



Building Houses, Building Hope

Thank You for your interest in the Habitat for Humanity partnership. If you previously submitted a Quick-Apply Form, this is the next step in the process. This means the Selection Committee wants to see documentation and gather detailed information to further evaluate your application.

Habitat for Humanity provides simple, decent housing for low-income families who meet **three criteria**: 1. Income within the current guidelines (current chart provided with application), 2. Have a need for better housing (unsafe, overcrowded, etc) and 3. Demonstrate willingness to partner with our affiliate. The Habitat program is not a "quick-fix" to an emergency housing problem. Most partnerships are 12-24 months or longer before families move into their homes.

Partnering includes but is not limited to: 1. Taking educational courses regarding budgeting and homeownership, 2. Completing "sweat equity" hours of community service and working on Habitat projects, including your own Home Build, 3. Meeting with Habitat staff regularly to make sure all requirements are being met and 4. Agreeing to purchase your Habitat home and faithfully make the mortgage payments every month for the full term of the loan we provide (25-40 years). Habitat agrees to: 1. Provide mentoring, education and sweat equity opportunities throughout the partnership and 2. Sell Habitat homes to partners at low- or no-interest, which keeps the cost of your home more affordable than rent in most cases.

The Habitat partnership is a Hand UP, not a hand out. You will work for what you receive and we will commit to helping you succeed in providing opportunity for a positive future for you and your family.

If these basic guidelines are agreeable to you, please fill out the enclosed application and POSTAL MAIL it to our office with the required documentation (see attached list) BY THE DEADLINE WRITTEN ON THE TOP OF YOUR APPLICATION.

Applications are only taken in and reviewed by our Selection Committee during an open Round (when Habitat is actively choosing a Partner). Failure to meet the deadline given will disqualify you from the application process for this Round.

Part of the application process may require all applicants to attend an Informational Meeting. We will advise you of when the next meeting will be scheduled, if it is required.

If you meet the basic criteria, you will be contacted about the next step in the Application Process. If you do not, we will send you a letter stating so.

If you have any questions regarding the Habitat program or filling out the application, please call 419-335-7000 or email director@habitatfco.org. Please note that application criteria cannot be taken via phone/email, nor will application decisions be given through those means.

In Christ,

Heidi J. Kern

Heidi J. Kern

Executive Director, Habitat for Humanity of Fulton County, Ohio
encl: Privacy Notice, Application, Application Criteria





Habitat for Humanity of Fulton County, OH

MAILING ADDRESS: PO Box 333, Delta OH 43515

PHONE: 419-335-7000

Required Application Materials

Your postal mailed New Construction or Home Repair application must include:

- Filled out and Signed Application
- Copies of last tax return (1040, 1040A, etc.)
- Copies of the last three months pay stubs for ALL family members aged 18 and over
- Copies of the last three months credit card statements
- Copies of alimony (if you choose to use this in your income to pay for your home)
- Copy of Social Security or disability benefits (if received)
- Copy of child support, on all children (if you choose to use this in your income to pay for your home)
- Copy of Food Stamp/Cash Assistance (if received)
- Copies of last three months utility bills (all)
- Copies of last three months bank statements (checking, savings, etc.)
- Copies of most recent retirement account statements (if held)
- Copies of other income and expense information not specified above (including but not limited to: phone/internet/cable, insurance, lot rent, garbage removal, etc.)
- Copies of the last three months loan statements (on any loans held, including but not limited to car loans, lines of credit, payday loans)
- Collection Debt – statements or letters stating debtors and amounts.
- Cover Letter detailing why you want to partner with Habitat, including why you need a home or home repair and how you plan to show willingness to partner with Habitat.
- REPAIR Applications must also include:
 - Proof of homeownership (Copy of deed or mortgage)
 - Description of ALL Repairs requested. *Habitat reserves the right to evaluate need, extent of damages and priority of any repair requested. Acceptance into the Habitat partnership does not guarantee all repairs requested will be completed. Additional repairs cannot be requested after acceptance or added to existing project without review and consent from Director and Selection Committee.*

Thank you for your interest in the Habitat partnership. Please call or email if you have any questions.

Heidi J. Kern

Heidi J. Kern, Executive Director

Habitat for Humanity of Fulton County, Ohio

director@habitatfco.org

419-335-7000

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.

DEADLINE GIVEN FOR POSTMARK ON APPLICATION: 30 days from download

Deadline = 30 days from date of download.

Habitat for Humanity of Fulton County, Ohio
PO Box 333, Delta, OH 43515
(419) 335-7000

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				Co-applicant's name			
Social Security number		Home phone		Social Security number		Home phone	
<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 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:							
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	
Number of years				Number of years			

2. 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: _____

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

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. PROPERTY INFORMATION

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

Do you own land? ☐ No ☐ Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on the job	Name and address of CURRENT employer	Years on the 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 the job	Name and address of LAST employer	Years on the job
	Monthly (gross) wages \$		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	\$	\$	\$	\$

<p>PLEASE NOTE:</p> <p>Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.</p>	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 down payment or 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?

9. ASSETS

[illegible]

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?						
Account	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliances, 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	\$	\$	\$

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 of Fulton County, Ohio 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 of Fulton County, Ohio even if the application is not approved.

I also understand that Habitat for Humanity of Fulton County, Ohio 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

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); 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 the **East Central Region, 1111 Superior Ave., Suite 200, Cleveland, OH 44114-2507**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 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(s)

Signature

Print name

Date

Signature

Print name

Date



INTERNATIONAL HEADQUARTERS

121 Habitat St., Americus, GA 31709-3498 USA (800) 422-4828

fax (229) 924-6541 publicinfo@habitat.org habitat.org



Habitat for Humanity of Fulton County, Ohio Privacy Statement and Notice

At Habitat for Humanity of Fulton County, Ohio, 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.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income and debt level;
- Information about your transactions with us, our affiliates, or others such as your loan balance, payment history, delinquency status, escrow payments and escrow balances; and
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history.

Habitat for Humanity of Fulton County, Ohio employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations or governments;

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity of Fulton County, Ohio at 419-335-7000.

X _____ Initials X _____ Initials Date: _____



Sexual Offender Check Policy and Criminal Background/OFAC Check Policy

SEXUAL OFFENDER CHECK POLICY

Policy Basis:

All U.S. Affiliates of Habitat for Humanity are required by Habitat for Humanity International to conduct sexual background checks on; partners and family members, board members, applicants, staff and key volunteers* (*defined as those volunteering regularly for 8+ hours monthly or those having consistent and direct contact with vulnerable populations). Habitat for Humanity of Fulton County, Ohio (Habitat) hereby adopts the following Sex Offender Policy (Policy) in accordance with this requirement.

Policy Procedure:

Sex Offender checks will be done through the Dur Sjodin National Sex Offender Public Registry (NSOPW) website, www.nsopw.gov. Respect will be given to both Federal and State reporting practices, including how often these entities update their databases.

Notice: Notice is given to applicants through the application; signature is required before applications will be considered. All individuals aged 10+ who will be living in the home are subject to this check and will be required to consent before applications will be reviewed. Board members, employees and key volunteers understand that participating in Habitat's programs gives consent for a sex offender check. Notice is given on Liability Waivers for all volunteers. No third party is used to conduct sex offender checks. Confidentiality will be a priority with results of any sex offender check communicated only to parties on a "need-to-know" basis.

Policy Action Plan:

If a potential homeowner, board member, staff person or key volunteer is discovered to be a registered sex offender, Habitat will take the following actions:

Applicants, Potential Homeowners/Partner Family Members, Potential Repair Partners/Family Members: Habitat will evaluate each finding with intent to deselect for presence on a sexual offender database. This decision will be based on the affect this finding may have on Partner's ability to pay, willingness to Partner and/or the possible risk this finding may pose on the Affiliate, volunteers or others within the communities we serve.

Board members, Staff member and Key Volunteers: Habitat will evaluate each finding with a Point System (evaluation sheet attached). This point system will rank the level of risk and include consideration for the position or duty to be conducted/performed, relative to the environment required for such position or duty. An individual inquiry or interview may be considered based on scoring evaluation, offense level as based on State law and/or duties to be performed and environment required. Notice of potential adverse action will be given to Staff and Board Members, with an option to provide proof of false findings before final determination. Determination will take Affiliate's business necessity into consideration above individual desire to serve.



CRIMINAL BACKGROUND/OFAC CHECK POLICY

Policy Basis:

Affiliates are required by Habitat International to conduct criminal background and OFAC checks and a credit report check on staff and key volunteers specifically conducting **loan originator activities**, as defined under the Truth in Lending Act. Criminal background and OFAC checks should also be performed on all staff, applicants, Board members and Key Volunteers (as defined in Sexual Offender Check Policy). Habitat for Humanity of Fulton County, Ohio (Habitat) hereby adopts the following Criminal Background/OFAC Check Policy (Policy) in accordance with these requirements.

Policy Purpose: As a ministry, Habitat values the safety of children, employees, volunteers and partners we serve. We take prudent measures to protect our human and material resources in order to:

- ensure physical safety of those involved in Habitat's mission,
- ensure the financial health of the Affiliate,
- prevent negative publicity by declining to partner with individuals involved with criminal activity in the recent past, whether Board members, Partners, key volunteers or staff.

Policy Procedure:

Criminal background checks will be performed through one or more of the following resources: Law Enforcement and Corrections Agencies Records, Court Records, State Repositories, Interstate Identification Index, Third Party Background Screening. Respect will be given to both Federal and State reporting practices, including how often these entities update their databases.

Notice: In accordance with the Fair Credit Reporting Act, notice is given to applicants through the application when using a third party background screening service; signature is required before applications will be considered. Board members, employees and key volunteers understand that participating in Habitat's programs gives consent for a criminal background check. Notice is given on Liability Waivers for all volunteers. If a third party background check service is used, a Disclosure Notice will be given (see attachment). Confidentiality will be a priority with results of any criminal background check communicated only to parties on a "need-to-know" basis.

Policy Action Plan:

If a potential homeowner, board member, staff person or key volunteer is discovered to have a criminal conviction, Habitat will take the following actions:

Applicants, Potential Homeowners/Partner Family Members, Potential Repair Partners/Family Members, Board members, Staff member and Key Volunteers: Habitat will evaluate each finding with a Point System (evaluation sheet attached). This point system will rank the level of risk and include consideration for the position or duty to be conducted/performed, relative to the environment required for such position or duty. An individual inquiry or interview may be considered based on scoring evaluation, offense level as based on State law and/or duties to be performed and environment required. Determination will take Affiliate's business necessity into consideration above individual desire to serve.



Applicants, Potential Homeowners/Partner Family Members, Potential Repair Partners/Family Members: Notice of adverse action will be sent.

Board members, Staff member and Key Volunteers: If a third party background check service is used, notice of pre-adverse action will be given, with an option to provide proof of false findings before final determination. Potential employees and volunteers will be given a copy of the report and the consumer's summary of rights. Seven (7) business days will be given to challenge the accuracy of the report before notice of adverse action will be sent.

OFAC (OFFICE OF FOREIGN ASSET CONTROLS) CHECK

The purpose of the OFAC Check is to determine whether an individual is a "Specially Designated National (SDN)", which is a person who has been deemed a terrorist, international narcotics trafficker or a supporter of such activities. Financial transactions with an SDN are prohibited and can subject an affiliate engaged in such a transaction to civil and criminal penalties. Habitat will perform an OFAC Check on employees, applicants, vendors and subcontractors. Applicants will be checked during the initial application process and again before closing. Partner homeowners will be checked annually as long as the affiliate holds their mortgage.

OFAC Checks are done directly on the U.S. Treasury website or through a third party servicer.

More information on Loan Originator Requirements are contained in the Affiliate's Fiscal Safeguards and Mortgage Origination Policies.

My signature below indicates my receipt and understanding of these Policies. I also verify that I have been provided with an opportunity to ask questions about these Policies.

Name (printed) _____

Signature _____ Date _____

IF APPLICANT: Additional household members aged 10 years or older:

Name (printed) _____

Signature _____ Date _____

Name (printed) _____

Signature _____ Date _____

Name (printed) _____

Signature _____ Date _____

Name (printed) _____

Signature _____ Date _____

Adopted 5/7/2018

Return this page with application