8380 Colesville Road, Suite 700, Silver Spring, MD 20910
301-990-0014 x21 (ph)

Habitat for Humanity® Metro Maryland

Application Checklist

	Applicant	Co-Applicant	18 years and older
Application	Yes	Yes	*included*

Applications must be postmarked by the due date Friday 2/7/2020 *Please complete all sections of the application. Do not submit originals*

Paystubs/Taxi Manifest/Proof of Income	Yes	Yes	Yes

THREE MONTHS (Oct 2019, Nov 2019 and December 2019) ***if available*** *of consecutive* ***Paystubs/Taxi Manifest or Proof of Income for all household members 18+*** *or older Do not provide originals dcouments, willnot be returned.*

W2 Forms	Yes	Yes	N/A

W2 forms 2017 & 2018 Tax Years for all income earners; ***All jobs.*** *Please Do not provide originals*

Federal Tax Returns	Yes	Yes	N/A

2017 & 2018 Tax Years Federal Tax Returns for all income earners. ***All Pages*** *Do not provide originals Send copies.*

State Tax Returns	Yes	Yes	N/A

2017 & 2018 State Tax Returns for all income earners. ***All Pages*** *Please Do not provide originals.*

Bank Statements	Yes	Yes	N/A

SIX MONTHS of consecutive bank statements beginning ***July 2019 through December 2019*** *for all accounts held by the applicant and co-applicant. Do not skip any pages. Please include the front and back.* ***Do not provide originals***

Additional Income Information	Yes	Yes	Yes

Citizenship/Permanent Residency	Yes	Yes	N/A

Copies of Green Card, US Passport, US Birth Certificate, Naturalization Certificate, Permanent Resident Card OR Certificate of Citizenship

Authorizations & Release	Yes	Yes	Yes

Section 12 through 15 of the loan application including the Equal Credit Opportunity Act Notice attachment must be completed and signed by all household members 18 years of age or older.

Credit Report Fee & Photo ID	Yes	Yes	N/A

$18 FOR ONE APPLICANT ***$25 FOR TWO OR MORE APPLICANTS

A cashiers check or money order payable to ***"HFHMM"*** *must accompany the application.*

No cash or personal checks are accepted .

*****Self employed applicants (including Contractors, Taxi, Uber, Lyft drivers) are required to provide additional documentation such as tax returns, financial statements and detailed daily manifest*****

Habitat for Humanity Metro Maryland, Inc.
8380 Colesville Road, Ste. 700
Silver Spring, MD 20910
301-990-0014

Habitat for Humanity Metro Maryland, Inc. is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, physical or mental disability, familial status, marital status, national origin, ancestry, presence of children, source of income, sexual orientation, gender identity or age.

Application Habitat Homeownership Program

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act. Should you have any questions please feel free contact our offices 301-990-0014 x21

1. APPLICANT INFORMATION

Applicant	Co-applicant
Applicant name **Mr.** **Mrs.** **Ms.**	**Co-Applicant name** **Mr.** **Mrs.** **Ms.**
Social Security number_____ Date of Birth_____ Home Phone_____ ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)	Social Security number_____ Date of Birth_____ Home Phone_____ ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you **(not listed by co-applicant)** Name Age Male Female _____ ___ ☐ ☐ _____ ___ ☐ ☐ _____ ___ ☐ ☐ _____ ___ ☐ ☐	**Dependents** and others who will live with you **(not listed by applicant)** Name Age Male Female _____ ___ ☐ ☐ _____ ___ ☐ ☐ _____ ___ ☐ ☐ _____ ___ ☐ ☐
Present address (street, city, state, ZIP code) ☐ Own ☐ Rent	Present address (street, city, state, ZIP code) ☐ Own ☐ Rent
Number of years _____	Number of years _____

2. LIVING PREFERENCE

☐ Montgomery County ☐ Prince Georges County ☐ Either or Both ☐ Single Family ☐ Town Home ☐ Condo **Check All Interested In**	☐ Montgomery County ☐ Prince Georges County ☐ Either or Both ☐ Single Family ☐ Town Home ☐ Condo **Check All Interested In**

2.1 IF LIVING AT PRESENT ADDRESS FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING

Last address (street, city, state, ZIP code) ☐ Own ☐ Rent	Last address (street, city, state, ZIP code) ☐ Own ☐ Rent
Number of years _____	Number of years _____

3. WILLINGNESS TO PARTNER

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

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Yes	No
Applicant	☐	☐
Co-applicant	☐	☐

4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room ☐ Other (please describe) _____

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

Name, address and phone number of current landlord: _____

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

5. PROPERTY INFORMATION

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

Do you own land? ☐ No ☐ Yes Monthly payment $ _____ Unpaid balance $ _____

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

6. EMPLOYMENT INFORMATION			
Applicant		**Co-applicant**	
Name and address of **CURRENT** employer	Years on this job	Name and address of **CURRENT** employer	Years on this job
	Monthly (gross) wages $		Monthly (gross) wages $
Type of employment Self/Contractor/Other	Business phone	Type of employment Self/Contractor/Other	Business phone
If working at current job less than one year or if you had multiple jobs, complete the following information			
Name and address of **LAST** employer	Years on this job	Name and address of **LAST** employer	Years on this job
	Monthly (gross) wages $		Monthly (gross) wages $
Type of employment Self/Contractor/Other	Business phone	Type of employment Self/Contractor/Other	Business phone

7. MONTHLY INCOME

Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not chose to have it considered for repaying this loan.

Income Source	Applicant	Co-applicant	**Other household members 18+ or older – *not applicant or co-applicant*	Total
Wages from all jobs	$	$	$	**$**
Social Security	$	$	$	**$**
SSI	$	$	$	**$**
Disability	$	$	$	**$**
Section 8 Housing	$	$	$	**$**
Other	$	$	$	**$**
Other	$	$	$	**$**
Other	$	$	$	**$**
TANF/SNAP_____	$	$	$	**$**
Alimony _____	$	$	$	**$**
Child Support _____	$	$	$	**$**
Total	**$**	**$**	**$**	**$**

Summary of **18+ years old Household members whose income is listed above			
Name	**Employer-Income source**	**Monthly income**	**Date of birth**

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

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ACCOUNTS

Name of bank, savings and loan, credit union, etc.	Type of Account Checking/Savings/Other	Account Number	Applicant	Co-Applicant	Current balance
					$
					$
					$
					$
					$
					$
					$
					$

10. DEBT

	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	Applicant			Co-applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Vehicle 1	$	$	$	$	$	$
Vehicle 2	$	$	$	$	$	$
Credit Card	$	$	$	$	$	$
Credit Card	$	$	$	$	$	$
Credit Card	$	$	$	$	$	$
Furniture, Appliance, Televisions (rent to own)	$	$	$	$	$	$
Alimony	$	$	$	$	$	$
Child Support	$	$	$	$	$	$
Total medical	$	$	$	$	$	$
Other	$	$	$	$	$	$
Other	$	$	$	$	$	$
Total	$	$	$	$	$	$

11. MONTHLY EXPENSES			
Account	**Applicant**	**Co-applicant**	**Total**
Rent	$	$	$
Utilities	$	$	$
Insurance	$	$	$
Child care	$	$	$
Internet/Cable	$	$	$
Cell phone/Land Line	$	$	$
Student Loan(s)	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
Vehicle #1	$	$	$
Vehicle # 2	$	$	$
Other	$	$	$
Total	$	$	$

12. DECLARATIONS				
Please check the box that best answers the following questions for you and the co-applicant				
	Applicant		**Co-applicant**	
a. Do you have any outstanding judgments because of a court decision against you?	□ Yes	□ No	□ Yes	□ No
b. Have you been declared bankrupt within the past seven years?	□ Yes	□ No	□ Yes	□ No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	□ Yes	□ No	□ Yes	□ No
d. Are you currently involved in a lawsuit?	□ Yes	□ No	□ Yes	□ No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgement?	□ Yes	□ No	□ Yes	□ No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	□ Yes	□ No	□ Yes	□ No
g. Are you paying alimony or child support or separate maintenance?	□ Yes	□ No	□ Yes	□ No
h. Are you a co-signer or endorser on any loan?	□ Yes	□ No	□ Yes	□ No
i. Are you a U.S. citizen or permanent resident?	□ Yes	□ No	□ Yes	□ No
If you answered **"yes" to any question a through h, or "no" to question i**, please explain in blank space provided below or on a separate piece of paper.				

13. AUTHORIZATION AND RELEASE

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

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

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

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 (A) for Applicant or (C) for Co-Applicant.**

14. RIGHT TO RECEIVE COPY OF APPRAISAL

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

Applicant's name_____ Co-applicant's name_____

15. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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

Applicant	Co-applicant
□ I do not wish to furnish this information **Race** (applicant may select more than one racial designation): □ American Indian or Alaska Native □ Native Hawaiian or other Pacific Islander □ Black/African-American □ White □ Asian **Ethnicity:** □ Hispanic or Latino □ Non-Hispanic or Latino **Sex:** □ Female □ Male □ Non-Binary □ Prefer not to say **Birthdate:** _____ / _____ / _____ **Marital status:** □ Married □ Separated □ Unmarried (Incl. single, divorced, widowed)	□ I do not wish to furnish this information **Race** (applicant may select more than one racial designation): □ American Indian or Alaska Native □ Native Hawaiian or other Pacific Islander □ Black/African-American □ White □ Asian **Ethnicity:** □ Hispanic or Latino □ Non-Hispanic or Latino **Sex:** □ Female □ Male □ Non-Binary □ Prefer not to say **Birthdate:** _____ / _____ / _____ **Marital status:** □ Married □ Separated □ Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: □ Face-to-face interview □ By mail □ By telephone	Interviewer's name (print or type) Interviewer's signature Date Interviewer's phone number

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS SPACE

Date Received_____ Date of Selection Committee Approval_____

Date of Incomplete Notice_____ Date of Board Approval _____

Date of Adverse Action Letter_____ Date of Partnership Agreement_____

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, with offices at FTC Regional Office for the Eastern Central region;

East Central Region- Federal Trade Commission
1111 Superior Avenue, Suite 200
Cleveland OH 44114-2507
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: _____