



Habitat for Humanity Metro Maryland Homeowner Application

Please indicate which home(s) you are interested in below:

Randolph Road Condominiums (Allium Place)

Montgomery Village Townhomes (Chadburn Place)

No Preference



Application Checklist

Applicant Co-Applicant 18 years and older

Application

Application must be postmarked by the due date 09/16/2024 Late applications will not be accepted. Please complete all pages. Make a copy for your records and submit the original application to HFHMM

*****Paystubs/Taxi Manifest/Proof of Income*****

THREE MONTHS of consecutive Paystubs/Taxi Manifest or Proof of Income for all household members 18+ or older Do not provide originals

W2 Forms

W2 forms 2022 & 2023 Tax Years for all income earners; All jobs. Please Do not provide originals

Federal Tax Returns

2022 & 2023 Tax Years Federal Tax Returns for all income earners. All Pages Do not provide originals Send copies.

State Tax Returns

2022 & 2023 State Tax Returns for all income earners. All Pages Please Do not provide originals.

Bank Statements

SIX MONTHS of consecutive bank statements beginning March 2024 through August 2024 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

Please include official verification of Social Security, Disability, TANF/SNAP or other forms of assistance payments. Amount of payment, frequency, and term must be included. Should you wish this income to be included as part of your ability to repay the mortgage loan if approved.

Citizenship/Permanent Residency

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

Authorizations & Release

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

*****\$40 FOR ONE APPLICANT ***\$80 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*****

Some condominium units at Allium Place will be set aside for Underserved Communities and Populations as defined by the Federal Home Loan Bank of Pittsburgh. Households Qualifying as Underserved Communities and Populations must meet at least one of the following qualifications:

Please check any and all boxes that apply to any member of your household.

- 1. *Physically and/or mentally disabled* – A person (1) with a physical and/or mental (i.e., psychiatric disorder) impairment that results in substantial functional limitations and who is receiving disability benefits from federal or state government; or (2) who is deemed physically and/or mentally disabled by a qualified professional who attests that by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning or socializing.
- 2. *Developmentally disabled* – A person (1) with a severe chronic developmental disability who has been diagnosed with mental retardation and who is receiving disability benefits from federal or state government; or (2) who is deemed developmentally disabled by a qualified professional who attests that by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning or socializing.
- 3. *Persons recovering from domestic abuse, dating violence, sexual assault or stalking (physical abuse)* – A person who has been subjected to a willful action of inflicting bodily injury or physical mistreatment as documented by a qualified service provider.
- 4. *Persons recovering from domestic abuse, dating violence, sexual assault or stalking (emotional abuse)* – A person who has been subjected to a willful action of inflicting emotional mistreatment, but has not been physically abused, as documented by a qualified service provider.
- 5. *Persons recovering from substance use disorder (alcohol or drug abuse)* – A person with a history of substance abuse and/or dependency who is receiving treatment for the abuse and/or dependency from a qualified service provider.
- 6. *Persons with HIV/AIDS* – A person with a medical diagnosis of Auto Immune Deficiency Syndrome or who is medically diagnosed by a qualified professional as HIV positive and who is receiving medical care for the condition diagnosed.
- 7. *Elderly persons* – A person who is 62 years of age or older.
- 8. *Formerly incarcerated person* – A person that was previously convicted of a crime and was detained in a local, state or federal jail or prison within the prior five years.
- 9. *Youth aging out of foster care* - Youth/young adults who left foster care within the prior five years and who were in foster care at or over age 16.

Other Targeted Populations

- 10. *Military veterans* – a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.
- 11. *Persons who are sleeping in places not meant for human habitation (e.g., cars, parks, streets/sidewalks)*

- 12. Persons sleeping in emergency shelters
- 13. Persons graduating from a transitional housing program specifically for homeless persons
- 14. Persons being discharged from an institution or foster care with no permanent residence available
- 15. Persons who would be discharged from an institution if they had a permanent residence to go to
- 16. Victims of domestic violence
- 17. Persons who are “doubled-up” and are in a situation of overcrowding, which is defined as:

Additional homeless definitions effective for 2021 and future projects:

Unit Size	Number of People
Efficiency	3 or more
1 Bedroom	4 or more
2 Bedroom	6 or more
3 Bedroom	8 or more
4 Bedroom	10 or more

- 18. Persons living in temporary housing not meant as permanent housing such as motels



Habitat for Humanity Metro MD

Condos Available for Purchase

Allium Place
Wheaton, MD

Interested in purchasing one of these homes?
Attend one of our upcoming Virtual Information
Sessions to learn more. ([Se Habla Español](#))

Saturday, 8/24 at 12:00pm-1:30pm

Wednesday, 8/28 at 6:30pm-8:00pm

Wednesday, 9/4 at 6:30pm-8:00pm

Saturday, 9/7 at 12:00pm-1:30pm

Monday, 9/9 at 6:30pm-8:00pm

For more information, please email francisco.perez-aviles@habitatmm.org or call 301-990-0014 ext.1040
([Se Habla Español](#))



Scan to learn more about
HFHMM Homeownership
Opportunities.

Features:

**-(6) two-bedroom
homes available**

**-(18) three-bedroom
homes available**

-New Construction

**-Household sizes
between 1 and 6
members depending
on floorplan**

**-Next to a park with
access to an onsite
fitness center**

**-Located on a future
bus rapid transit line**

Income Qualifications

(8) Condos available to each income range: (2) two-bedroom homes and (6) three-bedroom homes.

Family Size	Min	Max
1	\$27,000	\$32,499
2	\$31,000	\$37,149
3	\$35,000	\$41,799
4	\$38,500	\$46,399
5	\$42,000	\$51,149
6	\$45,000	\$53,849

Family Size	Min	Max
1	\$32,500	\$43,324
2	\$37,150	\$49,524
3	\$41,800	\$55,724
4	\$46,400	\$61,874
5	\$50,150	\$66,849
6	\$53,850	\$71,799

Family Size	Min	Max
1	\$43,325	\$54,149
2	\$49,525	\$61,899
3	\$55,725	\$69,649
4	\$61,875	\$77,349
5	\$66,850	\$83,549
6	\$71,800	\$89,749

Some units will be set aside for households of underserved communities. Please visit our [website](#) for more details. Habitat for Humanity Metro Maryland accepts [applications](#) for current opportunities ONLY.

Applications will become available on 8/26/2024 and will close on 9/16/2024.

Habitat for Humanity Metro Maryland
 For more information or to join our email notification list, visit www.habitatmm.org or call 301-990-0014 x1040
MHBR NO. 7186



Equal Housing Statement:

Habitat for Humanity Metro Maryland 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 an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, sex, marital status, physical or mental disability, color, religion, national origin, ancestry, presence of children, source of income, sexual orientation, gender identity, age and family responsibilities.



Habitat for Humanity Metro MD

Homes Available for Purchase

Chadburn Place
Montgomery Village

Interested in purchasing one of these homes?
Attend one of our upcoming Virtual Information
Sessions to learn more. ([Se Habla Español](#))

Saturday, 8/24 at 12:00pm-1:30pm

Wednesday, 8/28 at 6:30pm-8:00pm

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francisco.perez-aviles@habitatmm.org or call
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Features:

-8 Townhomes

-3 Bedroom Units

-1.5 or 2.5 Bathrooms
Depending on
Floorplan

-Rehab Properties

-Household Size
between 1 and 4
Members

Income Qualifications

Family Size	Min	Max
1	\$58,280	\$68,500
2	\$58,280	\$78,250
3	\$58,280	\$88,050
4	\$58,280	\$97,800



Scan to learn more about
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Opportunities.

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Application

Habitat Homeownership Program

Interested Home(s):



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Dear Applicant: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit**
- I am applying for **individual credit**.
 - I am applying for **joint credit**. Total number of borrowers: _____
 - Each borrower intends to apply for joint credit. **Your initials:** _____

1A. APPLICANT INFORMATION

Applicant	Co-applicant																				
Applicant's name: _____ Alternative and former names: _____ _____	Co-applicant's name: _____ Alternative and former names: _____ _____																				
Social Security number _____ Home phone () _____ Cell phone () _____ Email Address _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	Social Security number _____ Home phone () _____ Cell phone () _____ Email Address _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																				
Occupants who will live with you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	_____	_____	_____	_____	_____	_____	_____	_____	Occupants who will live with you:(only if not listed by applicant): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	_____	_____	_____	_____	_____	_____	_____	_____
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Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____																				
If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:																					
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____																				
FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE																					
Date received: _____ Date of notice of incomplete application letter: _____ Date of adverse action letter: _____	Date of selection committee approval: _____ Date of board approval: _____ Date of partnership agreement: _____																				

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?
(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

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

3. PRESENT HOUSING CONDITIONS

Currently, are you: Renting Rent-free Own

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

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

Other (please describe): _____

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

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

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

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

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

\$ _____/month Unpaid balance \$ _____

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

\$ _____

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

5. EMPLOYMENT INFORMATION

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

6. MONTHLY INCOME

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

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

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

8. ASSETS/BANK ACCOUNTS

Type of Asset: Checking, Savings, Retirement, Investment etc. (Do Not Include Land here)	Name of Bank, Savings and Loan, Credit Union, Retirement, Account, etc.	Address, City, State, Zip Code	Account Number	Current Balance/ Value
				\$
				\$
				\$
				\$
				\$
				\$

9. LIABILITIES AND EXPENSES

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

MONTHLY EXPENSES

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

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

10. DECLARATIONS

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

11. AUTHORIZATION, AGREEMENT AND RELEASE

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

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

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

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

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

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

12. RIGHT TO RECEIVE COPY OF APPRAISAL

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

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

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

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

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

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type) _____ Interviewer's signature _____	Interviewer's phone number _____ Date _____

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? No Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

Civil union Domestic partnership Registered reciprocal beneficiary relationship

Other (explain): _____

State: _____

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at East Central Regional Office, Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, DC 20850

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: _____

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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 East Central Regional Office, Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, DC 20850

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Applicant(s):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____