



Application

Houston 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 Houston 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 |
| | Relationship to applicant _____ |
| Social Security number _____ | Social Security number _____ |
| Home phone _____ Birth Date _____ | Home phone _____ Birth Date _____ |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed |
| Email address _____ | Email address _____ |
| Dependents and others who will live with you (not listed by co-applicant) | Dependents and others who will live with you (not listed by applicant) |
| Name Birth Date Male Female | Name Birth Date 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: | |
| Last 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 _____ |

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

| | |
|--------------------------------------|--------------------------------------|
| Date received: _____ | Date of board approval: _____ |
| Date of adverse action letter: _____ | Date of partnership agreement: _____ |

3. WILLINGNESS TO PARTNER

To be considered for Houston 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 Houston 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: 1 2 3 4 or more

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. EMPLOYMENT INFORMATION | | | |
|--|---|--|---|
| Applicant | | Co-applicant | |
| Name and address of CURRENT employer | Years at this job Date of hire Monthly (gross) wages \$ | Name and address of CURRENT employer | Years at this job Date of hire Monthly (gross) wages \$ |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ | | How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ | |
| Your Job Title | Employer phone | Your Job Title | Employer phone |
| If you are working at a second job OR have been at your current job less than one year, complete the following information | | | |
| Name and address of LAST or SECOND employer. <input type="checkbox"/> Last Employer <input type="checkbox"/> Second Employer | Years at this job Date of hire Monthly (gross) wages \$ | Name and address of LAST or SECOND employer. <input type="checkbox"/> Last Employer <input type="checkbox"/> Second Employer | Years on this job Date of hire Monthly (gross) wages \$ |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ | | How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ | |
| Your Job Title | Employer phone | Your Job Title | Employer phone |

| 6. 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 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 7. ASSETS | | | | | |
|--|---------|-------------|-----|----------------|-----------------|
| Name of bank, savings and loan, credit union, etc. | Address | City, state | ZIP | Account number | Current balance |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

| 8. DEBT | | | | | | |
|---|---|----------------|--------------------|-----------------|----------------|--------------------|
| | TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY? | | | | | |
| | APPLICANT | | | CO-APPLICANT | | |
| Account | 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 | \$ | \$ | \$ |

9. 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.

10. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Houston Habitat for Humanity to evaluate my actual need for the Houston 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 Houston Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Houston Habitat home. The original or a copy of this application will be retained by Houston Habitat for Humanity even if the application is not approved.

I also understand that Houston 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.

11. 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 _____

DOCUMENTS YOU WILL NEED TO SUBMIT WITH YOUR APPLICATION

1. Three (3) pieces of identification:

- 1) State Id/Driver's License
- 2) Social Security Card
- 3) Birth Certificate OR Permanent Residency Card for all members of the household, 18 or older

2. Two (2) months of current pay stubs for each person in the household employed, 18 or older

If self-employed, you will need the most recent two (2) months of your bank statements for all checking and savings accounts. You must include all pages, including blank pages.

3. Last (2) years W-2 forms for each person age 18 or older in the household

If you can't obtain all of your W-2's filed on your tax return, you may request a "Wage and Income" transcript from the IRS's website at www.irs.gov.

4. Last two (2) years of tax returns (1040) for each person 18 or older in the household; 3 years if self-employed

5. Supplemental income documentation for the last 12 months

- Child support
- Alimony
- SSI Award Letter
- Disability
- Divorce Decree (if applicable). NOTE: If you are legally married, but separated, your spouse is required to provide income information and all required documentation even if he/she will not live in the house.

12. 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) |
| | Interviewer's signature Date |
| | Interviewer's phone number |