

## APPLICATION INSTRUCTIONS

Thank you for your interest in Habitat for Humanity of Greater Palm Beach County's Homeownership Program. Habitat is currently accepting applications for eleven (11) vacant lots in Lake Worth Beach, Lantana and West Palm Beach. If accepted into the Homeownership Program, construction on the lots generally begins 12 to 18 months after acceptance.

Please complete each step below before submitting your application packet.

1. Review the **"Qualifications for Homeownership"** flyer on **page 2** to confirm that you meet the program qualifications and want to apply.
2. Visit the available properties in person, then complete the **"Lot Selection"** form on **page 3** to confirm that you are interested in applying for one of the 11 vacant lots.
3. Make copies of every required document listed on the "Document Checklist" on page 4. **Please submit copies only, not originals.**
4. Complete all sections of the paper application on **pages 5–12**.
5. Place your **completed application and all required documents in one envelope and submit the packet by July 28th at 4:00 p.m. Applications are not accepted by email.**

### **How to submit your application**

**Drop off, after-hours drop box and mail to:**

Office hours: Monday–Friday, 9:00 a.m.–5:00 p.m.

An after-hours blue drop box is available at this location.

Habitat for Humanity Greater PBC

3716 S Military Trail Suite 200

Lake Worth, FL 33463

Questions? Contact Homeowner Services at [homeownerservices@habitatgreaterpbc.org](mailto:homeownerservices@habitatgreaterpbc.org).

561-819-6070 Ext: 977

[www.habitatgreaterpbc.org](http://www.habitatgreaterpbc.org)

# Achieve the Dream! Homeownership

Habitat for Humanity of Greater Palm Beach County partners with first-time homebuyers to build safe, decent, and affordable homes. Habitat homes are built through volunteer labor, professional contractors, and donated materials.

Future homeowners are required to complete at least 300 partnership hours before purchasing their home. Partnership hours may include volunteer labor, homeownership and financial education classes, meetings, and other approved activities. Qualified buyers purchase their home with a 30-year, interest-free mortgage.

## How to Qualify for Homeownership

To qualify for Habitat homeownership, the Applicant and Co-applicant must meet three main requirements:

### 1. Need for Shelter

- Be a first-time homebuyer, meaning you have not owned a home in the past 3 years.
- Live in housing that is overcrowded, substandard, temporary, public housing, or otherwise unaffordable.
- Pay more than 30% of household income toward rent.
- Show a clear need for safe, stable, and affordable housing.
- Be unable to secure adequate housing through the private market.

### 2. Ability to Pay

- Maintain a savings account.
- Have an acceptable credit history.
- Show the ability to repay a 30-year, interest-free mortgage and related homeownership costs.
- Meet household income requirements, generally between 30% and 80% of Area Median Income as determined annually by HUD. Specific income requirements may vary by Habitat home or location.

| Family Size | 30% AMI Income Limit | 80% AMI Income Limit |
|-------------|----------------------|----------------------|
| 1           | \$27,000             | \$71,950             |
| 2           | \$30,850             | \$82,250             |
| 3           | \$34,700             | \$92,550             |
| 4           | \$38,550             | \$102,800            |
| 5           | \$41,650             | \$111,050            |
| 6           | \$44,750             | \$119,250            |
| 7           | \$50,040             | \$127,500            |
| 8           | \$55,720             | \$135,700            |



*Income Limits from HUD as of March 2026*

### 3. Willingness to Partner

- Be a U.S. citizen or permanent resident.
- Complete at least 300 partnership hours, which may include volunteer labor and approved program activities.
- Attend required monthly meetings, homeownership education classes, and budget or credit counseling sessions.
- Be willing to enter into a long-term partnership with Habitat Greater PBC and live in an area where Habitat is currently building.



**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: 561-819-6070  
Ext: 977

[homeownerservices@habitatgreaterpbc.org](mailto:homeownerservices@habitatgreaterpbc.org)

## **LOT SELECTION FORM**

**Instructions:** Habitat currently has 11 vacant lots available in Lake Worth Beach, Lantana, and West Palm Beach. Before submitting your application, please visit each lot you are interested in. We recommend visiting during both the day and night. Use the table below to mark your preferences.

**You must visit each lot you select before submitting this form.**

In the "Check Mark" column, mark each lot you are willing to consider. In the "Rank #" column, rank only the lots you selected, using 1 for your first choice, 2 for your second choice, and so on.

| Check Mark | Rank # | Address                                            | City             | Zip Code | Bedroom/Bath     | Type of Home     |
|------------|--------|----------------------------------------------------|------------------|----------|------------------|------------------|
|            |        | 320 N D St                                         | Lake Worth Beach | 33460    | 3 bedroom/2 bath | New Construction |
|            |        | 123 N F St                                         | Lake Worth Beach | 33460    | 3 bedroom/2 bath | New Construction |
|            |        | 915 N H St Unit A<br>(two story multi-family unit) | Lake Worth Beach | 33460    | 2 bedroom/2 bath | New Construction |
|            |        | 915 N H St Unit B<br>(two story multi-family unit) | Lake Worth Beach | 33460    | 2 bedroom/2 bath | New Construction |
|            |        | 915 N H St Unit C<br>(two story multi-family unit) | Lake Worth Beach | 33460    | 2 bedroom/2 bath | New Construction |
|            |        | 1094 Highview Rd.                                  | Lantana          | 33462    | 3 bedroom/2 bath | New Construction |
|            |        | 1010 Highland Rd.                                  | Lantana          | 33462    | 3 bedroom/2 bath | New Construction |
|            |        | 401 Division Ave                                   | West Palm Beach  | 33401    | 3 bedroom/2 bath | New Construction |
|            |        | 519 LA Kirksey                                     | West Palm Beach  | 33401    | 3 bedroom/2 bath | New Construction |
|            |        | 631 6 <sup>th</sup> St                             | West Palm Beach  | 33401    | 3 bedroom/2 bath | New Construction |
|            |        | 639 4 <sup>th</sup> St                             | West Palm Beach  | 33401    | 3 bedroom/2 bath | New Construction |

☐ **I am interested** in being considered for **any** of the locations listed above.

☐ **I am not interested** in any of the lots listed above and understand that I cannot be accepted into the Homeownership Program for this application cycle.

**Acknowledgement:**

By signing below, I confirm that I understand this Homeownership application applies only to the lots listed above. I have physically visited the home sites I selected, and I would like to apply to purchase one of the listed lots.

\_\_\_\_\_  
 (Applicant Signature)

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Co-applicant Signature)

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Date)

## HOME BUYER PROGRAM REQUIRED DOCUMENT CHECKLIST

Submit **copies (not originals)** of all documents listed below with your Initial Qualification Packet. **Your application will be considered incomplete and will not be processed if any required document listed below is missing. Habitat is unable to make copies for applicants.**

| Applicants<br>check box                         | Required Documents                                                                                                                                                                                                                                                                                                                                                                                                                                               | Office Use Only          |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Identification</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <input type="checkbox"/>                        | <b>ID (Driver License/ID showing the current address)</b><br>(of all household occupants)                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>Birth Certificates and/or Certificate of Naturalization and/or Permanent Resident Card</b><br>(all household occupants must be U.S Citizen or Permanent Residents)                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>Social Security Card</b><br>(of all household occupants)                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |
| <b>Income Verification Documents</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <input type="checkbox"/>                        | <b>Last 30 days of paystubs for all jobs</b><br>(of Applicant, Co-applicant and all working adult household occupants)                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>Benefits</b><br>(Social security, Retirement, VA, Pension, Food stamps or other benefit statements)<br>Copy of most recent awards/benefits letter stating monthly benefit. <i>(if applicable)</i>                                                                                                                                                                                                                                                             | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>Child Support / Alimony</b> <ul style="list-style-type: none"> <li>Copy of court ordered letter showing amount awarded</li> <li>Copy of case history/print out showing amounts disbursed</li> <li>(if not, court ordered) 6 months of payment history</li> <li><b>(if divorced) copy of divorce decree</b></li> </ul>                                                                                                                                         | <input type="checkbox"/> |
| <b>Financial Health &amp; History Documents</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <input type="checkbox"/>                        | <b>Credit Report (Fee)</b><br>Each applicant must <b>provide \$79 non-refundable money order</b> or check application processing of credit report. <b>For an Applicant and Co-applicant must be \$158.</b> Cash is not accepted.<br>Payment made payable to Habitat for Humanity Greater Palm Beach County. Write the Applicant/Co-applicant's full name, signature, and current address on the check or money order.<br>Habitat will pull the credit report(s). | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>Bank Statements (past 3 months)</b><br>(for all accounts and all pages associated with the applicant & co-applicant name(s))                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |
| <b>Residency &amp; Marital Status</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <input type="checkbox"/>                        | <b>Recent Lease Agreement</b> <i>(if applicable)</i><br>Include (3) months paid receipts or general ledger.<br>If living with family members provide a <u>letter</u> , stating occupancy details                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>Recent Utility Statement</b> <i>(if applicable)</i>                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>Proof of Marital Status</b><br>[e.g. marriage license, divorce decree, death certificate of spouse] <i>(if applicable)</i>                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |
| <b>Tax Returns &amp; W2</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| <input type="checkbox"/>                        | <b>2024 Tax Returns &amp; W2</b><br>(of Applicant, Co-applicant)<br>[if self-employed include CPA certified copy of year-to-date Profit & Loss Statement, 1099 forms, and Schedule C]                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |
| <input type="checkbox"/>                        | <b>2025 Tax Returns &amp; W2</b><br>(of Applicant, Co-applicant)<br>[if self-employed include CPA certified copy of year-to-date Profit & Loss Statement, 1099 forms, and Schedule C]                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |



**2026 Application Due July 28,  
2026 by 4pm**

# 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                                                                                                                                                                                                                                        |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| <b>Applicant's name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Co-applicant's name:</b> _____                                                                                                                                                                                                                   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Alternative and former names:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Alternative and former names:</b> _____                                                                                                                                                                                                          |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Email:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                                                                                                                                                                                                                               |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| 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) <b>(Fill out Section 14.)</b>                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) <b>(Fill out Section 14.)</b> |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Dependents and others who will live with you:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Dependents and others who will live with you (not listed by co-applicant):</b>                                                                                                                                                                   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <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"/> |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Age                                                                                                                                                                                                                                                 | Male                     | Female                   |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| 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"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| 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: _____                                                                                                                                                                                                                              |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                     |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| 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: _____                                                                                                                                                                                                                              |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                     |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| 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?

|  |
|--|
|  |
|  |
|  |
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|  |
|  |

**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 <b>CURRENT</b> employer:                                                                                                                                                                                                                      | Start date (mm/dd/yyyy):    | Name and address of <b>CURRENT</b> employer:  | Start date (mm/dd/yyyy):                                                                                                                    |
|                                                                                                                                                                                                                                                                   | Annual (gross) wages:<br>\$ |                                               | Annual (gross) wages:<br>\$                                                                                                                 |
| 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 <b>PREVIOUS</b> employer:                                                                                                                                                                                                                     | Years on this job:          | Name and address of <b>PREVIOUS</b> employer: | Years on this job:                                                                                                                          |
|                                                                                                                                                                                                                                                                   | Annual (gross) wages:<br>\$ |                                               | Annual (gross) wages:<br>\$                                                                                                                 |
| Type of business:                                                                                                                                                                                                                                                 | Business phone:             | Type of business:                             | Business phone:                                                                                                                             |
| <input type="checkbox"/> Check if you are the business owner or are self-employed.<br><input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more.<br>Monthly income (or loss) \$_____ |                             |                                               | <b>PLEASE NOTE:</b> 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: _____                      | \$        | \$           | \$                  | \$        |
| <b>Total</b>                      | <b>\$</b> | <b>\$</b>    | <b>\$</b>           | <b>\$</b> |

### 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?

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

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

## 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?<br>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 |
| <b>Note:</b> 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.

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