



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

Application Checklist

Applicant	Co-Applicant	18 years and older
Application	Yes	Yes
<i>included</i>		
Applications must be postmarked by the due date Friday 8/14/2020 Please complete all sections of the application. Do not submit originals		
Paystubs/Taxi Manifest/Proof of Income	Yes	Yes
<i>Yes</i>		
THREE MONTHS (April, May and June 2020) <i>if available</i> of consecutive Paystubs/Taxi Manifest or Proof of Income for all household members 18+ or older Do not provide originals documents will not be returned.		
W2 Forms	Yes	Yes
<i>N/A</i>		
W2 forms 2019 & 2020 Tax Years for all income earners; All jobs. Please Do not provide Originals not returned		
Federal Tax Returns	Yes	Yes
<i>N/A</i>		
2019 & 2020 Tax Years Federal Tax Returns for all income earners. All Pages Please provide copies – Originals not returned		
State Tax Returns	Yes	Yes
<i>N/A</i>		
2019 & 2020 State Tax Returns for all income earners. All Pages Please Do not provide originals.		
Bank Statements	Yes	Yes
<i>N/A</i>		
SIX MONTHS of consecutive bank statements beginning January 2020 through June 2020 or 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
<i>Yes</i>		
Citizenship/Permanent Residency	Yes	Yes
<i>N/A</i>		
Copies of Green Card, US Passport, US Birth Certificate, Naturalization Certificate, Permanent Resident Card OR Certificate of Citizenship		
Authorizations & Release	Yes	Yes
<i>Yes</i>		
Section 12 through 15 of the loan application including the Equal Credit Opportunity Act attachment must be completed and signed by all household members 18 years of age or older.		
Credit Report Fee & Photo ID	Yes	Yes
<i>N/A</i>		

*****\$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 x 21



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 _____					Social Security number _____					
Date of Birth _____ Home Phone _____					Date of Birth _____ Home Phone _____					
Email address _____					Email address _____					
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)					<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)					
Dependents and others who will live with you (not listed by co-applicant)					Dependents and others who will live with you (not listed by applicant)					
Name	Age	Male	Female		Name	Age	Male	Female		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					
Number of years _____					Number of years _____					
2. LIVING PREFERENCE										
SUITLAND, MARYLAND					SUITLAND, MARYLAND					
<input type="checkbox"/> Single Family <input type="checkbox"/> Town Home <input type="checkbox"/> Condo					<input type="checkbox"/> Single Family <input type="checkbox"/> Town Home <input type="checkbox"/> Condo					
Check All Interested In					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) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> 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:	Applicant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

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

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

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 \$ _____

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, 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 – <i>not applicant or co-applicant</i>	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				PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.
Name	Employer-Income source	Monthly income	Date of birth	

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

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through h, or "no" to question i, please explain 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
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview				
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 30px; vertical-align: top;">Interviewer's name (print or type)</td> </tr> <tr> <td style="height: 30px; vertical-align: top;"> <div style="display: flex; justify-content: space-between;"> Interviewer's signature Date </div> </td> </tr> <tr> <td style="height: 30px; vertical-align: top;">Interviewer's phone number</td> </tr> </table>	Interviewer's name (print or type)	<div style="display: flex; justify-content: space-between;"> Interviewer's signature Date </div>	Interviewer's phone number
Interviewer's name (print or type)				
<div style="display: flex; justify-content: space-between;"> Interviewer's signature Date </div>				
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: _____