



467 West Street
Pittsboro, NC 27312
Phone: 919 542 0794

Website: www.chathamhabitat.org



Application

Habitat Homeownership Program

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant				Co-applicant			
Applicant's name	D.O.B	Age		Co-applicant's name	D.O.B	Age	
Email:				Email:			
Social Security number _____				Social Security number _____			
Home phone _____ Cell phone _____				Home phone _____ Cell phone _____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) <input type="checkbox"/> Veteran Yes _____ No _____				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) <input type="checkbox"/> Veteran Yes _____ No _____			
Dependents and others who will live with you (not listed by co-applicant) Name D.O.B 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"/>				Dependents and others who will live with you (not listed by Applicant) Name D.O.B 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"/>			
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____				Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____			
If you have lived at your present address for less than two years, complete the following:							
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____				Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____			

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

Date application received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5 Number of bathrooms(circle) 0 1 1+ 2 2+

House/apartment has the following living areas:

- ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room
☐ other areas of the house use as bedroom

other (please describe) _____

What is your monthly rent payment? \$_____/month What is your monthly Lot Payment(if applicable) \$_____/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: _____

Name, address and phone number of **previous** landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?(Please be detailed)

5. PROPERTY INFORMATION

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

Do you own land how much is your monthly Monthly payment \$_____ Unpaid balance \$_____

6. EMPLOYMENT INFORMATION

6. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
Occupation/Role:	Monthly (gross) wages	Occupation/Role:	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
Occupation/Role:	Monthly (gross) wages	Occupation/Role:	Monthly (gross) wages
	\$		\$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back? We suggest to make plans to make partial payments during the construction phase and have the payment completed before the the Pre-closing.

9. ASSETS

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

10. DEBT

	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical Bills	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities:			
Water	\$	\$	\$
Electricity	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Cable/Satellite	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Child Care	\$	\$	\$
Car Insurance	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS			
Please check the box beside the word that best answers the following questions for you and the co-applicant			
	Applicant	Co-applicant	
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.			

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature

Date

Co-applicant signature

Date

X _____

X _____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____

Co-applicant's name _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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

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

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number



P.O. Box 883
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(919) 542-0794
fax (919) 542-0340
www.chathamhabitat.org

IMPORTANT: We are happy to make copies of the documents needed to complete your application. If you would like us to provide this service to you, you **must** call ahead to make an *appointment*.

REQUIRED DOCUMENTATION FOR CHFH APPLICATION:

Copies of:

1. Two forms of identification, one with a picture for anyone in household over age 18.
2. Divorce or Separation Papers (if applicable).
3. Last two years Federal Tax Return and W2 forms for all jobs held in the past two years.
4. Pay stubs for the past 3 months.
5. Name, address and telephone number of current employer. Contact information for previous employer if applicant has been at current job for less than two years.
6. A copy of your current SSA Benefit Approval Letter. (You can visit your account at www.ssa.gov for a copy.)
7. Monthly invoice or payment coupon for all other monthly bills, for example – car loan and credit card bills (Visa, Master Card, Stores).
8. Last 12 months payment history for any other monthly debt obligations you have, for example – phone bill, gas and electric bills, water bill, cable bill etc.
9. Name, address and telephone number of current landlord. Same information for previous landlord if applicant has been at current address for less than two years.
10. **Last three** months of bank statements for all bank accounts you or other members of your household use. Please include all pages.

NOTICE: With the completing and signing of this application, you are declaring that you have answered all of the questions truthfully. Also, if there are any changes to your income or your living situation after you have applied to the program, it is VERY important that you contact the Chatham Habitat for Humanity office to notify us of any changes. It is very important to understand that if you have no answered all of the questions truthfully, your application will be denied, and that even if you have already been selected to receive a Habitat house, you can be disqualified from the program.



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**PLEASE ANSWER ALL THE QUESTIONS BELOW AND RETURN THIS FORM
WITH YOUR COMPLETED APPLICATION.**

1. How did you hear about Chatham Habitat for Humanity program?

2. Have you ever used housing subsidies in Chatham County?

3. Please provide Social Security Numbers for any dependent that receives:

AFDC	Disability	Child Support	Social Security	Other
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Name: _____	SSN: _____
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Name: _____	SSN: _____
-------------	------------

Name: _____	SSN: _____
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Name: _____	SSN: _____
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Name: _____	SSN: _____
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4. Please provide the complete names and addresses for your previous landlords for the past 2 years.

5. Have you ever applied to Chatham Habitat before? If YES, when?

6. Email address:



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Application for Housing

Release and Authorization

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, banking and financial information, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. 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

Applicant printed name

Co-Applicant printed name

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a

Habitat home, I may be disqualified from the program. 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

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.

3012/USPROG-PD/10.1M/9-00