



Dear Candidate,

To be considered for our home ownership program please complete the attached form. Return the form to us, along with \$25 to cover our cost for the credit report for each applicant and co-applicant. Either a check or money order is fine. Also, please bring tax returns or proof of income for the past two years, a copy of your current paystub, and evidence of any other income.

Return the completed form and the check/money order to:

Habitat for Humanity New River Valley  
1675 N Franklin St.  
Christiansburg, VA 24073

Applications are reviewed by the committee the 1st Tuesday of every month. We will contact you with the status of your application after review. Incomplete applications will be returned without review. This includes missing or omissions of debts, other income, or other assets. Please submit copies of the following documents with your application.

- Last two years tax returns
- Current Year To Date pay report
- Copy of current free credit report
- Last 2 months of any financial report: debit, checking, savings account, retirement, etc.

APPLICATION PROCESS:

- 1) Submit complete application
- 2) Application reviewed by committee
- 3) Obtain loan pre-qualification letter
- 4) Board review and approval

Call 540-381-1144 if you have any questions. We look forward to receiving your application!





Habitat for Humanity, Inc. of the New River Valley  
 1675 No. Franklin St.  
 Christiansburg, VA 24073  
 540-381-1144

# 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   |            |                          |                          |
|--|------------|--------------------------|--------------------------|--|------------|--------------------------|--------------------------|
| <b>Applicant's name</b>  |            |                          |                          | <b>Co-applicant's name</b>   |            |                          |                          |
| 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) |            |                          |                          |
| <b>Dependents</b> and others who will live with you (not listed by co-applicant)   |            |                          |                          | <b>Dependents</b> 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 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                                  |            |                          |                          |
| 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: | Applicant    | Yes                      | No                       |
|   |              | <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 <b>CURRENT</b> employer   | Years on this job           | Name and address of <b>CURRENT</b> employer | Years on this job           |
|   | Monthly (gross) wages<br>\$ |   | Monthly (gross) wages<br>\$ |
| Type of business  | Business phone              | Type of business                            | Business phone              |
| <b>If working at current job less than one year, complete the following information</b> |                             |   |                             |
| Name and address of <b>LAST</b> employer  | Years on this job           | Name and address of <b>LAST</b> employer    | Years on this job           |
|   | Monthly (gross) wages<br>\$ |   | Monthly (gross) wages<br>\$ |
| 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, appliance, televisions<br>(includes rent-to-own) | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Alimony   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Child support   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Credit card   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Credit card   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Credit card   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Total medical   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Other   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| Other   | \$  | \$             | \$                 | \$              | \$             | \$                 |
| <b>Total</b>  | \$  | \$             | \$                 | \$              | \$             | \$                 |

| 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             | \$        | \$           | \$    |
| <b>Total</b>      | \$        | \$           | \$    |

**11. DECLARATIONS**

Please circle 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 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. Are you paying alimony or child support?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. 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 e, or "no" to question f, 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 the no-interest 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. 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 applicant families 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.

Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX 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 on the basis of 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 on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

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

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