

Dear Habitat Applicant,

Thank you for your interest in Brunswick County Habitat for Humanity. Enclosed you will find our current application and additional information related to our homeownership program. Once you have reviewed the selection criteria and feel that you may qualify for our program, gather copies of the documents listed on the checklist. After you have completed the application and gathered all the requested documents including payment for credit history fee, please return it all to our office at:

Brunswick County Habitat for Humanity  
Homeowner Services  
1323 Stone Chimney Road SW  
Supply, NC 28462

Please Note: Please do not submit originals, only copies that we may keep of the requested documents. We can copy originals in the office for you. We will not be responsible for original copies.

Please Note: There will be a Credit Report fee of \$65/1 applicant and \$130/ for 2 applicants due at submission of application. Accepted payment types are Check or Money Order, Cash will NOT be accepted. Application and fee(s) can be delivered in person or by mail Only. This is non-refundable.

Submission of Applications are discouraged online due to the privacy of your information and will not be processed without payment of the non-refundable fee.

Please Note: If you are disqualified from the program due to your credit report, you will receive a call and letter explaining steps you can take to clear up any issues that may help you reapply for the program. If you need a copy of your credit report, please notify the office before coming to pick it up. We will not mail or email this document.

Again, Thank You for your interest in the Brunswick County Habitat for Humanity Homeownership Program and we hope to speak to you soon regarding this program.

Sincerely,  
Holly M. Williams  
Qualified Loan Originator (QLO) and Family Services  
(910) 454-0007 Ext. 0

## Overview of Habitat's Homeownership Program

It is the mission of Brunswick County Habitat for Humanity to put God's love into action by bringing people together to build homes, communities, and hope. We do this by partnering with volunteers and families to build decent, affordable housing for those in need. Habitat homes are then sold to families through an affordable below-market interest loan.

To qualify for the program, families must:

1. Demonstrate a need
2. Must have the ability to pay a modest mortgage
3. Be willing to partner in the building of their home

Equal Housing Opportunity Provider:

Families who apply to purchase a home from Brunswick County Habitat for Humanity will be approved by the Board of Directors in a way that does not discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin, or because all or part of the applicant's income is derived from public assistance programs.

## Homeownership Selection Criteria

### Residency

- All applicants must be a legal citizen or legal resident of the US
- All applicants must demonstrate they have lived, worked, or worshiped in Brunswick County for the last 12 months
- Custody or Legal Guardianship is required for children under the age of 18

### Need

- Living in overcrowded or unsafe conditions
- Subsidized, temporary, or public housing
- Substandard housing or homeless
- Housing expenses greater than 30% of income
- Unable to get a home loan from any other source or amount bank offers to lend is less than a person can find safe housing for in the county

### Ability to pay

- Income: Households with income from 45% to 80% of the area median income (AMI). (See chart below). Reportable Income amounts including wages, Social Security, Social Security Disability, Child Support, other forms of reported Income, and All Debt will be Considered

- Veterans are encouraged to apply and may qualify with a higher AMI than 80% Max listed above
- Self-employed applicants must supply 2 years of current tax returns
- Must have proof of \$300.00 saved in savings in an account at application time. Must keep this amount saved during the course of the program
- Debt: You should not have more than 15% of gross income going toward paying debts. This includes all debts including medical debts
- Credit: We will charge a credit report fee of \$65.00 per applicant (\$130.00 for two applicants) for servicing of credit report(s) at time of application is submitted (this fee is non-refundable) We are not looking for a certain credit score, we are looking at your payment history and that there are no judgments that could attach to a future home as a lien. Any items in collections or charge-offs need to be paid before entering the program
- Student loan and medical debt are included in your total debt ratio. If you know your student loan payment amount, please disclose otherwise it will be reported at .05%. If you do not have a score in your credit report, you will be asked to submit utility bills and/or other debts to demonstrate a payment history

#### 2025 Income Requirements

|             | Minimum     | Maximum      |
|-------------|-------------|--------------|
| Family of 1 | \$29,925.00 | \$53,200.00  |
| Family of 2 | \$34,200.00 | \$60,800.00  |
| Family of 3 | \$38,475.00 | \$68,400.00  |
| Family of 4 | \$42,750.00 | \$76,000.00  |
| Family of 5 | \$46,170.00 | \$82,100.00  |
| Family of 6 | \$49,590.00 | \$88,200.00  |
| Family of 7 | \$53,010.00 | \$94,250.00  |
| Family of 8 | \$56,430.00 | \$100,350.00 |

Effective April 2025

\*This income requirement chart will be updated every year. A new application will need to be submitted if reporting year has changed and/or the application has been updated.

#### Willingness to Partner

- Completion of sweat equity requirements including submitting monthly payments totaling \$4,000 to go towards escrow prior to settlement. Partner families will be required to fill out applications for down payment assistance to assist BCHFH with closing costs
- Attendance at all homeownership classes and monthly meetings with a mentor

- Demonstrate willingness to pay a mortgage by submitting monthly payments towards escrow while in the program
- Support your community as representative of Brunswick County Habitat for Humanity
- Open communication with Mentors and BCHFH staff

### **Sweat Equity**

- Construction, Restores, Community Outreach events, Fundraising and Administrative Office is available as part of your partnership while you are in our program
- Complete 100 hours of sweat equity before construction begins on your home
- Total of 300 hours for 1 applicant family or 500 for 2 adult family are required before closing
- Friends and family may help for a portion of these hours
- Those with physical disabilities may have a custom sweat equity plan designed, if needed, with doctors' input

### **Where will you live?**

- You will be offered construction-ready property that is in our land inventory
- We typically have land in many communities of Brunswick County; however,
- we cannot guarantee you a lot in a specific area

### **Thinking ahead**

- Commitment to timely mortgage payments after closing. Monthly mortgage payments include principal payment, below-market interest, homeowner's insurance premiums, property taxes, and any other applicable items such as HOA dues This monthly payment will be affordable, not to exceed 30% of your gross monthly income

### **How long does the process take?**

- Families typically work through the Brunswick County Habitat Homeownership Program in 15- 18 months
- Factors such as your financial readiness, weather, and the availability of property can affect the time you are in the process
- Availability of volunteers in the homes designated area

If you believe you may qualify, please complete the included application. Once you have completed the application and gathered all the required documents, you may mail or drop it off at:

**Brunswick County Habitat for Humanity Administration Office**

## **Application Checklist**

Please provide copies of all the requested documents. If it does not apply to you, please mark N/ A

*To be submitted with application:*

- \_\_\_\_\_ *Prior 2 years most recent Income Tax Returns (please sign & copy ENTIRE tax return)*
- \_\_\_\_\_ *Prior 2 most current years W-2s, 1099 or F4506C form*
- \_\_\_\_\_ *Prior most recent 2 months Bank Statements (all types of bank accounts)*
- \_\_\_\_\_ *Prior 2 months most recent Pay Stubs for all listed on the application*
- \_\_\_\_\_ *Child Support Court Order/Custody Agreement*
- \_\_\_\_\_ *Child Support Payment History*
- \_\_\_\_\_ *SSI Verification- Award Letter*
- \_\_\_\_\_ *Other sources of income (Disability, Veteran or Unemployment Benefits, Alimony, etc.)*
- \_\_\_\_\_ *Copy of current Rental Lease*
- \_\_\_\_\_ *Signed Credit Release Form*
- \_\_\_\_\_ *Divorce Decree or Documentation of Legal Separation or Free Trade Agreement*
- \_\_\_\_\_ *Certificate of Release or Discharge from Active-Duty DD FORM 214*
- \_\_\_\_\_ *\* Money order or check for Credit Report Fee (this fee is non-refundable)*

**\*\* If applicable, you will need to provide the following documents at that time:**

- \_\_\_\_\_ Social Security cards for all household members
- \_\_\_\_\_ Birth Certificates for all household members
- \_\_\_\_\_ Marriage Certificate, or Divorce Decree, or Separation Papers
- \_\_\_\_\_ Driver's License or State ID for all household members over the age of 18
- \_\_\_\_\_ Academic Transcripts (for those over the age of 18, have been attending college full time for the last year and whose income you do not wish to count as household income)

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**\* Application will Not be processed without payment of credit check fee.**

**\*Please do not send or drop off completed applications to the ReStores as they will not be accepted.**

**\*Once your application has been processed, you will receive a letter and/or phone call indicating whether you can go to the next step in the process.**

**\* You will receive a letter and/or phone call within 30 days.**



Brunswick County Habitat for Humanity  
1323 Stone Chimney Road  
Supply, NC. 28462  
(910) 454-0007 Ext. 0

# 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**. Spoken and Written Language  
☐ I am applying for **joint credit**. Total number of borrowers: \_\_\_\_\_ Preference: \_\_\_\_\_  
☐ Each borrower intends to apply for joint credit. **Your initials:** \_\_\_\_\_ Interpretation Required: Yes No

### 1A. APPLICANT INFORMATION

| Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Co-applicant                                                                                                                                                                                                                                 |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| Social Security number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Social Security number _____                                                                                                                                                                                                                 |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| <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>                                                                                                                                                            |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent<br>_____<br>_____<br>Number of years: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent<br>_____<br>_____<br>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<br>_____<br>_____<br>Number of years: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent<br>_____<br>_____<br>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 "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 ☐ Dining room

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 <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                    | \$        | \$           | \$                  | \$        |
| Unemployment benefits      | \$        | \$           | \$                  | \$        |
| VA compensation            | \$        | \$           | \$                  | \$        |
| Retirement (e.g., pension) | \$        | \$           | \$                  | \$        |
| Military entitlements      | \$        | \$           | \$                  | \$        |
| Other: _____               | \$        | \$           | \$                  | \$        |
| <b>Total</b>               | <b>\$</b> | <b>\$</b>    | <b>\$</b>           | <b>\$</b> |

### 7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money for the down payment to pay for closing costs (**Escrow is \$3000** for taxes and insurance) examples are: Savings, Gifts from family member, or Others; 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                                                        | \$        | \$        | \$        |
| <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 |
| i. Do you require special accommodations?                                                                                                                                                                                                                  | <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.                                                                                                                        |                                                          |                                                          |
| <b>11. AUTHORIZATION, AGREEMENT, AND RELEASE</b>                                                                                                                                                                                                           |                                                          |                                                          |

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** \_\_\_\_\_

### 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, 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 \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

X \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

### 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 |

### 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.

**Credit Release Form**

| Release Authorization                                                                                      |                                                                                                            |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Applicant                                                                                                  | Co-applicant                                                                                               |
| <p>Applicant's Name: _____</p> <p>Middle      Initial,      Last      Name: _____</p>                      | <p>Co-applicant's Name: _____</p> <p>Middle      Initial,      Last      Name: _____</p>                   |
| <p>Social Security Number      _____</p> <p>Date of Birth (mm/dd/yyyy)      _____</p> <p>Address _____</p> | <p>Social Security Number      _____</p> <p>Date of Birth (mm/dd/yyyy)      _____</p> <p>Address _____</p> |
| <p>Phone (    ) _____</p>                                                                                  | <p>Phone (    ) _____</p>                                                                                  |
| <p>E-mail _____</p>                                                                                        | <p>E-mail _____</p>                                                                                        |
| <p>I Request <u>Xactus</u> to run:      <input type="checkbox"/> Credit Check Only</p>                     | <p>I Request <u>Xactus</u> to run:      <input type="checkbox"/> Credit Check Only</p>                     |
| <p>Signature Or Authorized Representative      Date: _____</p>                                             | <p>Signature Or Authorized Representative Date: _____</p>                                                  |