



OTSEGO COUNTY HABITAT FOR HUMANITY, INC
526 Edelweiss Village Parkway | Gaylord, MI 49735
Phone: (989) 732-6070 | Fax: (989) 731-4578

Application

Habitat Homeownership Program



Otsego County Habitat for Humanity is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. All applicants are considered without regard to age, ancestry, color, disability, familial status, gender identity, gender neutral, height, marital status, national origin, race, religion, sex/gender, sexual orientation, veterans, weight nor as state or federal law otherwise prohibits.

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. 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. Should you have any questions please feel free to contact our offices at (989) 732-6070.

1. APPLICANT INFORMATION																																																	
Applicant	Co-Applicant																																																
Applicant's Name _____	Co-Applicant's Name _____																																																
Social Security Number _____ Home Phone _____ Age _____	Social Security Number _____ Home Phone _____ Age _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<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 applicant)																																																
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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 Living at 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	Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
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2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, 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, ReStore, 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"/>

3. 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 cancelled 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?

4. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid Balance \$ _____

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____

Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

5. 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
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

6. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not choose to have it considered for repaying this loan. Please note that self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$	\$	\$	Rent/Mortgage/ Taxes	\$
AFDC/TANF				Utilities: Electric, Gas, Water	
Food Stamps				Transportation: Auto, Gas, Repairs & Insurance	
Social Security				Insurance: Health & House	
SSI				Laundry Food	_____
Disability				Automobile Loan	
Child Support				Student Loan	
Other				Child Support Child Care	_____
Other				TV & Phone	
Total Income	\$	\$	\$	Total Expenses	\$

2. List additional household members over 18 who receive income:

Name	Age	Monthly Wages
_____	___	\$ _____
_____	___	\$ _____
_____	___	\$ _____

3. Loans: Include Credit Card Debt and Family Loans.

Name	Monthly Payment	Amount of Loan
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

TOTAL INCOME REPORTED ON LAST YEARS INCOME TAX FORM: \$ _____ Applicant

\$ _____ Co-Applicant

8. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number:	Account Number:
Balance \$	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number:	Account Number:
Balance \$	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number:	Account Number:
Balance \$	Balance \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____	<input type="checkbox"/>	<input type="checkbox"/>

Do you own land? <input type="checkbox"/> Yes <input type="checkbox"/> NO	List address:	
Do you have investments or trusts. <input type="checkbox"/> YES <input type="checkbox"/> NO	Please list where:	Amount
	Please list all:	

Other tangible assets: i.e., campers, trailers, snowmobiles			

9. DEBT

To whom do you and the co-applicant owe money?

Account	Monthly Payment	Unpaid Balance	Months left to pay
Other Motor Vehicle			
Boat			
Furniture, Appliances, (including rent-to-own)			
Alimony			
Child Support			
Credit Card			
Credit Card			
Credit Card			
Total Medical			
Other			
Other			
Totals	\$	\$	\$

10. MONTHLY EXPENSES

Account	Applicant	Co-Applicant	Total
Rent			
Utilities			
Insurance			
Child Care			
Internet Service			
Cell Phone			
Land Line			
Student Loan (s)			
Business Expenses			
Union Dues			
Other			
Totals	\$	\$	\$

11. DECLARATIONS

Please answer Yes or No - the response that best answers the following questions for you and the co-applicant.

- | | | |
|--|-----------|--------------|
| | Applicant | Co-Applicant |
|--|-----------|--------------|
- a. Do you have any outstanding judgements because of a court decision against you? _____
 - b. Have you been declared bankrupt within the past seven years? _____
 - c. Have you ever had property foreclosed on in the past seven years? _____
 - d. Are you currently involved in a lawsuit? _____
 - e. Are you paying alimony or child support? _____
 - f. Are you a U.S. citizen or permanent resident? _____
 - g. If you answered "yes" to any questions a through e, or "no" to question f, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I/We have carefully read and submitted the foregoing information and by submitting this application I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the very low-interest loan and other expenses of homeownership, any my willingness to be a partner though sweat equity. I understand that the evaluation will include a personal home visit of my current residence, a credit check, employment verification and a background check. I have answered all the questions on this application truthfully.

I understand that if I have not answered the questions truthfully, my application will be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. 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, co-applicant and 18+ Adult living in home families on the sex offender registry. By completing this application, I/we are submitting ourselves to such an inquiry. I/we further understand that by completing this application I/we are submitting ourselves to a criminal background. SDNI and OFAC checks.

I/we have applied for a house with Otsego County Habitat for Humanity, Inc. I authorize you to release any information required by Habitat for Humanity concerning finances, employment and personal references. The information includes, but it is not limited to criminal background check, sex offenders list, payment histories, present and previous employment, credit reports, income verifications, Family Independence Agency reports, checking account balances, savings account balances, consumer credit balances, State and Federal Taxes, and other financial information in addition to personal references regarding my/our application for housing.

A copy of this authorization is the equivalent of the original. I agree to hold you and Habitat for Humanity harmless from any liability in connection with the release of any requested information from you or from a third party. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

Applicant Signature Date

Co-Applicant Signature Date

Social Security Number

Social Security Number

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 will 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 Signature

Co-Applicant Signature

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE INFORMATION BELOW: The following information is requested by the Federal Government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate based on this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex based on visual observation or surname. If you do not wish to furnish the information below, please check the appropriate box below.

APPLICANT

CO-APPLICANT

I do not wish to furnish this information.

I do not wish to furnish this information.

Race (applicant may select more than one racial designation)

Race (applicant may select more than one racial designation)

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

Ethnicity:

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino

Hispanic or Latino Non-Hispanic or Latino

Sex:

Sex:

Female Male

Female Male

Birthdate: ____ / ____ / ____

Birthdate: ____ / ____ / ____

Marital Status:

Marital Status:

- Married
- Separated
- Unmarried (Including single, divorced, widowed)

- Married
- Separated
- Unmarried (Including single, divorced, widowed)

NOTICE:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of age, ancestry, color, disability, familial status, gender identity, gender neutral, height, marital status, national origin, race, religion, sex/gender, sexual orientation, veterans, weight; 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 Avenue | Suite 200 | Cleveland, Ohio 44114-2507** or **Federal Trade Commission | Equal Credit Opportunity | Washington, D.C. 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 Signature _____ Date _____

Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS SPACE

TO BE COMPLETED ONLY BY THE PERSON CONDUCTING THE INTERVIEW

This application was taken by:

Interviewers Name (Print or Type)

____ Face-to-face Interview

Interviewer's Signature

Date

____ By Mail

____ By Telephone

Interviewer's Phone Number

Applicant's Name _____

Co-Applicant's Name _____

Date Application Received _____

Date of Incomplete Notice _____

Date of Adverse Action Letter _____

Date of Selection Committee Approval _____

Date of Board Approval _____

Date of Partnership Agreement _____