



HABITAT HOMES ARE NOT FREE!

- Approved Families become Partner Family Members and work toward qualifying for a 20 to 30-year MORTGAGE with Habitat.
- Qualified homeowners make a monthly payment on a low to no interest mortgage!

HABITAT IS NOT A QUICK FIX!

- It takes qualified partners up to 2 YEARS to close on a Habitat home.
- Denied applicants will not be eligible to apply again for 1 year!

CRITERIA TO QUALIFY

1. **Need for Adequate Housing** (varies with each family; give a thorough explanation of why you need a Habitat home in section 3 of the application)
 - Needs include but are not limited to:
 - Poor or unsafe living conditions
 - Overcrowded household
 - Section 8 housing
 - Can't afford rent
2. **Ability to Pay**
 - Must have a steady job unless non-employment income such as permanent disability or child support income is enough to meet the minimum annual income requirements
 - Income from side hustles or business income paid in cash and not filed on your annual tax returns is not acceptable
 - For business income- the income claimed on your tax return will be used to determine your monthly or annual income. Must have 2 years of filed business tax returns
 - Annual income must be between 35-80% of the area median income (AMI) per household size (see median income limits chart on page 3)
3. **Willingness to Partner with Habitat**
 - Must be willing to complete program requirements
 - A few of the Partner Family program requirements are listed below

PARTNER FAMILIES MUST COMPLETE PROGRAM REQUIREMENTS INCLUDING BUT NOT LIMITED TO:

1. Sweat Equity

- All prospective homeowners are required to complete 350 sweat equity hours before assuming a mortgage on a Habitat house.

2. Escrow Payment

- Partner Families are required to pay \$3,550.00 to an escrow account.
- It can be paid in small monthly installments while in the program.

3. Homeowner Education

- Partner families must attend twelve (12) homeowner education courses, nine weeks of Financial Peace University, and complete a Last Will and Testament.

Habitat for Humanity is an equal opportunity housing lender. At Habitat, we are pledged to the letter and the spirit of US policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin. Habitat is a nonprofit, Christian-based ministry building homes for low-income families with help from the community, volunteers & Habitat homeowners.



FY 2022 Median Income

Effective June 15, 2022 - HOME, CDBG & NSP

| EAHPP | CoWorker | CoWorker + Spouse |
|---------|----------|-------------------|
| MHealth | \$58,400 | \$83,400 |
| SJCHS | \$58,400 | \$83,400 |

Median Income = \$83,400

Each Add'l

| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | Person + | |
|-------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|---------------|
| 120% | \$70,050 | \$80,050 | \$90,050 | \$100,100 | \$108,100 | \$116,100 | \$124,100 | \$132,100 | \$8,000 | MIDDLE INCOME |
| 115% | \$67,150 | \$76,700 | \$86,300 | \$95,900 | \$103,550 | \$111,250 | \$119,000 | \$126,700 | \$7,650 | |
| 110% | \$64,250 | \$73,400 | \$82,600 | \$91,750 | \$99,100 | \$106,450 | \$113,850 | \$121,200 | \$7,350 | |
| 100% | \$58,400 | \$66,750 | \$75,050 | \$83,400 | \$90,050 | \$96,750 | \$103,450 | \$110,050 | \$6,650 | MEDIAN INCOME |
| 95% | \$55,500 | \$63,400 | \$71,350 | \$79,250 | \$85,600 | \$91,950 | \$98,350 | \$104,700 | \$6,350 | |
| 90% | \$52,500 | \$60,000 | \$67,500 | \$75,000 | \$81,000 | \$87,000 | \$93,080 | \$99,100 | \$6,000 | |
| 85% | \$49,650 | \$56,700 | \$63,800 | \$70,900 | \$76,550 | \$82,250 | \$88,000 | \$93,650 | \$5,650 | |
| 80% | \$46,700 | \$53,400 | \$60,050 | \$66,700 | \$72,050 | \$77,400 | \$82,750 | \$88,050 | \$5,350 | LOW INCOME |
| 75% | \$43,800 | \$50,050 | \$56,300 | \$62,550 | \$67,550 | \$72,550 | \$77,600 | \$82,650 | \$5,000 | |
| 70% | \$40,900 | \$46,700 | \$52,550 | \$58,400 | \$63,050 | \$67,750 | \$72,450 | \$77,150 | \$4,650 | |
| 65% | \$37,950 | \$43,350 | \$48,800 | \$54,200 | \$58,550 | \$62,850 | \$67,250 | \$71,600 | \$4,350 | |
| 60% | \$35,040 | \$40,080 | \$45,060 | \$50,040 | \$54,060 | \$58,080 | \$62,100 | \$66,060 | \$3,650 | TAX CREDIT |
| 55% | \$32,100 | \$36,700 | \$41,250 | \$45,850 | \$49,500 | \$53,200 | \$56,900 | \$60,550 | \$3,650 | |
| 50% | \$29,200 | \$33,400 | \$37,550 | \$41,700 | \$45,050 | \$48,400 | \$51,750 | \$55,050 | \$3,350 | VERY LOW INC |
| 45% | \$26,300 | \$30,050 | \$33,800 | \$37,550 | \$40,550 | \$43,550 | \$46,600 | \$49,600 | \$3,000 | |
| 40% | \$23,350 | \$26,700 | \$30,000 | \$33,350 | \$36,000 | \$38,700 | \$41,400 | \$44,050 | \$2,650 | |
| 35% | \$20,450 | \$23,350 | \$26,300 | \$29,200 | \$31,550 | \$33,850 | \$36,250 | \$38,550 | \$2,350 | |
| 30% | \$17,500 | \$20,000 | \$22,500 | \$25,000 | \$27,000 | \$29,000 | \$31,000 | \$33,000 | \$2,000 | Extremely Low |
| 25% | \$14,600 | \$16,700 | \$18,750 | \$20,850 | \$22,500 | \$24,200 | \$25,850 | \$27,550 | \$1,650 | |

| | | | | | | | | | |
|------------|--|----------|----------|----------|----------|----------|----------|----------|---------|
| Poverty | \$13,590 | \$18,310 | \$23,030 | \$27,750 | \$32,470 | \$37,190 | \$41,910 | \$46,630 | \$4,720 |
| Guidelines | Department of Health & Human Services / Federal Register (Vol 87, No 14, (Pg 3315-3316)/January 21, 2022 | | | | | | | | |

Y:\HOME\HOME Limits\HOME Income Limits\2022 HOME, CDBG & NSP Limits\AMI 2022 HOME CDBG NSP Income Limits 06.15.2022 Correct Copy 6.16.22.xls\A

Application Checklist

Completed application and all required documentation will be accepted by appointment only. Please schedule an appointment via <https://calendly.com/oadesanya7/habitat-savannah-new-application-submission> or contact our front desk at 912-353-8122.

1. Applications **MUST** be filled out and signed before you arrive for your appointment, or you will be asked to reschedule.
2. Partial documents will not be accepted.
 - a. For example, if a document is 8 pages long, you must submit all 8 pages.
 - b. Bank statements may intentionally leave pages blank. Include blank pages as well.
3. A non-refundable fee of \$40 for credit and background check **MUST** be brought in with the application.
 - a. Check, or money order is acceptable. Make it out to **Coastal Empire Habitat for Humanity**.
 - b. Ensure you complete the money order correctly or wait until your appointment to complete it with the interviewer.
4. Provide all documents on the checklist that applies to your household. Incomplete applications will **NOT** be accepted. **DO NOT** hand us your original documents. You **MUST** make copies to submit with your application. We will **NOT** make copies for you.
5. Please be organized when you show up. The interviewer will ask for your documents in the same order as the checklist.

| ✓ | Checklist Items |
|---|--|
| | Copy of driver's license or state ID for EACH APPLICANT |
| | Copy of social security card for EACH household member that will reside in new home |
| | Copy of most recent (3) three months' pay stubs for each applicant Optional: you may include any household member (18) eighteen or older income |
| | Copy of most recent two (2) months' bank statements of each applicant |
| | Copy of the last two (2) years of filed tax returns & W2's of each applicant |
| | VETERANS: Copy of DD-214 FORM (DISCHARGE DOCUMENT) |
| | VETERANS: Copy of VA Disability Benefits letter |
| | Copies of most recent twelve (12) months' utility bills (payment history is acceptable as long as it's evident that the bill is under the applicant's name) |
| | Copies of Divorce Decree/Separation papers (if applicable) |
| | Verification of SSI/Disability for all applicable household members |
| | Court ordered child support or alimony income (Need copy of documents provided by the court) |
| | Non-refundable \$40 check or money order |
| | Verification of Employment Form- Do not submit to employer before your interview |



Coastal Empire Habitat for Humanity
 P.O. Box 2431, Savannah, GA 31402
 (912) 353-8122

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:** _____

1A. APPLICANT INFORMATION

| Applicant | Co-applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|---|------|-----|------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|
| Applicant's name: _____ Alternative and former names: _____ _____ | Co-applicant's name: _____ Alternative and former names: _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) | Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependents and others who will live with you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><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"/> | Dependents and others who will live with you (not listed by co-applicant): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | <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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | <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 _____ _____ Number of years: _____ | Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date received: _____ Date of notice of incomplete application letter: _____ Date of adverse action letter: _____ | Date of selection committee approval: _____ Date of board approval: _____ 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 "sweat-equity" 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 SWEAT-EQUITY HOURS:

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

3. PRESENT HOUSING CONDITIONS

Currently, are you: Renting Rent-free Own

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

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

Other (please describe): _____

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

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

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

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

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?
 \$ _____/month Unpaid balance \$ _____

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

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

5. EMPLOYMENT INFORMATION

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

6. MONTHLY INCOME

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

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

| Name | Income source | Monthly income | Date of birth |
|------|---------------|----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

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

9. LIABILITIES AND EXPENSES

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

MONTHLY EXPENSES

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

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

10. DECLARATIONS

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

11. AUTHORIZATION, AGREEMENT AND RELEASE

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

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

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

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

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

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

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ **Co-applicant's name** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

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

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

| To be completed only by the person conducting the interview | | |
|---|---|--|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the sex of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the race of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type) _____ Interviewer's signature _____ | Interviewer's phone number _____ 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 the **Southeast Region, 225 Peachtree St. NE, Suite 1500, Atlanta GA 30303**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

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

Accordingly, if you receive income from these sources and do not provide this information with your application, 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: _____



Coastal Empire
Habitat
for Humanity®

Verification of Employment Form

Date: _____

To: _____ (Company)

Phone: _____ (HR) Fax: _____ (Optional)

Applicant's Last 4 digits of Social Security#: _____

(Applicant Name) _____ has applied for housing through Habitat for Humanity and has given us written permission to verify his/her employment.

We appreciate your help with the required information. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

This form also serves as the authorization form. The applicant has signed below, permitting us to request this information from you. Thank you!

Coastal Empire Habitat for Humanity

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize my employer to release this information to Coastal Empire Habitat for Humanity.

Signature _____

Information below this line is to be completed by employer

Employee name (on file): _____

Position (most recent): _____

- **Dates of Employment:** *From:* _____ *To:* _____
- **Base Pay:** _____ Per _____
- **Regular Hours:** _____ Per _____
- **Commissions:** _____ 2020 _____ 2021 _____ YTD
- **Bonus Pay:** _____ 2020 _____ 2021 _____ YTD
- **Overtime Pay:** _____ 2020 _____ 2021 _____ YTD

Comments: (ex. anticipated termination date)

Employer Signature: _____ **Date:** _____

Signatory Position: _____

Please complete the form as soon as possible and return to Homeowner Services

@ oadesanya@habitatsavannah.org

Thank you so much!