



**Return completed application to:**  
 Henry County Habitat for Humanity  
 Attn: Sh.Kreider  
 P.O. Box 1584  
 Fairfield, IA 52556



# Application

## Habitat Homeownership Program

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

**Dear Applicant:** Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
<b>Applicant's name</b>	<b>Co-applicant's name</b>																																																
Social Security number _____	Social Security number _____																																																
Home phone _____ Age _____	Home phone _____ Age _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
<b>Dependents and others who will live with you (not listed by co-applicant)</b>	<b>Dependents and others who will live with you (not listed by co-applicant)</b>																																																
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Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
_____	_____																																																
Number of years _____	Number of years _____																																																
<b>If you have lived at your present address for less than two years, complete the following:</b>																																																	
Last 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 _____																																																

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

### 3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

#### I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

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

### 4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

Kitchen        Bathroom        Living room        Dining room

Other (please describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_/month    Unpaid balance \$ \_\_\_\_\_

Do you own land?     No     Yes       Monthly payment \$ \_\_\_\_\_    Unpaid balance \$ \_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach land documentation.

**6. EMPLOYMENT INFORMATION**

Applicant		Co-applicant	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information</b>			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

**7. MONTHLY INCOME**

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**PLEASE NOTE:**

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

**HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE**

Name	Income source	Monthly income	Date of birth

**8. 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 parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

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**9. ASSETS**

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

**10. DEBT**

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>Total</b>	\$	\$		\$	\$	

**MONTHLY EXPENSES**

<b>Account</b>	<b>Applicant</b>	<b>Co-applicant</b>	<b>Total</b>
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

**11. DECLARATIONS**

**Please check the box beside the word that best answers the following questions for you and the co-applicant**

	<b>Applicant</b>	<b>Co-applicant</b>
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.*

## 12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date	Co-applicant signature	Date
X _____	_____	X _____	_____

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

## 13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

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

## 14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

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

To be completed only by the person conducting the interview			
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">Interviewer's signature</td> <td style="width: 20%; border: none; text-align: right;">Date</td> </tr> </table>	Interviewer's signature	Date
Interviewer's signature	Date		
	Interviewer's phone number		

## Section 15: Personal References

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Relationship To You: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Relationship To You: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Relationship To You: \_\_\_\_\_

## Section 16:

Do you have a preference where your Habitat home would be located in Henry County, IA (circle all that apply)? This might be because of where family members currently reside or for some other reason.

- Coppock
- Hillsboro
- Mt. Pleasant
- Mt. Union
- New London
- Olds
- Rome
- Salem
- Wayland
- Westwood
- Winfield



## 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 Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X \_\_\_\_\_

X \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Application Instructions

## Section 1:

This section has columns for both the applicant and the co-applicant. A previous address is needed only if you have lived at your current address for a period of less than 2 years. Please include both name and social security number of applicant and co-applicant.

## Section 2:

This section is for Habitat office use.

## Section 3:

Read the statement and decide if you are willing to devote time and labor to assist in the completion of your home, and possibly future Habitat projects. If there is a co-applicant, they should answer, also.

## Section 4:

Answer each question and be certain to supply a copy of your rent receipt showing your rent payment. Describe your current residence and tell us why you need a Habitat home.

## Section 5:

Be sure to note that there are questions here on the residence as well as the land. If you are buying the land separate from the residence, it will have a separate mortgage. End this section by giving your full, legal name, as it would appear on legal documents.

## Section 6:

This is the section for your employment information. There is a column for both the applicant and for the co-applicant. If you have worked for your current employer for less than one year, please complete the second section of the Employment Information.

## Section 7:

This is your income statement. Notice that there is a column for the applicant, the co-applicant, and income from other members of the family that will be living in the Habitat home who are eighteen years of age or older. There is a place in the lower right-hand of this section for the name, age, and wages of these individuals that over the age of eighteen. The monthly bills listed in this section are bills, which regularly occur, and you should supply receipts for your latest payments. Utilities are electric, gas, water, sewage, trash collection, etc. The Alimony section on the left-hand side of the section is alimony that you receive. THE ALIMONY/CHILD SUPPORT SHOWN ON THE RIGHT-HAND SECTION IS NOT INCOME. This is the amount you pay to another person.

## Section 8:

There is a small 2% down payment and there will be closing costs which will become payable when your Habitat home is completed and you are ready to take possession. This section simply asks where that money will come from.

## Section 9:

These are your assets. List checking and savings accounts which you have. Also list any major property such as cars, boats, mobile homes, appliances.

**Section 10:**

These are your debt obligations that require regular payment. Include all debts of either applicant or co-applicant.

**Section 11:**

These are simple declarations that you and your co-applicant need to answer.

**Section 12:**

Read and understand this statement. When you sign it, it will allow Habitat to process your application

**Section 13:**

Demographic information.

**Section 14:**

We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

**Section 15:**

Please provide 3 references for people that are not related to you. Please include complete mailing address and telephone numbers.

**Section 16:**

Do you have a preference where you live within Henry County?

Please make every attempt to answer the questions on the application as completely as possible. Incomplete applications will result in a delay in a decision.