



HABITAT FOR HUMANITY OF PIKE COUNTY, INC.

103 Delaware Crest, Dingmans Ferry, PA 18328

Phone 570-828-1623 - Fax 570-828-2346

[email hfhpc@ptd.net](mailto:hfhpc@ptd.net) www.hfhpc.org

Dear Applicant:

On behalf of the Board of Directors and all of the volunteers, I would like to thank you for your interest in Habitat for Humanity of Pike County, Inc. It is always an exciting time for us whenever we begin the process of selecting a family for our next home building project.

Enclosed, you will find an application and an instruction sheet on how to fill out this application. You must fill this out **completely**, provide all documentation requested in the instruction sheet, and return it to us promptly. Once we receive your application, I will review it for completeness and notify you if you qualify according to our eligibility requirements.

If you require any assistance in filling out this application, please call us; we will be happy to assist you. Our phone number is (570) 828-1623 or you can e-mail us at hfhpc@ptd.net.

Sincerely,

Michael McDonald

Family Selection Committee Chairman



We are pledged to the letter and spirit of the 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.

Revised Sept 2023



**HABITAT FOR HUMANITY
OF PIKE COUNTY, INC.**
103 Delaware Crest - Dingmans Ferry, PA 19328
570-828-1623 – Fax 570-828-2346
Email-hfhpc@ptd.net – www.hfhpc.org

Dear Habitat for Humanity Mortgage Applicant,

Enclosed you will find the application for a Habitat for Humanity Home mortgage which you requested. The Habitat mortgage will be at 0% interest for a period of 30 years.

Before you fill out the mortgage application, take a minute to review the following criteria for eligibility. If you do not fit the requirements, we will not be able to consider your application for a Habitat home.

Eligibility Requirements:

1. You must currently be and have been residing or working in Pike County for a period of no less than one year.
2. You must demonstrate a need for housing.
3. You must agree to partner with us by performing a minimum of 200 hours sweat equity towards the building of your home or other related tasks.
4. You must have a total household gross income that falls within the range of 30% to 80% of the local median income, with some adjustments for large families (see chart below); and have the ability to pay a monthly mortgage and escrow payment.

Pike County’s Median Income in 2022 is \$76,416.

Family size	1 to 2	3	4	Each additional member
Minimum (30% of area median income)	\$22,925	\$24,425	\$25,925	add \$1500
Maximum (80% of area median income)	\$61,133	\$62,633	\$64,133	add \$1500

If you fit the eligibility requirements and would like to apply for a Habitat home, please complete the enclosed application and return it to us with the requested verification as soon as possible. Please make sure that we have a current telephone number for you at all times so that we can contact you.

If you have any questions or need further information, please do not hesitate to call the Habitat office at (570) 828-1623. Please leave a message if I am not in the office when you call. I will return your call as soon as I return.

Sincerely,
Barbara Hupfer
Associate Executive Director



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APPLICATION INSTRUCTIONS

Please print or type all information required in this application. If additional space is need, please use a separate piece of paper and attach it to the application.

Section 1. APPLICANT INFORMATION

Please complete this section. Include applicant's and co-applicant's name (if applicable), social security number, home phone, age and marital status.

List dependents- first and last name. Please list dependents once if they are the same for both the applicant and co-applicant.

List your current address (street, city, state, zip code). Please include your mailing address if it is different from your street address. Also include the development name (if applicable).

List the number of years you have lived at your current address. List your previous address if you have lived at your current address less than 2 years.

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

Section 3. WILLINGNESS TO PARTNER

Please read and complete this section by checking off the approximate box(s).

Section 4. PRESENT HOUSING CONDITIONS

Please circle the number of bedrooms in your present home. Check the approximate boxes listing the other rooms where you are currently living. Include your current rent payment and the name, address and phone number of your landlord.

Describe the condition of the house or apartment where you currently live (your need for a Habitat home).

Section 5. PROPERTY INFORMATION

To be completed only if you own your home.

Section 6. EMPLOYMENT INFORMATION

List the name, address and phone number for the applicant's and co-applicant's current employer, number of years at this job, monthly (gross) wages, the type of business, and the business' phone number.

If you are working at your present job for less than one year, please list the name, address and phone number of the applicant's and co-applicant's last employer, number of years at this job, monthly (gross) wages, the type of business, and the business' phone number.

Section 7. MONTHLY INCOME

List the total base employment income for the applicant and the co-applicant. (The **base** salary is your total gross pay **before** income **taxes** and Social Security and Medicare **taxes** are withheld, so it's not the amount you'll actually take home). List the total AFDC/TANF (cash assistance), food stamps, alimony, child support, social security, SSI, disability, section 8 housing, and any other income received.

The bottom box is a summary of the information listed above. Please list the applicant's name, income source, monthly income, and date of birth. Do the same for the co-applicant and all others in the household. Please list each household member separately. If additional space is need, please use a separate piece of paper and attach it to the application.

If the applicant or co-applicant is self-employed you may be required to provide additional documentation (tax returns/financial statements).

Section 8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

List where the applicant and co-applicant will be getting the money to pay the down payment and the closing costs. If borrowing, explain how and from whom. The current closing costs due at or before the closing date are \$2,000.

Section 9. ASSETS

List the applicant's and co-applicant's banking, savings and loan, credit union, etc, accounts.

Section 10. DEBT

List to whom the applicant and co-applicant owe money.

List the applicant's and the co-applicant's monthly payment, unpaid balance, and months left to pay on any motor vehicle, boat, furniture, appliance, TVs (includes rent-to-own), alimony, child support, credit card(s), total medical expenses, and any other debts.

List all monthly expenses for the applicant and co-applicant that you did not list on the first debt section. This includes, but is not limited to: rent, utilities, insurance, child care, internet service, cell phone, household phone (land line), business expenses, union dues, and other monthly expenses (school lunch, student loans, child support, gasoline costs, cable TV, etc).

Section 11. DECLARATIONS

Please check the boxes that apply to the applicant and co-applicant. If you answer "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.

Section 12. AUTHORIZATION AND RELEASE

Please carefully read, sign and date the application.

By signing this section, you are stating that you agree to personal visits, a credit check, employment verification, to be screened on the sex offender registry, and to be submitted to a criminal background check. Also, you are stating that if questions were not answered truthfully, the application may be denied and that even if you have already been selected to receive a Habitat home, you may be disqualified from the program and forfeit any rights or claims to a Habitat home.

Section 13. RIGHT TO RECEIVE COPY OF APPRAISAL

Please carefully read and have the applicant and co-applicant sign their name.

Section 14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read the statement before completing the box for the applicant and co-applicant. You are not required to furnish this information, but are encouraged to do so.

The box at the bottom is to be completed by the person conducting the interview- please ignore.

Documentation Checklist

Please attach copies (no originals) of the following documents to your application. We can make copies for you in the office with an appointment.

Income

Check stubs (last 3 months)
Tax Returns (last 3 years if self-employed)
SSI (if applicable)
Social Security (if applicable)
Disability (if applicable)
Workman's Compensation (if applicable)
AFDC/TANF (if applicable)
Food Stamps (if applicable)
Child Support (if applicable)
Alimony (if applicable)
Other

Expenses

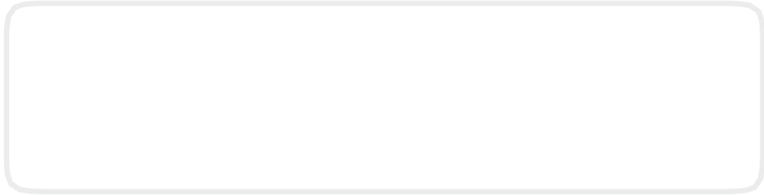
Utilities:
Gas/Propane
Electric
Telephone
Cell Phone
Internet
Car Payments
Insurance (Auto, Home, Life, etc)
Credit Cards
Mortgage Payments (if applicable)
Other

Please Note: If you require help in completing this application, please call us and we will happily assist you in any way we can.

Thank you for your interest in Habitat for Humanity of Pike County.



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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 _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security number _____ Home phone _____ Age _____ <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 co-applicant)																																																
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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 you have lived at your 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 _____	Present 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	
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 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.

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"/>

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 canceled 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 \$ _____ 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	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
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	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

8. 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 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	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

Subject to verification through credit check on each applicant.

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
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside 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?	<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 seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven 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. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<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 paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. 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 h, or "no" to question i, 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 an affordable 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 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.

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.

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. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan 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 _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

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

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) <hr/> Interviewer's signature Date <hr/> Interviewer's phone number

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 FTC Regional Office for the East Central Region, Federal Trade Commission, 1111 Superior Ave., Suite 200, Cleveland, OH 44114-2507 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 _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Email: _____

Email: _____