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 | *included* |

***Applications must be postmarked by the due date Tuesday 6/30/2020*** *Please complete all sections of the application. Do not submit originals*

| | | | |
|---|---|---|---|
| ***Paystubs/Taxi Manifest/Proof of Income*** | Yes | Yes | Yes |

*THREE MONTHS (March, April and May 2020)* ***if available*** *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 | N/A |

*W2 forms 2019 & 2020 Tax Years for all income earners;* ***All jobs.*** *Please Do not provide Originals not returned*

| | | | |
|---|---|---|---|
| **Federal Tax Returns** | Yes | Yes | N/A |

*2019 & 2020 Tax Years Federal Tax Returns for all income earners.* ***All Pages*** *Please provide copies – Originals not returned*

| | | | |
|---|---|---|---|
| **State Tax Returns** | Yes | Yes | N/A |

*2019 & 2020 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* ***December 2019 through May 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 | 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 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 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_____<br>Date of Birth_____ Home Phone_____<br>Email address_____<br>☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed) | Social Security number_____<br>Date of Birth_____ Home Phone_____<br>Email address_____<br>☐ Married ☐ Separated ☐ 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 |
| _____ ___ ☐ ☐ | _____ ___ ☐ ☐ |
| _____ ___ ☐ ☐ | _____ ___ ☐ ☐ |
| _____ ___ ☐ ☐ | _____ ___ ☐ ☐ |
| _____ ___ ☐ ☐ | _____ ___ ☐ ☐ |
| 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

| | |
|---|---|
| **SUITLAND, MARYLAND**<br>**OR**<br>**LANDOVER, MARYLAND**<br>☐ Single Family<br>☐ Town Home<br>☐ Condo<br>**Check All Interested In** | **SUITLAND, MARYLAND**<br>**OR**<br>**LANDOVER, MARYLAND**<br>☐ Single Family<br>☐ Town Home<br>☐ Condo<br>**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 $ _____

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

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