

Phelps County Habitat for Humanity

HOUSING PARTNERSHIP APPLICATION

Instructions:

1. You must complete ALL sections of this application. If any requested information does not apply to your family, please indicate this by "N/A" in the spaces provided. **Not filling out the application completely will cause a delay in processing the application.** If you have questions, leave a message on the Habitat voicemail at (573) 368-5110 and your call will be returned.
2. Please **PRINT** clearly. **Unreadable applications cannot be processed.**
3. If you need more space to provide information, attach a separate sheet of paper with the information, and note "See Attached" on this form. Please mark you additional comments with "A" for Applicant or "C" for Co-applicant or with the first name of any other household member.
4. **All adults** in the household must **sign and date Attachment 1**, Authorization to Release Information.
5. Please include with your application the documents listed in **Attachment 2** to this form.
6. The APPLICANT listed below will act as the main point of contact for all persons listed on this application. All correspondence with the family will be performed through the APPLICANT at the address shown.
7. **Applications must be received by February 6, 2017.**

PERSONAL INFORMATION

	Applicant – Head of Household	Co-Applicant
Full Name		
Current Address (Street address, City, State, Zip code)		
Home Phone		
Work Phone		
Date of Birth		
Soc. Sec. #		

APPLICANT – PLEASE CHECK ONE OF THE FOLLOWING:

- Married
 Separated
 Unmarried (including Single, Widowed, and Divorced)

RESIDENCY

How long have you lived in Phelps County: Applicant _____ Co-Applicant _____

How long have you lived at your current address: _____

Note: One of the applicants must have lived in Phelps County, MO continuously for the past 12 months. If you have lived in Phelps County, MO for less than one full year, please reapply during a future selection process when you meet this requirement.

OCCUPANCY

Please list ALL persons who would live in the Habitat house (include yourself and your co-applicant), if you were selected to become a Habitat homeowner. Put an asterisk beside the name of anyone who is not currently living with you, and on a separate piece of paper explain why this person would be joining your household, and for this person provide the Housing Situation Information requested on page 3.

Name	Age	Date of Birth	Relationship	Soc Sec #

WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of “Sweat Equity” hours. Your help in building your home is called “Sweat Equity” and may include clearing the lot, helping with construction and cleanup, attending home ownership classes (if available), or other approved activities. If selected, while your house is being constructed you must be willing to accumulate the money to pay a utility deposit, the first year of homeowner’s insurance, and closing costs, if required.

	Yes		No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS, AND TO ACCUMULATE THE MONEY NEEDED FOR UTILITY DEPOSIT, FIRST YEAR HOMEOWNER’S INSURANCE AND CLOSING COST, IF REQUIRED:	Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

WHILE THIS APPLICATION IS PENDING, I WILL PROMPTLY INFORM HABITAT OF ANY CHANGES IN MY CONTACT INFORMATION, FAMILY OR HOUSEHOLD COMPOSITION, AND MY OR OTHER HOUSEHOLD MEMBERS’ EMPLOYMENT, INCOME, DEBT, OR LEGAL PROBLEMS:	Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

I WILL MAINTAIN THE HOME AND MAKE MY MORTGAGE PAYMENTS ON TIME, IF I AM SELECTED FOR THE PROGRAM AND A HOME IS SOLD TO ME:	Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING SITUATION

How many bedrooms do you have? _____

What problems do you have with your present housing? (Explain in detail; attach additional sheet if needed)

Describe any special needs you have for your housing: (Explain in detail; attach additional sheet if needed)

If you currently own your home:

Is it mortgaged? Yes No

Mortgage company _____

If YES how much do you still owe? \$ _____

How much are monthly payments? \$ _____

How many years remaining on loan? _____

How much do you pay for utilities (gas, electric, water, sewer, trash)? \$ _____/month

If you currently rent your home:

Do you rent: house apartment mobile home mobile home lot

How much is your monthly rent? \$ _____

If your rent is subsidized: How much is subsidized? \$ _____; How much do you pay? \$ _____

Do you pay utilities? Yes No

How much do you pay for utilities (gas, electric, water, sewer, trash)? \$ _____/month

Name of Current Landlord _____

Landlord's Current Address _____

City _____ Zip code _____ Phone: _____

If at current address less than one year, please provide previous landlord information below.

Name of Previous Landlord _____

Landlord's Street Address _____

City _____ Zip code _____ Phone: _____

Your previous Street address: _____

How long did you live at this address? _____

NOTE: If any persons listed in the Occupancy section of this application currently reside at an address different from the address of the APPLICANT (listed on page 1), you must provide the Housing Situation information for each of these persons on additional pages.

INCOME (List ALL income for each household member over age 18). If none, simply state "NONE"

NOTE: For Applicant, Co-Applicant, and each other person who is at least 18 and who earns income and would live in the Habitat house, you must submit with this application a COPY of his or her last 2 months worth of pay stubs, and a 1-year work history. Your application will be considered incomplete if you do not supply this information.

APPLICANT's CURRENT Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____

APPLICANT's Second Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____

If less than one year at current place of employment, please provide previous place of employment.

APPLICANT's PREVIOUS Place of Employment _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

APPLICANT's PREVIOUS Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

Please explain gaps in employment greater than 1 month on a separate sheet of paper and include it with this application.

INFORMATION ON THIS PAGE PERTAINS TO THE APPLICANT ONLY. COAPPLICANT INFORMATION IS ON THE NEXT PAGE.

INCOME CONTINUED

CO-APPLICANT's CURRENT Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____

CO-APPLICANT's Second Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week/month / twice a monthly / every 2 weeks (Circle one)
Start Date _____

If less than one year at current place of employment, please provide previous place of employment.

CO-APPLICANT's PREVIOUS Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

CO-APPLICANT's PREVIOUS Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

Please explain gaps in employment greater than 1 month on a separate sheet of paper and include it with this application.

INFORMATION ON THIS PAGE PERTAINS TO THE CO-APPLICANT ONLY. APPLICANT INFORMATION IS ON THE PREVIOUS PAGE.

INCOME CONTINUED

OTHER EMPLOYMENT IN HOUSEHOLD (18 & over):

Family Member's Name: _____
CURRENT Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

If less than one year at current place of employment, please provide previous place of employment.

Family Member's Name: _____
Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

ADDITIONAL HOUSEHOLD MEMBER 18 AND OVER WHO IS EMPLOYED:

Family Member's Name: _____
Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

If less than one year at current place of employment, please provide previous place of employment.

Family Member's Name: _____
Place of Employment: _____
Address: _____ City & State: _____ Zip: _____
Work Phone: _____ FAX: _____ Position: _____
Supervisor: _____ Phone: _____
Supervisor's Address if different: _____
Hours per Week: _____ Pay: \$ _____ per week / month / twice a monthly / every 2 weeks (Circle one)
Start Date _____ End Date: _____

NOTE: For each additional household member 18 and over who is employed, list the same INCOME information as above on another sheet of paper and include it with this application.

INCOME CONTINUED

OTHER SOURCES OF INCOME: (Please give the name of the household member receiving the income)

NOTE: For each person who would live in the Habitat house, and who receives income listed below, you must submit with this application a COPY of the current Award Letter or Court Order for each income source. Your application will be considered incomplete if you do not supply this information. If none of these apply, simply write "N/A" on the check boxes provided. Please indicate all other sources of income received by the household (attach additional sheets if needed).

- T.A.N.F. (Temporary Aid for Needy Families) Social Security S.S.I./S.S.D. Section 8
 Child Care Assistance WIC Food Stamps (SNAP) Alimony/Separate Maintenance**
 Energy Assistance Other (explain): _____

For each source of income indicated above, please provide the information below (attach additional sheets, if needed).

Household Member's Name Receiving Support: _____

Income Source: _____ Monthly Income: \$ _____

Caseworker's Name: _____ Telephone Number: _____

Household Member's Name Receiving Support: _____

Income Source: _____ Monthly Income: \$ _____

Caseworker's Name: _____ Telephone Number: _____

Household Member's Name Receiving Support: _____

Income Source: _____ Monthly Income: \$ _____

Caseworker's Name: _____ Telephone Number: _____

Household Member's Name Receiving Support: _____

Income Source: _____ Monthly Income: \$ _____

Caseworker's Name: _____ Telephone Number: _____

Household Member's Name Receiving Support: _____

Income Source: _____ Monthly Income: \$ _____

Caseworker's Name: _____ Telephone Number: _____

**** NOTE:** You may elect NOT to have alimony or separate maintenance you receive considered in determining your qualification for partnership with Habitat.

Do you want alimony or separate maintenance to be considered? YES NO

ASSETS AND LIABILITIES

List any and all bank, savings, and investment accounts for all household members:

Under Name Of	Financial Institution	Account Number	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Does any household member own or control Real Estate or a Business (in whole or part): Yes No
 (if Yes, attach a sheet identifying and describing the property or business, and percent of ownership or control interest of each household member).

Debts: To whom does your household owe money – e.g., alimony/child support, motor vehicle loans, credit cards, student loans, personal loans, furniture, appliances, medical, cell phone, cable, satellite dish, etc.)?

Person/Company Owed	What For?	Monthly Payment	Unpaid Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Expenses:

Monthly Expenses	Amount	Monthly Expenses	Amount
Rent/mortgage payment		Home phone	
Gas (Utility)		Cell Phone	
Electric		Cable TV/Satellite service	
Water & Sewer		Internet service	
Trash Pickup		Food	
Auto payment		Clothing	
Auto Gas & Maintenance		Job-related expenses	
Insurance (Auto)		School-related expenses	
Insurance (Life)		Medical & prescriptions	
Insurance (Medical)		Child Care	
Insurance (Home/Renter)		Other _____	
Property taxes (real & personal)		Other _____	

DECLARATIONS

- | | Applicant | Co-applicant |
|---|--|--|
| a. Do you have any debt 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 given a deed in lieu of foreclosure, the in the past seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you currently involved in a lawsuit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are you delinquent on any loan, credit card or other debt? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are you paying alimony or child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Are you a U.S. citizen, a citizen of American Samoa, a citizen of the Federated States of Micronesia, Republic of Marshall Islands or Republic of Palau, or a lawful permanent resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered "yes" to questions a.- f., or "no" to question g., please explain on a separate piece of paper. If "yes" to question b. or c., state when the bankruptcy petition was filed and when the order discharging you from bankruptcy was entered, and/or state when the foreclosure sale or deed in lieu of foreclosure occurred.

CERTIFICATION

I understand that by filing this application, I am authorizing Phelps County Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a partner family. I understand that the evaluation will include personal visits and current housing conditions, a credit report and credit references, and verification of income, employment, assets, liabilities, and other information submitted with the application. I have answered all the questions on this application truthfully and supplied all information pertinent to my application. I understand that if I have not answered the questions truthfully or omitted any pertinent information, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Phelps County Habitat for Humanity even if the application is not approved.

I also understand that Phelps County Habitat for Humanity screens all applicant families for presence on the sex offender registry, and that by signing this application I am submitting myself and all persons listed on page 2 of this application to such an inquiry. In addition, if I am selected as a partner in the Habitat homeownership program, I consent to the use by Phelps County Habitat for Humanity of my name, the composition of my family, and pictures of myself and my family in publicity about Habitat's program.

Applicant Signature	Date	Co-applicant Signature	Date
_____	_____	_____	_____
Print Name: _____		Print Name: _____	
Signature of any other household members who are 18 or older:			
Signature	Date	Signature	Date
_____	_____	_____	_____
Print Name: _____		Print Name: _____	

Note: Applicant, co-applicant, and any other household members who are 18 or older must also sign and date the Authorization to Release Information, Attachment 2 of the Application.

For additional signatures, make a copy of this signature page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below. The following information is requested by the Federal government for the purpose of monitoring compliance with Federal statutes that prohibit creditors from discriminating against applicants on the basis of ethnicity, race, sex, marital status, or age. You are not required to furnish 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 lender may not discriminate on the basis of this information, or on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations we are required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birth Date: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birth Date: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)



PO Box 1551 · Rolla, MO 65402
(573) 368-5110
Email: habitat@rollanet.org

Authorization to Release Information

To Whom It May Concern:

- 1. I, or a member of my family, have applied to become a partner family with Phelps County Habitat for Humanity and for a mortgage loan from Phelps County Habitat for Humanity. As part of the application process, Phelps Count Habitat for Humanity may verify information contained in my application and in other documents required as part of the process for selecting a partner family.
- 2. I authorize you to provide to Phelps County Habitat for Humanity any and all information and documentation that they request. Such information includes, but is not limited to, verification of: employment history and income; bank, savings, money market, investment/retirement and similar account balances; assets and debts; credit history; public assistance; pension; bankruptcy; foreclosure; rent history; residency; immigration status; and copies of income tax returns.
- 3. A copy of this authorization may be accepted as an original.

X_____ Date: _____

[Print Name]

X_____ Date: _____

[Print Name]

X_____ Date: _____

[Print Name]

X_____ Date: _____

[Print Name]

X_____ Date: _____

[Print Name]

Attachment 2 – SUPPLEMENTAL APPLICATION INFORMATION

Please submit **copies** of the following documents (if applicable to you) with this application. Failure to submit all requested information will cause a delay in processing.

- Social Security card for each family member.
- The following citizenship or residency documents:
 - For US Citizens – (i) a US Passport or US Passport Card; or (ii) US Citizen ID Card (INS Form I-179 or I-197); or (iii) an unexpired government-issued (federal, state or Native American tribe) driver's license or photo ID, plus one of the following: US birth certificate bearing an official seal, Certificate of Citizenship (USCIS/INS Form N-600), Certification of Birth Abroad (Department of State Form FS-545 or Form DS-1350), or a similar Native American tribal document bearing an official seal.
 - For citizens of American Samoa – (i) a US Passport, or (ii) an unexpired government-issued (American Samoa, federal or state) driver's license or photo ID, plus an American Samoan birth certificate bearing an official seal.
 - For citizens of the Federated States of Micronesia, Republic of Marshall Islands, or Republic of Palau – a passport from the home nation, plus USCIS/INS Form I-94 (Arrival/Departure Card).
 - For lawful permanent residents – (i) a USCIS/INS Form I-551 (Permanent Resident Card or Alien Registration Card); or (ii) a foreign passport with a temporary I-551 stamp.
- Pay stubs for the last 2 months of employment income for each family member 18 and over ;
- If during the past 2 years you have a gap in employment of 30 days or more, include a letter explaining the gap.
- W-2 Forms and Form 1099s for the last 2 years for each family member 18 and over;
- Last 2 statements (all pages) for all bank, savings and investment accounts for each family member;
- Most recent benefits statement, award letter or determination/redetermination letter, if receiving Social Security, SSI or Disability benefits, HUD Section 8 housing assistance, Child Care Assistance, Temporary Assistance [for Needy Families] (TANF), Women, Infants and Children (WIC) benefits, Food Stamps (SNAP) benefits, or benefits under any other public assistance program, for each family member;
- Pension benefits statement, or evidence of last 2 months of pension payments.
- Documents establishing right to and amount of any other income received by any family member.
- Divorce/Dissolution Order (signed), including any modifications and any related separation agreement or settlement agreement, for any applicant or co-applicant who is divorced. Separation Agreement (signed), including any modifications, if applicant or co-applicant if separated;
- Alimony/Maintenance Order (signed), if applicant or co-applicant is **receiving or paying** alimony or maintenance (unless alimony/maintenance details are contained in the Divorce/Dissolution Order or Separation Agreement required above).
- Proof of receipt or payment of alimony/maintenance for last 12 months; proof of payment of child support for last 12 months.
 - NOTE: If you have elected to NOT have alimony payments you receive considered in determining your qualification to partner with Habitat, you may disregard the request for the Alimony/Maintenance Order and proof of receipt of alimony payments.
 - This election DOES NOT APPLY to an applicant's or co-applicant's **payment of alimony/maintenance or payment of child support**. The Alimony/Maintenance Order and/or Child Support Order and proof of payment of alimony/maintenance and/or child support MUST BE SUBMITTED.
- Last 2 years of federal and state income tax returns, signed and with all schedules. Self-employed family members must submit business as well as personal tax returns, plus a year-to-date (2016) profit and loss statement and balance sheet.

Attachment 2 – Continued

- Last 12 months of utility bills (electricity, gas, water & sewer), if available, or a 12 month summary of billings from each utility provider.
- Last 2 months of phone and cell phone bills, rent payment receipts, car payment receipts, credit card bills, child care expenses, mortgage and other loan payment, and bills or payment receipts for other expenses listed in the application.
- Last 12 months medical expenses, job-related expenses, insurance, and other listed expenses (to the extent that documentation is reasonably available).
- Most recent real and personal property tax bills for any family member.
- Note and deed of trust or mortgage on any real property owned, plus the most recent statement from the lender showing the balance on the loan.
- Loan agreement for any other outstanding loan to any family member, plus the most recent statement from the lender showing the balance on the loan.
- Most recent statement or bill with respect to any other debt owed by any family member.
- Documents showing all outstanding (unsatisfied) judgments and liens filed against any family member.
- Any bankruptcy petition filed by applicant or co-applicant in the previous 7 years, plus a copy of any reorganization or payment plan approved by the bankruptcy court in the same time frame, and any final discharge order. Also, please submit a statement explaining why you filed for bankruptcy.
- A statement identifying (including type and location) of any property that you owned and that was foreclosed upon (or for which you gave a deed in lieu of foreclosure) in the previous 7 years (include type of property, e.g., residential, farm, etc., location, and value at the time of foreclosure or deed in lieu of foreclosure); also, state why you suffered the foreclosure or gave a deed in lieu of foreclosure.
- Current lease or rental agreement

DISCLOSURES

(detach this page and retain for your files)

Right to Receive Copy of Appraisal

In connection with any loan that Phelps County Habitat for Humanity agrees to make to you, we may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use, at your own cost.

12/2016

Privacy Statement and Notice

Phelps County Habitat for Humanity

At Phelps County Habitat for Humanity, we are committed to keeping your information private. We recognize the importance that applicants, homeowners, and their families place on the privacy and confidentiality of their information.

When collecting, storing, and retrieving applicant and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications, payment history and financial information – internal controls are maintained throughout the process to ensure security and confidentiality.

Our directors, employees and volunteers are subject to a written policy regarding confidentiality. Access to applicant and homeowner data is restricted to directors, staff and volunteers on an as-needed basis. Information is used for lawful business purposes, and is never shared with third parties without your consent, except as permitted or required by law.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on your application or other forms;
- Information from those we contact to verify information you provide on your application;
- Information we receive from a consumer reporting agency; and
- Information about your transactions and agreements with us.

We never provide your nonpublic personal information to others for their own use, including for their marketing purposes.

We do not disclose your nonpublic information to anyone, except as permitted or required by law. Permitted disclosures include:

- Information we receive from you on your application, as necessary to verify the information you provide to us, evaluate your creditworthiness, and process your application;
- Information about your transactions and agreements with us, such as the amount of your mortgages with us and your payment history, as necessary to administer or enforce your transactions and agreements with us; and
- Other information you authorize us to release.

As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Third parties you identify in your application, in order to verify information you provide to us, evaluate your creditworthiness, and process your application;
- Attorneys, auditors, agents, consultants and service providers, in order to process, effect, administer or enforce transactions you authorize or request and agreements you enter into with us, and in order to maintain and service your account;
- Any person or entity, as necessary to comply with Federal, State, or local laws, rules, judicial processes, and other applicable legal requirements; and
- As otherwise permitted by law.