



HOMEOWNERSHIP APPLICATION

Application Period: August 2026 - April 16, 2027

Thank you for your interest in Habitat homeownership. Please carefully complete the application and include all required supporting documents. We look forward to learning more about your household and your interest in partnering with Habitat.

QUESTIONS OR OFFICE APPOINTMENTS

Melissa Alexander, Executive Director

Email: HFHSBC@Gmail.com

Office: 979-285-2800

Office Location: Inside the ReStore - 12 Circle Way, Lake Jackson, Texas 77566

Our Executive Director is often out of the office at Habitat build sites, meeting with community partners, or speaking and educating others about Habitat's mission. Please call or email ahead to schedule an office appointment so we can make sure someone is available to assist you.

SUPPORT OUR MISSION THROUGH THE RESTORE

Please shop at the ReStore or drop off donated items to help support Habitat's mission and make affordable homeownership possible in our community.

ReStore Phone: 979-285-0090

ReStore Manager: Tracey Bohanna

The ReStore number may be called or texted. If Tracey is assisting customers or unable to answer, please leave a text or voicemail message and she will respond as soon as she is available.

SHOPPING & DONATION DROP-OFF HOURS	
Thursday	9:00 AM - 3:00 PM
Friday	9:00 AM - 3:00 PM
Saturday	9:00 AM - 12:00 PM

Building homes. Building hope. Building stronger communities.

HOMEOWNERSHIP APPLICATION



Thank you for your interest in becoming a Habitat homeowner. Please read the information below about our 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.



APPLICATION PERIOD:
August 2026 – April 16, 2027



OUR HOMEOWNERSHIP PROGRAM

Habitat is a partnership—not a charity. We build homes in partnership with volunteers and homeowners. It is a “hand up, not a handout.” Each family has partnership responsibilities.

Homes are sold with no-profit construction and no-interest mortgages. The total monthly payment will include escrow for property taxes and insurance.

Homeowners are selected using fair and consistent criteria. All applicable federal and state laws regarding mortgage lending are followed.

TO BE CONSIDERED, YOU MUST:



a. Have a need for better housing.

This may include poor condition, overcrowding, unsafe or unsanitary conditions, displacement from a natural disaster, living with others temporarily, or paying too much for rent.



b. Meet our income guidelines.

Your total household income must fall within our current guidelines.



c. Be able to repay the mortgage.

This includes having steady income, credit, no liens or judgments, and a manageable level of debt.



d. Be able to pay the required amounts at closing.

No down payment is required. What is required at closing of your home is 2 months of escrow payments and full insurance premium payments for the first year.



e. Be willing to partner through sweat equity.

You will help build your home and the homes of others. This includes completing required Financial Literacy and Homeownership classes.



**INCOMPLETE APPLICATIONS OR APPLICATIONS WITH MISSING
SUPPORTING DOCUMENTS WILL NOT BE REVIEWED OR CONSIDERED.**



HOW TO SUBMIT YOUR APPLICATION

Completed applications can be submitted:

- By dropping off at the ReStore when open (Thursday and Friday 9:00 AM – 3:00 PM and Saturday 9:00 AM – 12:00 PM)
- When the ReStore is closed, place your application with all supporting documents in the night drop box outside the ReStore.



MAIL OPTION

Applications with all supporting documents may also be mailed to:

ReStore
12 Circle Way
Lake Jackson, Texas 77486



**PLEASE PLACE YOUR FULL APPLICATION AND SUPPORTING DOCUMENTS
IN AN ENVELOPE TO ENSURE EVERYTHING STAYS TOGETHER.**



FAMILY INCOME GUIDELINES



APPLICATION PERIOD : AUGUST 2026 – APRIL 16, 2027

Based on your family size, 30% AMI is the minimum income for your household and 80% AMI is the maximum income.

Family Size	30% AMI Very Low Income	80% AMI Median Income
1	\$22,800	\$60,800
2	\$26,050	\$69,400
3	\$29,300	\$78,100
4	\$32,550	\$86,800
5	\$35,150	\$93,700
6	\$37,750	\$100,700
7	\$40,350	\$107,600
8	\$42,950	\$114,500

AMI = Area Median Income | MFI = Median Family Income

Income limits are set by the U.S. Department of Housing and Urban Development (HUD) and are used to determine eligibility for Habitat for Humanity homeownership programs.



APPLICANT – FULL PRINTED NAME: _____



CO-APPLICANT – FULL PRINTED NAME: _____



DEPENDENT – FULL PRINTED NAME: 1. _____



DEPENDENT – FULL PRINTED NAME: 2. _____



DEPENDENT – FULL PRINTED NAME: 3. _____



DEPENDENT – FULL PRINTED NAME: 4. _____



HOUSEHOLD FAMILY SIZE: _____



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.

APPLICATION FOR HOME OWNERSHIP

Please print on entire application except when a signature is needed.

Full Name (Applicant): First _____ Middle _____ Last _____

Full Name (Co-applicant, if any): First _____ Middle _____ Last _____

Address of Residence: _____
Street Address City State Zip Code

Mailing Address (if different): _____
Street or P.O. Box City State Zip Code

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 (Applicant): _____ Date: _____

Signature (Co-applicant, if any): _____ Date: _____

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.

CREDIT REPORT AUTHORIZATION FORM

APPLICANT

I authorize Habitat for Humanity of Southern Brazoria County (HFHSBC) to request a detailed credit report as part of the application process for home ownership. Texas Dow Employees Credit Union (TDECU) may be the entity to run the report for HFHSBC or another financial institution. I further authorize TDECU or any other financial institution 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: _____

CO-APPLICANT (If any)

I authorize Habitat for Humanity of Southern Brazoria County (HFHSBC) to request a detailed credit report as part of the application process for home ownership. Texas Dow Employees Credit Union (TDECU) may be the entity to run the report for HFHSBC or another financial institution. I further authorize TDECU or any other financial institution 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 (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 (Co-Applicant): _____ Date: _____

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 history record, if any, and any sexual misconduct record as 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 and hold harmless 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 and/or sexual misconduct background investigation which I authorize above, or any information obtained pursuant thereto.

Have you ever been required to register as a Sexual Offender? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

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

Full Legal Name (Applicant): _____
First Middle Maiden (if any) Last

Marital Status: _____ Date of Birth: _____

Social Security #: _____ Driver License Number: _____

Current Address: _____ Length of Time: _____
Street City State Zip Code

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

CO-APPLICANT (If any)

I, _____, the undersigned, authorize Habitat for Humanity of Southern Brazoria County ("HFHSBC") to conduct, or cause to be conducted, an investigation of my criminal history record, if any, and any sexual misconduct record as 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 and hold harmless 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 and/or sexual misconduct background investigation which I authorize above, or any information obtained pursuant thereto.

Have you ever been required to register as a Sexual Offender? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

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

Full Legal Name (Co-Applicant): _____
First Middle Maiden (if any) Last

Marital Status: _____ Date of Birth: _____

Social Security #: _____ Driver License Number: _____

Current Address: _____ Length of Time: _____
Street City State Zip Code

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

OFFICE OF FOREIGN ASSETS CONTROL (OFAC) SANCTIONS LIST SEARCH CONSENT

Habitat for Humanity of Southern Brazoria County

Federal law requires Habitat for Humanity of Southern Brazoria County (HFHSBC) to comply with regulations on money laundering, fraud, and other prohibited financial activity. As part of the homeownership application process, HFHSBC may verify your identity and compare your information with government lists, including the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) sanctions lists.

By signing below, I authorize HFHSBC and/or its authorized agents to conduct an OFAC sanctions list search and verify information necessary to determine my eligibility for the homeownership program. I understand that providing false, incomplete, or misleading information may affect my eligibility.

I authorize HFHSBC to obtain and use information reasonably necessary to complete this verification and release HFHSBC and the entities providing this information from any liability arising from the lawful release or use of this information.

APPLICANT

Full Legal Name (First, Middle, Last): _____

Maiden Name (if applicable): _____

Any Other Names Used: _____

Current Residential Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Driver License Number: _____ Driver License State: _____

Applicant Signature: _____ Date: _____

CO-APPLICANT (If any)

Full Legal Name (First, Middle, Last): _____

Maiden Name (if applicable): _____

Any Other Names Used: _____

Current Residential Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Driver License Number: _____ Driver License State: _____

Co-Applicant Signature: _____ Date: _____

REQUEST FOR LANDLORD REFERENCE

(Previous landlord reference is required if at this address less than one year.)



IMPORTANT: This form may be missing from the application when returned because your landlord may wish to mail it directly to us. **If this form is missing, the application will not be reviewed until this page is received to make the application complete.**

To the Landlord/Property Manager: The individual(s) listed below have applied for housing through the Habitat for Humanity of Southern Brazoria County (HFHSBC) homeownership program. Habitat for Humanity is a non-profit housing ministry that seeks to partner with families to build and sell affordable homes with no profit or interest. All information provided is kept confidential. We sincerely appreciate your assistance.

APPLICANT INFORMATION

Applicant Name: _____ Co-Applicant Name (if any): _____

Current Rental Address: _____

City: _____ State: _____ Zip Code: _____

I/We authorize the release of the requested rental information.

Applicant Signature: _____ Date: _____ Co-Applicant Signature (if any): _____ Date: _____

TO BE COMPLETED BY LANDLORD / PROPERTY MANAGER

Property/Management Company Name: _____

Property Manager/Owner Name: _____

Property Address: _____

Phone Number: _____ Email Address: _____

RENTAL HISTORY FOR ABOVE APPLICANT(S)

Rental Period: From _____ To _____

Monthly Rent Amount: \$_____ per month

Payment History: ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

Care of Property: ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

Lease Terms: ☐ Month-to-Month ☐ 6 Months ☐ 12 Months ☐ Other _____

Would you rent to this applicant again? ☐ Yes ☐ No ☐ Not Sure

Additional Comments: _____

Landlord/Manager Signature: _____ Date: _____



PLEASE RETURN THIS FORM TO: Habitat for Humanity of Southern Brazoria County
12 Circle Way, Lake Jackson, Texas 77566
Email: HFHSBC@Gmail.com

HOUSEHOLD MEMBERS AND HOUSING NEED

Please print on the entire application except where a signature is required.

HOUSEHOLD MEMBERS

List everyone who will live in the Habitat home, including the applicant and co-applicant, if any.

Full Name	Relationship	Date of Birth	Income? Yes / No

PRESENT HOUSING CONDITIONS

Why do you need a Habitat home? Describe the condition of your current housing and any concerns such as overcrowding, high housing cost, unsafe or unsanitary conditions, temporary housing, accessibility needs, or other problems.

PROPERTY INFORMATION

Do you currently own any real estate? ☐ Yes ☐ No

If Yes, property address:

Monthly mortgage payment (including taxes and insurance): \$ _____

Approximate unpaid mortgage balance: \$ _____

Do you own land other than your current residence? ☐ Yes ☐ No

If Yes, property address / location:

If you want Habitat to consider land you own for a future Habitat home, additional property documentation and a separate review will be required.

CLOSING FUNDS

No down payment is required. At closing, approved homeowners are responsible for two months of escrow payments and the full first-year insurance premiums required by HFHSBC.

Expected source of funds for required closing costs (savings, gift, other):

EMPLOYMENT, HOUSEHOLD INCOME AND ASSETS

Report gross income before taxes. Include applicable income for all household members.

EMPLOYMENT

APPLICANT	CO-APPLICANT (IF ANY)
Current Employer / Business: _____	Current Employer / Business: _____
Employer Address: _____	Employer Address: _____
Start Date: _____	Start Date: _____
Gross Monthly Income: \$ _____	Gross Monthly Income: \$ _____
Business Phone: _____	Business Phone: _____
If employed less than 1 year, Previous Employer: _____	If employed less than 1 year, Previous Employer: _____
Previous Employment Dates: _____	Previous Employment Dates: _____

Self-employed: ☐ Applicant ☐ Co-Applicant ☐ Neither

Self-employed applicants may be asked for additional tax returns or business financial documents.

MONTHLY HOUSEHOLD INCOME

Income Source	Applicant	Co-Applicant	Other Household
Salary / Wages	\$ _____	\$ _____	\$ _____
TANF / Public Assistance	\$ _____	\$ _____	\$ _____
Child Support / Alimony	\$ _____	\$ _____	\$ _____
Social Security / SSI / SSDI	\$ _____	\$ _____	\$ _____
VA / Military Benefits	\$ _____	\$ _____	\$ _____
Retirement / Pension	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Housing Assistance	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY GROSS INCOME	\$ _____	\$ _____	\$ _____

ASSETS

List financial accounts and other assets. Do not list real estate here.

Asset / Institution	Owner	Last 4 Digits	Current Balance
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

DEBTS, MONTHLY EXPENSES AND DECLARATIONS

DEBTS / LIABILITIES

List debts for either applicant. Credit reports may also be used to verify debts.

Debt / Creditor	Who Owes	Monthly Payment	Approx. Balance
Auto Loan		\$	\$
Credit Card / Revolving Debt		\$	\$
Student Loan		\$	\$
Personal / Installment Loan		\$	\$
Child Support / Alimony		\$	\$
Medical Debt		\$	\$
Other		\$	\$
Other		\$	\$

MONTHLY HOUSEHOLD EXPENSES

Expense	Monthly Amount
Rent / Mortgage	\$
Utilities	\$
Insurance	\$
Child Care	\$
Internet / Phone	\$
Transportation	\$
Food / Essential Supplies	\$
Other	\$

DECLARATIONS

Answer for each applicant. If explanation is needed, attach a separate sheet.

Question	Applicant Yes	Applicant No	Co-App Yes	Co-App No
Outstanding court judgments?	☐	☐	☐	☐
Bankruptcy within the past 7 years?	☐	☐	☐	☐
Foreclosure, deed-in-lieu, short sale, or pre-foreclosure sale within the past 7 years?	☐	☐	☐	☐
Currently a party to a lawsuit that may create personal financial liability?	☐	☐	☐	☐
Currently delinquent or in default on federal debt or another loan/financial obligation?	☐	☐	☐	☐
Co-signer or guarantor on debt not disclosed in this application?	☐	☐	☐	☐
U.S. citizen or permanent resident?	☐	☐	☐	☐

If you answered Yes to any question other than citizenship/permanent residency, or No to citizenship/permanent residency, explain on a separate sheet.

AUTHORIZATION, DEMOGRAPHIC INFORMATION AND CERTIFICATION

AUTHORIZATION AND CERTIFICATION

By signing below, I certify that the information in this application is true, accurate and complete to the best of my knowledge. I authorize Habitat for Humanity of Southern Brazoria County (HFHSBC) to evaluate my need for affordable housing, ability to repay an affordable mortgage and other homeownership expenses, and eligibility for the homeownership program. I understand that verification may include employment and income verification, credit review, background screening, housing verification, and other information reasonably necessary to evaluate this application. I agree to promptly provide updated information if anything changes. False, incomplete, or misleading information may result in denial or removal from the homeownership program.

Applicant Signature: _____ Date: _____

Co-Applicant Signature (if any): _____ Date: _____

DEMOGRAPHIC INFORMATION - VOLUNTARY

This information is requested to help monitor fair housing and equal credit opportunity compliance. You are not required to provide it, and HFHSBC may not discriminate based on this information or on your decision not to provide it.

Applicant

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I do not wish to provide

If Hispanic or Latino, optional origin: _____

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ I do not wish to provide

Optional race detail / tribe / origin: _____

Sex: ☐ Female ☐ Male ☐ I do not wish to provide

Co-Applicant (if any)

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I do not wish to provide

If Hispanic or Latino, optional origin: _____

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ I do not wish to provide

Optional race detail / tribe / origin: _____

Sex: ☐ Female ☐ Male ☐ I do not wish to provide

EQUAL HOUSING OPPORTUNITY

We support equal housing opportunity and do not discriminate in housing or lending decisions on the basis of race, color, religion, sex, handicap/disability, familial status, national origin, or other status protected by applicable law.

REQUIRED DOCUMENTS

Application Period: August 2026 - April 16, 2027

COPIES ONLY: Attach copies only - never original documents. Place all supporting documents behind the completed application so the packet stays together.

Applications are reviewed only after the completed application, all required supporting documents, and the \$10 Application Processing Contribution are received.

SUPPORTING DOCUMENT CHECKLIST

	DOCUMENT	WHAT TO INCLUDE
☐	Completed Application	No required information missing.
☐	Birth Certificates	Applicant and co-applicant, if applicable.
☐	Photo Identification	Current Texas Driver License or government photo ID; Permanent Resident Card if applicable.
☐	Social Security Cards	Each household member, including children.
☐	Federal Tax Returns	Most recent 2 years for applicant and co-applicant, if applicable. Tax return only — supporting tax documents are not needed.
☐	Paycheck Stubs	Most recent 60 days for each working household member.
☐	Benefit / Assistance Letters	Current verification for benefits received, if applicable: TANF, SNAP, housing assistance, Medicaid, Social Security, SSI, SSDI, VA, retirement/pension, etc.
☐	Bank Statements	Most recent 60 days for all financial accounts.
☐	Divorce Decree	If applicable.
☐	Child Support	Most recent 12 months of documentation, if applicable.

\$10 APPLICATION PROCESSING CONTRIBUTION

\$10 per application - not per person. This nonrefundable contribution must be submitted with the application and helps offset background checks, credit review, verification, and other application-processing expenses.

Payment does not guarantee approval. The contribution is not refunded if an application is not approved because processing costs are incurred in making the determination.

FOR HABITAT FOR HUMANITY USE ONLY - APPLICANT: DO NOT WRITE BELOW THIS LINE

Date Application Received: _____	Status: ☐ Complete
_____	\$10 Received: ☐ Cash ☐ Check
Check Number: _____	Received By: _____