



Homeownership Application

Thank you for your interest in applying to the Upper Valley Habitat for Humanity Homeownership Program.

Please fill out the attached application and return to the address below, with the following guidelines:

- Ensure that you fill it out completely and provide all required information.
- All information given in the application will remain confidential and will not be shared with any external parties outside our organization.
- If you need more space, please attach separate pages and note on the application wherever we need to refer to these pages.

In addition to the completed and signed application, please include:

- 1) A letter in which you describe, in your own words, how owning a home will make a difference in your life and that of your family. Please include a few personal details that might help us understand your past, your current situation, and your hopes and dreams for the future.
- 2) Recent paystubs for each applicant who will be responsible for the mortgage.

Completing the application and writing your supporting letter will require a significant amount of your time and we urge you to not rush, but to be thorough and accurate.

If you need assistance completing the application or have questions, please call our office or email us:

Phone: (802) 295-1854

office@uppervalleyhabitat.org



Upper Valley
Habitat
 for Humanity®

Application

Habitat Homeownership Program

PO Box 1038
 White River Junction, VT 05001
 (802) 295-1854
 office@uppervalleyhabitat.org
 www.uppervalleyhabitat.org

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. Fill out the application as completely and accurately as possible in order to ensure prompt processing. All information you provide on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant	Co-applicant																																																
Applicant Name _____	Co-applicant Name _____																																																
Social Security Number: _____ Age: _____	Social Security Number: _____ Age: _____																																																
Home Phone: _____ Cell: _____	Home Phone: _____ Cell: _____																																																
Email: _____	Email: _____																																																
<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 & others who will live with you (not listed by co-applicant)	Dependents & others who will live with you (not listed by co-applicant)																																																
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Address Information

Current physical address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ _____	Current physical address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ _____
Number of years _____	Number of years _____
Mailing address (if different) _____ _____	Mailing address (if different) _____ _____

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 Family Committee approval: _____
Date of application review with family: _____	Date of Board approval: _____
Date of pre-qualification approval: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER WITH UPPER VALLEY HABITAT FOR HUMANITY

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?

How did you hear about Upper Valley Habitat?

5. PROPERTY INFORMATION

Do you currently own your residence or other property? No Yes

Monthly payment \$ _____ 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 – Please include recent paystubs for both applicants

Applicant		Co-applicant	
Name & Address of CURRENT employer:	Years at this job:	Name & Address of CURRENT employer:	Years at this job:
	Monthly gross wages: \$		Monthly gross wages: \$
Type of business:	Business Phone:	Type of business:	Business Phone:
If at current job less than one year, complete the following			
Name & Address of PRIOR employer:	Years at this job:	Name & Address of PRIOR employer:	Years at this 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:	\$	\$	\$	\$
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 as "Others in Household" above

Name	Income source	Monthly Income	Date of Birth
		\$	
		\$	
		\$	

			\$	
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8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you obtain the money to make the down payment and pay for closing costs? If you borrow the money, from whom will you borrow and how will you repay them?

9. ASSETS

Name of Bank, Savings & Loan, Credit Union, etc.	Street	City, State, Zip	Account #	Current Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT OWE MONEY?

	Applicant			Co-applicant		
	Monthly Payment	Unpaid Balance	Months left to pay in full	Monthly Payment	Unpaid Balance	Months left to pay in full
Automobiles	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TV (include rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Medical (total)	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	

TOTAL	\$			\$	\$	\$
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11. MONTHLY EXPENSES			
Expense Type	Applicant	Co-applicant	TOTAL
Rent	\$	\$	\$
Utilities (electricity, heat, water, etc.)	\$	\$	\$
Home & Auto Insurance	\$	\$	\$
Medical Insurance	\$	\$	\$
Other Medical Costs	\$	\$	\$
Phone (landline & cell)	\$	\$	\$
Cable TV & Internet	\$	\$	\$
Groceries	\$	\$	\$
Childcare	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
TOTAL	\$	\$	\$

12. DECLARATIONS		
Please check Yes or No for the following questions for you and the co-applicant		
	Applicant	Co-applicant
1) Do you have any outstanding judgments due to a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you declared bankruptcy within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) 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
4) Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) 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
6) 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
7) 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
8) 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
9) 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
<i>If you answered "yes" to any question #1 - #8, or "no" to question #9, please provide details on a separate page.</i>		

13. PERSONAL REFERENCES		
Please provide a list of people who are not related to you, but know you well and can speak to your character.		
NAME	ADDRESS	PHONE

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14. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Upper Valley Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of home ownership, 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 declare that I have answered all questions on this application truthfully. I understand that if I have not answered 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 Upper Valley Habitat for Humanity even if this 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 _____	_____

15. 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 Signature	Date	Co-applicant Signature	Date
X _____	_____	X _____	_____

16. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE SECTION 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: (you may select more than one 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"/> Male <input type="checkbox"/> Female</p> <p>Birthdate: (mm/dd/yyyy)</p> <p>_____ / _____ / _____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married <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: (you may select more than one 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"/> Male <input type="checkbox"/> Female</p> <p>Birthdate: (mm/dd/yyyy)</p> <p>_____ / _____ / _____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (single, divorced, widowed)</p>

EQUAL CREDIT OPPORTUNITY ACT (ECOA) NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 FTC Regional Office for the Northeast Region, 1 Bowling Green, New York NY 10004 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, you might not meet our financial qualification criteria and this could jeopardize your successful approval to become a Habitat homeowner.

Applicant:

Co-applicant:

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____