / _____ / _____
<b>Marital Status:</b>	<b>Marital Status:</b>
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by:

Face-to-face interview

By Mail

By Telephone

Interviewer's Name (print or type) \_\_\_\_\_

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Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Interviewer's Phone Number: \_\_\_\_\_



## RELEASE AUTHORIZATION FORM

I/We authorize **Iberia Habitat for Humanity/Louisiana State Habitat/Habitat for Humanity International** and/or its representatives or staff to request and receive information required to verify credit history, employment and income. This includes permission to obtain a report of my/our credit history, employment, and income as required to complete the application for services through Iberia Habitat for Humanity, Inc.

**APPLICANT**

SS# \_\_\_\_\_

**CO-APPLICANT**

SS# \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Release Signed

\_\_\_\_\_  
Date Release Signed

\_\_\_\_\_  
Date of Birth MM/DD/YYYY

\_\_\_\_\_  
Date of Birth MM/DD/YYYY

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address, if different

\_\_\_\_\_  
Mailing Address, if different

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City, State Zip

**\*\*If you have been at the present address for less than two years, please provide your previous address below.**

**\*\*If you have been at the present address for less than two years, please provide your previous address below.**

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip



## Employment Verification

**\*\* Applicant:** Please fill out the top portion, including company name, and sign. Return to IBERIA HABITAT. Not your employer. \*\*

Date of Request: \_\_\_\_\_  
 Regarding: \_\_\_\_\_  
 (Applicant Name)  
 \_\_\_\_\_  
 (Applicant Street Address)  
 \_\_\_\_\_  
 (City, State, Zip)

Requested by: Iberia Habitat for Humanity  
 117 Jefferson Street  
 PO Box 10726  
 New Iberia, LA 70562

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

I/We authorize the release of the following information to Iberia Habitat for Humanity, Inc. for use in determining eligibility for the Habitat Homeownership Program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Attention: Personnel Department

- |  |   |
|--|---|
| 1. Date of Employment: _____                                   | 2. Present Position: _____  |
| 3. Amount of Current Base Pay: \$ _____                        | <input type="checkbox"/> Annually <input type="checkbox"/> Per Hour |
| 4. Scheduled Hours per Week: _____                             |   |
| 5. Earnings: \$ _____ calendar year to date                    | \$ _____ last calendar year   |
| 6. Does this person regularly receive overtime or bonuses?     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| If yes, average number of hours per month? _____               |   |
| If yes, bonus type, payment schedule and average amount? _____ |   |

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to Iberia Habitat for Humanity, Inc. and is not to be transmitted through the applicant or any other party.



## Employment Verification

**\*\*Co-applicant:** Please fill out the top portion, including company name, and sign. Return to IBERIA HABITAT. **Not your employer. \*\***

Date of Request: _____	Requested by: Iberia Habitat for Humanity
Regarding: _____	117 Jefferson Street
(Co-applicant Name)	PO Box 10726
_____	New Iberia, LA 70562
(Co-applicant Street Address)	Company Name: _____
_____	Company Address: _____
(City, State, Zip)	_____
	Type of Business: _____

I/We authorize the release of the following information to Iberia Habitat for Humanity, Inc. for use in determining eligibility for the Habitat Homeownership Program.

Applicant Signature _____	Date _____
---------------------------	------------

### Attention: Personnel Department

1. Date of Employment: _____	2. Present Position: _____
3. Amount of Current Base Pay: \$ _____	<input type="checkbox"/> Annually <input type="checkbox"/> Per Hour
4. Scheduled Hours per Week: _____	
5. Earnings: \$ _____ calendar year to date	\$ _____ last calendar year
6. Does this person regularly receive overtime or bonuses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, average number of hours per month? _____	
If yes, bonus type, payment schedule and average amount? _____	

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Title: \_\_\_\_\_

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to Iberia Habitat for Humanity, Inc. and is not to be transmitted through the applicant or any other party.



## Landlord Authorization

*Applicant/Co-applicant please fill out top portion only.*

Name of Landlord: \_\_\_\_\_

Landlord Phone Number: ( ) \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

Street

City

State, Zip

I (we) authorize the release of the following information to Iberia Habitat for Humanity for use in determining eligibility for the Habitat homeownership program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

To Whom It May Concern:

The above-named person(s) has applied for housing through the Iberia Habitat for Humanity homeownership program and has given us written permission to contact you for a landlord reference. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated. A self-addressed, stamped return envelope is enclosed. Thank you for your assistance.

Sincerely,

L. Babin

Executive Director

Iberia Habitat for Humanity

Applicant's payment history (circle one):

Excellent

Satisfactory

Unsatisfactory

Rental period (give dates): From \_\_\_\_\_ to \_\_\_\_\_

Amount of monthly rent: \$ \_\_\_\_\_

Any further comments: \_\_\_\_\_

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

Name and title: \_\_\_\_\_

*The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to Iberia Habitat for Humanity and is not to be transmitted through the applicant or any other party.*





## Iberia Habitat for Humanity Privacy Statement and Notice

At Iberia Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, 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, 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 or others; and
- 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 your name, address, social security number, assets, income etc.
- Information about your transactions with us or others such as your loan balance, payment history, etc. and
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history.

Iberia 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, government entities, or other subsidy providers; and other entities if applicable.

Should you have any questions of concerns, you may call Iberia Habitat for Humanity Inc. at 337-367-3083.

Sincerely,

*Board of Directors*  
Iberia Habitat for Humanity



Iberia Habitat for Humanity  
Legal Advisory / Privacy Statement and Notice

To Whom It May Concern:

The information included in your application concerning Iberia Habitat for Humanity's Privacy Statement and Notice complies to the Gramm-Leach-Bliley Act. This Act requires Affiliates to provide initial and annual privacy notices to certain applicants and borrowers, as well as regulates the way in which Affiliates maintain and disclose to third parties the personal information covered by the Act.

Please sign and return with your application stating that you received a copy of Iberia Habitat for Humanity's Privacy Statement and Notice. *\*We cannot process your application until we receive this signed notice of our Privacy Policy\**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Thank you,

*Board of Directors*

Iberia Habitat for Humanity

**Return**



## Partner / Volunteer Information Sheet

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Please indicate your areas of interest and experience:

I= Interested                      E= Experienced                      S= Supervisor                      L= Licensed

### Construction

### Trades

\_\_\_\_\_ Remodeling  
 \_\_\_\_\_ Roofing  
 \_\_\_\_\_ Demolition  
 \_\_\_\_\_ Landscaping  
 \_\_\_\_\_ General Construction

\_\_\_\_\_ Electrical  
 \_\_\_\_\_ Plumbing  
 \_\_\_\_\_ Concrete Work  
 \_\_\_\_\_ Heating & Cooling  
 \_\_\_\_\_ Carpentry

### Misc.

\_\_\_\_\_ Drywall (Sheetrock)  
 \_\_\_\_\_ Painting / Staining  
 \_\_\_\_\_ Install Cabinets / Doors  
 \_\_\_\_\_ Flooring

\_\_\_\_\_ Build Handicap Ramps  
 \_\_\_\_\_ Cleaning  
 \_\_\_\_\_ Insulation: Knowledge / Install  
 \_\_\_\_\_ \*Other (Please specify below)

\*Any other skills, talents or trainings related to the construction / rehab projects. \_\_\_\_\_

*Please circle any days that you or your organization is available to work.*

<b>Morning:</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Afternoon:</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Evening:</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Applicant

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Co-applicant