



Application Instructions

South Bay

Thank you for your interest in Habitat for Humanity Greater Palm Beach County's Homeownership Program. We are now accepting applications for one (1) home in South Bay. **Applications will be evaluated on a first submitted, first qualified, first served basis.**

Please complete the following steps in order to continue with your application.

1. Review the Qualifications for Homeownership' flyer on page 2 of this packet to determine if you meet the qualifications and are interested in applying.
2. Complete the 'Lot Selection' form on page 3 to indicate that you have visited the property and would like to apply for the vacant lot where Habitat will build the house.
3. Make copies of all the documents listed on the 'Document Checklist' on page 4.
4. Complete all sections of the paper application on pages 5 -12.
5. Submit the application and documents in an envelope. **Applications will be evaluated on a first submitted, first qualified, first served basis.**

How to submit your application:

By Mail and after hours drop box:

Habitat for Humanity Greater PBC
6758 N Military Trail
Unit 301
Riviera Beach, FL 33407

By Drop Off:

Monday – Friday 9:00am – 5:00pm
6758 N Military Trail
Unit 301
Riviera Beach, FL 33407

Email applications will not be accepted.

If you have any questions, please contact Homeowner Services at 561-819-6070 ext 977 or homeownerservices@habitatgreaterpbc.org

561-819-6070 ext:977
www.habitatgpbpc.org

Achieve the Dream of Homeownership

Habitat for Humanity Greater Palm Beach County partners with first time homebuyers to build safe, decent, and affordable homes. The homes are built together by utilizing volunteer labor, professional contractors, and materials which are donated or purchased locally.

Future Homeowners are required to invest a minimum of 300 partnership hours of their own labor into the construction of homes before being eligible to purchase their home utilizing a 30-year, interest free loan.

How to Qualify for Homeownership

To qualify to become a future Habitat Homeowner you must meet the three main requirements:

Need for Shelter:

- Must be a first-time homebuyer (have not owned a home in the past 3 years).
- Living in overcrowded, substandard, temporary, or public housing; or are paying an unaffordable price for rent.
- Currently paying more than 30% of their salary on rent.
- Applicant/Co-applicant must display a need for shelter
- Unable to secure adequate housing through the private market.

Ability to Pay:

- Sustain a savings account.
- Applicant/Co-applicant must have an acceptable credit history
- Applicant/Co-applicant must display an ability to repay a 30-year, interest-free mortgage
- Households must fall within 30% to 80% of area median income as determined annually by HUD (*to qualify, each Habitat PBC home area may have a specific income requirement.

Family Size	Minimum Income	Maximum Income
1	\$24,550	\$65,450
2	\$28,050	\$74,800
3	\$31,550	\$84,150
4	\$35,050	\$93,500
5	\$37,900	\$101,000
6	\$43,150	\$108,500
7	\$48,650	\$115,950
8	\$54,150	\$123,450



EQUAL HOUSING
OPPORTUNITY

Income Limits from HUD as of March 2025

Willingness to Partner:

- All household members must be U.S. Citizens or Permanent Residents
- Invest a minimum of 300 "partnership hours" (volunteer labor).
- Attend monthly meetings, educational home ownership classes, and budget and credit counseling sessions.
- Applicant/Co-applicant must be willing to enter in a 30-year partnership with Habitat Greater PBC, living in areas where we are currently building.

For additional information visit: www.habitatgreaterpbc.org



**Habitat
for Humanity®**

Greater Palm Beach County

Seeking to put God's love into action, Habitat for Humanity of Greater Palm Beach County brings people together to build homes, communities, and hope.



For questions regarding the qualifications for homeownership, please contact:

homeownerservices@habitatgreaterpbc.org

561-819-6070
Ext: 977



LOT SELECTION FORM

Instructions: We currently have one (1) vacant lot available for purchase where Habitat will build the house. The address is listed below. **Before submitting an application, please visit the home site in person.**

You **MUST visit the vacant lot you are interested in **BEFORE** turning in this form.**

Check Mark	Address	City	Zip Code	Bedroom/Bath	Type of Home
	145 NW 10 th Ave	South Bay	33493	3 bed / 2 bath	New Construction

_____ **I am interested** in living at the location listed above.

_____ **I am not interested** in living at the location listed above and understand that I cannot be accepted into the Homeownership Program.

Acknowledgement:

By signing below, I understand that this application for Homeownership is **ONLY** for the lot listed above. I have physically visited the home site and would like to apply to purchase this home.

(Applicant Signature) (Print) (Date)

(Co- Applicant Signature) (Print) (Date)

HOME BUYER PROGRAM APPLICATION DOCUMENTS CHECKLIST

The documents below are required to continue in the application process for Habitat for Humanity Greater Palm Beach County's Home Buyer Program. Please submit these documents with the rest of your Initial Qualification Packet.

Applicant Co-Applicant

- | | | |
|-------|-------|--|
| _____ | _____ | Copy of driver's license for each Applicant/Co-Applicant with current address |
| _____ | | <p>All household members must be U.S. Citizens or Permanent Residents</p> <p>Proof of U.S. citizenship or Residency for each Applicant/Co-Applicant and any others who will be living in the home is required.</p> <ul style="list-style-type: none"> ○ Citizens: Acceptable proof is a copy of a birth certificate bearing an official seal, Certificate of U.S. citizenship/Form N-550 or N-561, Certificate of Naturalization/Form N-550 or N-570, copy of U.S. passport Residents: If not a U.S. citizen, acceptable proof is copy of Permanent Resident Card or Alien Registration Receipt Card |
| _____ | _____ | Copy of Social Security Card for any Applicant/Co-Applicant |
| _____ | _____ | Copy of the last 30 days paystubs for all jobs for applicant /co-applicant and all working adult household members |
| _____ | _____ | Proof of all other income: award letters, child support, & social security income of all Household members |
| _____ | _____ | Last 3 months bank statements for all accounts, including all pages for Applicant/Co-Applicant |
| _____ | _____ | Copy of current lease agreement (if applicable) for Applicant/Co-Applicant |
| _____ | _____ | Copy of most recent utility statement (electric, water and/or sewage) for Applicant/Co-Applicant |
| _____ | _____ | Copy of 2023 and 2024 Tax Returns for Applicant/Co-Applicant |
| _____ | _____ | Copy of 2023 and 2024 W2s/1099 for Applicant/Co-Applicant |
| _____ | _____ | Check or money order for Credit Check fee. Cash not accepted. \$75 for single applicant. \$150 for applicant/co-applicant. Make checks/money orders payable to Habitat for Humanity Greater Palm Beach County. On the checks/money order write the complete name, signature and the current address of the Applicant/Co-Applicant |

Acknowledgement

Your application will be considered incomplete if you do not submit all required documentation on the checklist above. You must make copies of your documentation before submitting your application, Habitat is unable to provide copies.

I understand that my application will not be considered complete until all required documentation is submitted.

Applicant Signature _____ Date _____

Co Applicant Signature _____ Date _____



2025 South Bay
Applications will be evaluated on first
submitted, first qualified, first served basis

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 for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit**
- ☐ I am applying for **individual credit**.
- ☐ I am applying for **joint credit**. Total number of borrowers: _____
- ☐ Each borrower intends to apply for joint credit. **Your initials:** _____

1. APPLICANT INFORMATION

Applicant	Co-applicant																																																
Applicant's name: _____	Co-applicant's name: _____																																																
Alternative and former names: _____	Alternative and former names: _____																																																
Email: _____	_____																																																
Social Security number _____	Social Security number _____																																																
Home phone (____) _____	Home phone (____) _____																																																
Cell phone (____) _____	Cell phone (____) _____																																																
Work phone (____) _____	Work phone (____) _____																																																
Age _____ Date of birth (mm/dd/yyyy) _____	Age _____ Date of birth (mm/dd/yyyy) _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																																																
Dependents and others who will live with you:	Dependents and others who will live with you (not listed by co-applicant):																																																
<table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	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"/>	<table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	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"/>
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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, for all addresses during the past two years:																																																	
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
_____	_____																																																
Number of years: _____	Number of years: _____																																																
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: _____																																																

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour ____ / ____ / ____ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard
- ☐ Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour ____ / ____ / ____ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of partnership hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED PARTNERSHIP HOURS:

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

3. PRESENT HOUSING CONDITIONS

Currently, are you: ☐ Renting ☐ Rent-free ☐ Own

Number of bedrooms (please circle): 1 2 3 4 5

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Diningroom

Other (please describe): _____

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

If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.

Name, address and phone number of current landlord:

4. PROPERTY INFORMATION

☐ I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

\$ _____ /month Unpaid balance \$ _____

Do you own land other than your residence? ☐ No ☐ Yes
Monthly payment (including taxes, insurance, etc.)

\$ _____

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.
Note: A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of CURRENT employer:	Start date (mm/dd/yyyy):	Name and address of CURRENT employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: \$		Annual (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 PREVIOUS employer:	Years on this job:	Name and address of PREVIOUS employer:	Years on this job:
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$_____			PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. 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 gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
					\$

9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$		\$	\$	
Installment (e.g., boat, personal loan)	\$	\$		\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g., credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$

Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there 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 declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<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 a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

11. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, 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** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
Ethnicity (check one or more): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin: _____</i> <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	Ethnicity (check one or more): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin: _____</i> <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
Race (check one or more): <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe: _____</i> <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race: _____</i> <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race: _____</i> <i>For example: Fijian, Tongan, and so on.</i> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	Race (check one or more): <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe: _____</i> <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race: _____</i> <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race: _____</i> <i>For example: Fijian, Tongan, and so on.</i> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the sex of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the race of the Borrower collected on the basis of visual observation or surname? <input type="checkbox"/> Yes <input type="checkbox"/> No		
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)	Interviewer's phone number
	Interviewer's signature	Date

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? ☐ No ☐ Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

☐ Civil union ☐ Domestic partnership ☐ Registered reciprocal beneficiary relationship

☐ Other (explain): _____

State: _____

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 225 Peachtree Street, NE, Atlanta GA, 30303.

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: _____

15. WHAT HAPPENS NEXT?

Once you have returned a fully completed application, with copies of your required documentation, Habitat for Humanity of Greater Palm Beach County will review of your application to determine if you meet the initial requirements of the program relating to the following areas:

HOUSING NEED, ABILITY TO REPAY, & WILLINGNESS TO PARTNER.

Within 30 days of submitting a complete application, we will notify you in writing of the status of your application. If an application is missing information, or the additional financial documents are not included, we will consider it an INCOMPLETE APPLICATION, and provide you a deadline to return the missing items. Your ability to complete this application, following all instructions, including all supplemental documentation, and returning everything prior to deadline, will be the first review into how we measure your overall **WILLINGNESS TO PARTNER**. Additional factors will contribute to this throughout the application review process.

If you are approved to move on to phase 2, we will conduct a deeper review of your **ABILITY TO REPAY**, including, but not limited to, an Employment Verification, Rent History, Background Check, Sex Offenders Registry check, and other non-traditional credit reviews. We will also request additional documents & examine a longer range of paystubs, bank statements and other financial documents to see your finances on a longer timeline.

If you meet the necessary credit and income requirements, you will then be interviewed by our staff, and have a home visit performed by members of our Homeowner Selection Committee where we will make a determination on your **HOUSING NEED**. The Board of Directors will have final approval.