



POSTMARK DEADLINE IS: _____

MAIL TO:
 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	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 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

10. DEBT

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

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

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

Signature

Print name

Print name

Date

Date

PRIVACY NOTICE:

At Habitat for Humanity, we are committed to keeping your information private. When collecting, storing and retrieving applicant data, internal controls are maintained throughout the process to ensure security and confidentiality.

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.

This serves as your notice of privacy and Habitat's statement regarding use of your personal information.

Signature

Signature

Date

Date

BUDGET SHEET:

Fill out with estimated monthly amount you pay for each category. Add any expense not listed or an explanation of anything you wish us to know.

EXPENSES	AMOUNT	EXPENSE	AMOUNT
Rent		DEBTS/LOANS	
Gas Utility		AUTO/VEHICLE LOANS	
Electric Utility		Car Payment 1	
Water/Sewer Utility		Car Payment 2	
Trash		Other	
Phone/Mobile		CREDIT CARDS	
Internet		Credit Card 1	
ENTERTAINMENT SERVICES		Credit Card 2	
TV Services (DISH, DirectTV, etc.)		Credit Card 3	
Netflix, Hulu, etc.		Credit Card 4	
Xbox, Gaming Services		Credit Card 5	
Music Services		RENT-TO-OWN	
Other		RTO Agreement 1	
INSURANCE		RTO Agreement 2	
Auto Insurance		RTO Agreement 3	
Renter's Insurance		STUDENT LOANS	
Life/Health/Disability, Etc.		Student Loan 1	
Other		Student Loan 2	
FOOD/TOILETRIES		Student Loan 3	
Groceries (monthly amount spent)		Student Loan 4	
Eating Out (monthly amount spent)		Student Loan 5	
School lunches		PAYDAY LOANS	
Other		PayDay Loan 1	
Daycare/Child care/Babysitting		PayDay Loan 2	
Baby Care		PayDay Loan 3	
Gasoline		OTHER LOANS/DEBT (list)	
Pet Care			
Cigarettes, etc.			
Services (Hair Care, Nails, etc.)			
Entertainment			
Hobbies		COLLECTION DEBT (list)	
EDUCATION			
Books/Supplies			
Tuition			
Child Support Paid			
Alimony Paid			
OTHER EXPENSES NOT LISTED			

FINAL INSTRUCTIONS:

Return application with documents listed on Check List for Applications.

Include Cover Letter stating why you need a Habitat home and why you decided to apply for this program.

If employed, return Employment Verification Form - fill out only sections 1, 7 and 8. (copy if more than one needed).

You will need to view an Informational Video during this process. More info will be provided at the right time.

Applications must be postal mailed and postmarked by deadline on page 1. Deadline is for postmark, not delivery. Do not deliver or email applications.



Habitat
for Humanity®
of Fulton County, Ohio



EMPLOYERS: Please verify employment and return to Habitat at above address.
 Questions to: 419-335-7000 or director@habitatfco.org. Thank you.

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
 Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I – Request

1. To (Name and address of employer)	2. From (Name and address of lender) Habitat for Humanity of Fulton County Ohio PO Box 333 Delta OH 43515
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title Executive Director	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	
12B. Gross Earnings				Base Pay \$ _____		15. If paid hourly – average hours per week	
Type	Year To Date	Past Year	Past Year	Rations	\$ _____	16. Date of applicant's next pay increase	
Base Pay	\$ _____	\$ _____	\$ _____	Flight or Hazard	\$ _____	17. Projected amount of next pay increase	
Overtime	\$ _____	\$ _____	\$ _____	Clothing	\$ _____	18. Date of applicant's last pay increase	
Commissions	\$ _____	\$ _____	\$ _____	Quarters	\$ _____	19. Amount of last pay increase	
Bonus	\$ _____	\$ _____	\$ _____	Pro Pay	\$ _____		
Total	\$ 0	\$ 0	\$ 0	Overseas or Combat	\$ _____		
				Variable Housing Allowance	\$ _____		

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)			25. Position Held
22. Date Terminated	Base _____	Overtime _____	Commissions _____	Bonus _____
24. Reason for Leaving				

Part IV – Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

Instructions

Verification of Employment

The lender uses this form for applications for conventional first or second mortgages to verify the applicant's past and present employment status.

Copies

Original only.

Printing Instructions

This form must be printed on letter size paper, using portrait format.

Instructions

The applicant must sign this form to authorize his or her employer(s) to release the requested information. Separate forms should be sent to each firm that employed the applicant in the past two years. However, rather than having an applicant sign multiple forms, the lender may have the applicant sign a borrower's signature authorization form, which gives the lender blanket authorization to request the information it needs to evaluate the applicant's creditworthiness. When the lender uses this type of blanket authorization, it must attach a copy of the authorization form to each Form 1005 it sends to the applicant's employer(s).

For First Mortgages:

The lender must send the request directly to the employers. We will not permit the borrower to hand-carry the verification form. The lender must receive the completed form back directly from the employers. The completed form should not be passed through the applicant or any other party.

For Second Mortgages:

The borrower may hand-carry the verification to the employer. The employer will then be required to mail this form directly to the lender.

The lender retains the original form in its mortgage file.

Habitat for Humanity of Fulton County, Ohio – CHECK LIST FOR APPLICATIONS

Applicant: _____ Co-Applicant: _____

Deadline Given: _____ Informational Video Watched - DATE: _____
If not watched yet, leave blank.

Home Application – check when you have filled out each section.

- _____ Name, address, telephone number, email (#1)
- _____ Social Security Numbers
- _____ Names and ages of those living in the home
- _____ Willingness to partner checked YES (#3)
- _____ Present housing conditions/Property info (#4, #5)
- _____ Employment information (#6)
- _____ Income and Expense (#7) **Income BEFORE taxes.
- _____ Down payment (#8), Assets (#9), Debt (#10)

- _____ Declarations (#11), SIGNATURES (#12) with dates
- _____ Right to receive appraisal (#13)
- _____ Government Monitoring Form (#14)
- _____ Equal Opportunity Credit Act (signatures)
- _____ Privacy Notice (signatures)
- _____ Budget Sheet
- _____ Review Final Instructions at end of application

Return with Application

- _____ Cover Letter saying why you are applying. (short explanation telling us about yourself).
- _____ Signed Employment Verification Form (unless no employment)

Provide Copies of Documents (check off) or “X” if not applicable to you:

	DOCUMENT NEEDED AND QUANTITY	NOTES	X	“X” ONLY IF APPLICABLE
	Last Year’s Income Tax Return	2 main pages with income/refund only		No return filed
	Last 3 months financial statements	Checking, savings, investment, trust, etc.		No accounts
	Last 3 months pay stubs	All household members 18 years & older		No employment
	Social Security and Disability Benefits	All household members		No benefits
	SNAP/food stamps/cash assistance			No assistance
	Alimony and/or Child Support Income	*provide ONLY if you wish to use as income source		None/Not Using
	Last 3 months credit card statements	Even if balances are zero.		No credit cards
	Last 3 months utilities bills	GAS ELECTRIC WATER (circle if no service)		Circled No service
	Last 3 months phone service	Cell and home if applicable		No phones
	Last 3 months loan statements	Car, rent-to-own, lines of credit, etc.		No loans
	Last 3 months All Other Monthly Expenses	Internet, cable, trash, etc.		No other expenses
	Copy of rent/lot rent showing amount/status	Monthly payment amount/Current or past due status of account		No Rent
	Copy of insurance bills	Car, Renter’s, Life, Disability paid outside of employment		No insurances
	List of collection debt	List what you have in collection with approximate amounts		No collection debt
	Copy of student loan debt/forgiveness plans	Deferment or Forgiveness or Payment Schedule		No Student Loans
	Copy of Divorce Decree	If applicable due to Ohio Dower Rights laws		Not applicable

Please provide explanation of any applicable situations not included so we don’t hold up your application.

Contact the Habitat office with any questions during this process. We are here to help!

Office Phone: 419-335-7000 (calls and texts)
 Email: director@habitatfco.org
 Website: www.habitatfco.org

