



12 Circle Way  
Lake Jackson, TX 77566  
(979) 285-2800 Main Office  
(979) 285-0090 ReStore  
HFHSBC@Gmail.Com

Application Period January 1 to May 31, 2025

Incomplete applications will not be considered. Complete applications must be submitted by the application deadline **January 31, 2025**. Completed applications can be submitted several ways.

- Dropped off at the ReStore when open
- Dropped into the Restore "Night Drop"

Habitat for Humanity SBC ReStore

12 Circle Way, Lake Jackson, Texas 77566

- Mailed to 12 Circle Way, Lake Jackson TX 77566 Post marked by January 31, 2025

How did you hear about Habitat for Humanity?

\_\_\_\_\_

Do you know anyone with a Habitat home, if so where are they located? \_\_\_\_\_



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## Application for Homeownership

Thank you for your interest in becoming a Habitat homeowner. Please read the following information about the SBC Habitat for Humanity homeownership program. If our program sounds like something you would be interested in, an Initial Application Reviewer will fully explain the information below and assist you in completing the attached application. Please return the application to the Habitat office listed on the form.

**The Habitat for Humanity homeownership program is unique. It is based on our core principles:**

- A. Habitat for Humanity is an ecumenical Christian housing ministry.
- B. Habitat is a partnership—not a charity. Habitat provides a "hand up -- not a handout," which promotes an atmosphere of partnership with volunteers and homeowners. We are not a giveaway program. Each family has partnership responsibilities.
- C. Habitat homes are sold under the terms of no-profit construction and no-interest mortgages. Habitat house payments also include taxes and insurance. The payments may increase over time with the increase in taxes and insurance.
- D. Homeowners are selected using criteria that do not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin. All applicable federal and state laws regarding mortgage lending are followed. Our selection criteria are:
  - a. You must have a need for adequate housing. Inadequate housing includes poor physical condition of current housing, overcrowding, unsafe or unsanitary conditions, dislocated as a result of a natural disaster such as a hurricane, living with friends or family temporarily, and/or paying too much for rent. You must also be unable to purchase a home through conventional means.
  - b. Family income must fall within our current guidelines. (See attached sheet.)
  - c. You must have the ability to repay the mortgage. (This includes adequate income, credit, no liens or judgments, low level of debt, etc.)
  - d. You must have the ability to make a down payment equivalent to first year's insurance costs (house, contents, wind and flood) and 2 months escrow.
  - e. You must be willing to partner with Habitat through sweat equity. (Sweat equity includes families helping to build their own homes and the homes of others. It also includes the completion of required Financial Literacy and Homeownership Classes.)

## Family Income Guidelines

Household Size	Minimum Gross	Maximum Gross
1 Person	\$23,390	\$62,400
2 Person	\$26,640	\$71,300
3 Person	\$30,070	\$80,200
4 Person	\$33,420	\$89,100
5 Person	\$36,090	\$96,250
6 Person	\$38,760	\$101,400
7 Person	\$41,440	\$110,500
8 Person	\$44,110	\$117,650

Please note that family income includes the following:

1. Income from applicant (or applicants) that will live in the household. 2. Income received from wages, TANF, food stamps, SSI, Social Security, Court Ordered Child Support Payments, Veteran's Benefits, and any other benefits received in addition to employment may be considered.

### Privacy Statement and Notice

At Habitat for Humanity SBC, 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.



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## Application for Home Ownership

Please print. Make sure you keep a copy of all parts of the application for your records.

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

Co-applicant Name (if any): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-applicant Home Phone: \_\_\_\_\_ Co-applicant Cell Phone: \_\_\_\_\_

Co-applicant Email Address: \_\_\_\_\_

Please circle YES or NO.

- |  |     |    |
|--|-----|----|
| 1. Have you or the co-applicant ever been convicted of a felony?             | YES | NO |
| 2. Do you or the co-applicant currently have a lien or judgment against you? | YES | NO |
| 3. Are you willing to live in the HFHSBC service area?                       | YES | NO |

To the best of my knowledge, after reviewing the attached information sheets and answering these questions, I believe I meet all the selection requirements and may qualify for a Habitat application.

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

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the best of my knowledge, after reviewing the attached information sheets and answering these questions, I do NOT believe I meet all the selection requirements at this time. I realize that I may reapply if my circumstances change. Please add me to the email notifications when application period are open in the future.

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

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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.



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## Credit Report Authorization Form Applicant

I authorize Habitat for Humanity of Southern Brazoria County to request a detailed credit report as part of the application process for home ownership. Texas Dow Employees Credit Union may be the entity to run the report for HFHSBC. I further authorize TDECU to release a complete copy of my credit report to HFHSBC and in no way hold either party responsible for any information obtained or disclosed.

Print Full Name (applicant): \_\_\_\_\_

Social Security # (applicant): \_\_\_\_\_

Date of Birth (applicant): \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Residential Address (If less than 2 years ago):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Authorization

Signature (applicant) \_\_\_\_\_ Date \_\_\_\_\_



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## Credit Report Authorization Form Co-Applicant

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Print Full Name (co-applicant): \_\_\_\_\_

Social Security # (co-applicant): \_\_\_\_\_

Date of Birth (co-applicant): \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Residential Address (If less than 2 years ago):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Authorization

Signature (applicant) \_\_\_\_\_ Date \_\_\_\_\_



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## Request for Landlord Reference

(Previous Landlord Reference required if at this address less than one year)

Applicant or Family's Name: \_\_\_\_\_

I have applied for housing through the Habitat for Humanity SBC program. Habitat for Humanity is a non-profit ecumenical Christian housing ministry that seeks to partner with families to build adequate affordable housing that is sold to the family without profit or interest. All information is kept confidential. We sincerely appreciate your help in providing this information.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Apartments \_\_\_\_\_ Name of

Property Manager/Owner Name \_\_\_\_\_

Property Address \_\_\_\_\_

Phone \_\_\_\_\_

### Applicant's Rental History (NOT to be completed by applicant)

Rental Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Amount of Rent: \$ \_\_\_\_\_ per month

Payment History:	Excellent	Satisfactory	Unsatisfactory
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Care of Property:	Excellent	Satisfactory	Unsatisfactory
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Additional Comments: \_\_\_\_\_

Landlord/Owners' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Habitat for Humanity SBC, 12 Circle Way, Lake Jackson, Texas 77566 or email

[HFHSBC@Gmail.com](mailto:HFHSBC@Gmail.com)



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## Consent and Release for Criminal & Sexual Misconduct Background Check

### Applicant

I, \_\_\_\_\_ the undersigned, authorize Habitat for Humanity of Southern Brazoria County ("HFHSBC") to conduct, or cause to be conducted, an investigation of my criminal arrest and conviction record, if any, as a part of HFHSBC's determination of my eligibility to participate in the Family Selection process. In exchange for HFHSBC's consideration of my participation in the Family Selection process, I hereby release HFHSBC, its officers, directors, shareholders, trustees, committee members, employees, and/or agents from any and all claims, causes of action, and/or liability arising out of or in connection with the criminal background investigation which I authorize above, or any information obtained pursuant thereto.

Have you ever been required to register as a Sexual Offender? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

I authorize Habitat for Humanity of Southern Brazoria County to request a detailed background check as a part of the screening process for home ownership.

Print full name \_\_\_\_\_

Marital Status \_\_\_\_\_ #Dependents \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Length \_\_\_\_\_

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



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Address \_\_\_\_\_ Length \_\_\_\_\_

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



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**OFFICE OF FOREIGN ASSETS CONTROL**  
**SANCTIONS LIST SEARCH**

**Habitat for Humanity SBC Consent to OFAC Sanctions List Search**

Applicant Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Any other names you have been known by: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ D/L # \_\_\_\_\_ State \_\_\_\_\_

It is the policy of Habitat for Humanity of Southern Brazoria County to comply fully and completely with all applicable governmental requirements that have been designed to prohibit and prevent both actual and potential money laundering, as well as other activities that facilitate money laundering and the funding of terrorists and/or other criminal activity, including mortgage fraud.

Habitat for Humanity of Southern Brazoria County will collect certain minimum customer identification from each prospective homeowner and potential mortgage loan applicant and compare customer identification information with government-provided lists to ensure that a consumer or customer's name does not appear on those lists.

I, \_\_\_\_\_ hereby authorize Habitat for Humanity of Southern Brazoria County and/or its agents to make investigation of the United States Department of the Treasury's Office of Foreign Assets Control's Sanction List Search for the purpose of confirming the information contained on my assessment and/or obtaining other information which may be material to my qualifications as a potential home owner. I hereby agree that my consideration for the homeownership program is conditional on the successful completion of this sanctions list search, and the falsification of information, and/or misrepresentations by omissions made by me, on any of the required documentations, may be cause for corrective action, up to and including, elimination from the homeownership program.

With regard to the foregoing disclosures, I hereby agree to release Habitat for Humanity of Southern Brazoria County, any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Habitat for Humanity of Southern Brazoria County with information it may request pursuant to this release.

Applicant: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_



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**OFFICE OF FOREIGN ASSETS CONTROL**  
**SANCTIONS LIST SEARCH**

**Habitat for Humanity SBC Consent to OFAC Sanctions List Search**

Co-Applicant Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Any other names you have been known by: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ D/L # \_\_\_\_\_ State \_\_\_\_\_

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Co-Applicant: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_



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## Required Documents

**Application and ALL required documents must be submitted at one time and before the open application period deadline January 31, 2025.**

- This application packet completed with no missing information
- Copy of birth certificate for applicant and co-applicant
- Copy of Texas Driver's License or ID and Permanent Resident Card (unexpired)
- Copy of Social Security Card for ALL Residents (including Children)
- Copy of last 2 year of income Tax Return
- Proof of Income: copies of paycheck stubs (most recent 60 days for everyone working)
- Verification of Public Assistance- copies of ALL benefits letters (TANF, FOOD STAMPS, HUD, MDCCD, ETC.)
- Bank Statement for ALL Accounts (most recent 60 days)
- Divorce Decrees
- Child Support Documentation (covering a year's worth of time)
- Benefits Statements for Social Security, SSI, SSDI VA and/or Retirement Plans (if applicable)



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# Application

## Habitat Homeownership Program



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**Dear Applicant:** Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit ☐ I am applying for individual credit.  
☐ I am applying for joint credit. Total number of borrowers: \_\_\_\_\_  
☐ Each borrower intends to apply for joint credit. Your initials: \_\_\_\_\_

### 1A APPLICANT INFORMATION

Applicant				Co-applicant			
Applicant's name: _____				Co-applicant's name: _____			
Alternative and former names: _____				Alternative and former names: _____			
Social Security number _____				Social Security number _____			
Home phone (____) _____				Home phone (____) _____			
Cell phone (____) _____				Cell phone (____) _____			
Work phone (____) _____				Work phone (____) _____			
Age _____ Date of birth (mm/dd/yyyy) _____				Age _____ Date of birth (mm/dd/yyyy) _____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)			
Dependents and others who will live with you:				Dependents and others who will live with you (not listed by co-applicant):			
Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
Number of years: _____				Number of years: _____			
If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:							
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent				Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
_____				_____			
Number of years: _____				Number of years: _____			

### 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: _____

### 1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard
- ☐ Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard

### 2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/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"/>

### 3. PRESENT HOUSING CONDITIONS

Currently, are you: ☐ Renting ☐ Rent-free ☐ Own

Number of bedrooms (please circle): 1 2 3 4 5

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Diningroom

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?

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

**If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.**

Name, address and phone number of current landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. PROPERTY INFORMATION

☐ I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

\$ \_\_\_\_\_/month Unpaid balance \$ \_\_\_\_\_

Do you own land other than your residence? ☐ No ☐ Yes  
Monthly payment (including taxes, insurance, etc.)

\$ \_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.  
**Note:** A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of <b>CURRENT</b> employer:	Start date (mm/dd/yyyy):	Name and address of <b>CURRENT</b> employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: \$		Annual (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 <b>PREVIOUS</b> employer:	Years on this job:	Name and address of <b>PREVIOUS</b> employer:	Years on this job:
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$_____			<b>PLEASE NOTE:</b> Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

6. MONTHLY INCOME				
Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
Name	Income source	Monthly income	Date of birth

## 7. 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 gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?


## 8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/ vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
					\$

## 9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$		\$	\$	
Installment (e.g., boat, personal loan)	\$	\$		\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g., credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>Total</b>	\$	\$		\$	\$	

## MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$

Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## 10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there 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 declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<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 a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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
<b>Note:</b> If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

## 11. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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.

<b>Applicant signature</b>	<b>Date</b>	<b>Co-applicant signature</b>	<b>Date</b>
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.

## 12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, 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.

<b>Applicant's name</b> _____	<b>Co-applicant's name</b> _____
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### 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
<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Origin: _____ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Origin: _____ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaska Native — Name of enrolled or principal tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — race: _____ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — race: _____ For example: Fijian, Tongan, and so on. <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaska Native — Name of enrolled or principal tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — race: _____ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — race: _____ For example: Fijian, Tongan, and so on. <input type="checkbox"/> White <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes <input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)  Interviewer's signature  
	Interviewer's phone number  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? ☐ No ☐ Yes

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: \_\_\_\_\_