**Partner Family Habitat Home SAMPLE Application**

Although Habit for Humanity reserves the right to designate home location assignments, which home location are you most interested in? (Please select one)

* Woodbury County Location – Single Family Home
* Sioux County Location -- Single Family Home
* Dakota County Location -- Single Family Home
* Plymouth County Location -- Single Family Home
* Union County Location -- Single Family Home

How did you hear about the application? (Please circle)

* Radio
* TV
* Newspaper
* Website
* Friend
* Family
* Current Habitat Homeowner
* Facebook
* Pull tab flyer
* Through the school system
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is most appealing about becoming a partner family and gaining homeownership through Habitat for Humanity? (Please circle)

* Partnering with Habitat by helping with the construction of your home
* Having a 0% interest rate on a 30-year home loan
* Having to only save $1,500 for closing costs vs. $5,000-$10,000 through a traditional bank
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To become a Siouxland Habitat for Humanity (SHFH) homeowner, an applicant must:

* meet all of the requirements and conditions listed (**Section A**)
* provide all of the required supporting documents listed (**Section B**)
* complete the Application for Housing (**Section C**)
* be selected as a Family Partner and approved by Habitat’s Board of Directors
* meet the financial requirements
* complete all “Sweat Equity” (volunteer work) requirements
* demonstrate a true Habitat Partner attitude

**\*\*Information gathered by SHFH is considered confidential and is only used for our Family**

**Selection Process.**

# SECTION A: Requirements and Conditions

**Please check your household’s appropriate answer to each statement/question.**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** |  |
|  |  | My/our gross household income is between the minimum and maximum income limits based on the Average Media Income range for our area. See charts below for ranges. |
|  |  | I/we understand we must not be able to qualify for a conventional home loan. |
|  |  | I/we have lived or worked in Dakota, Plymouth, Sioux, Woodbury or Union county for the last 12 months. |
|  |  | I/we understand all mortgage applicants are US Citizens or have Legal Permanent Resident Status. |
|  |  | I/we understand there will be sweat equity hours required. |
|  |  | I/we am/are willing to complete sweat equity hours with SHFH. |
|  |  | I/we understand that I/we must contribute $1,500 towards the home, and it is due at the time of signing the loan papers. |
|  |  | I/we am/are responsible for purchasing one year of homeowner’s insurance at total replacement cost, with a $1,000 maximum deductible. |
|  |  | I/we have not filed bankruptcy in the past two years. |
|  |  | I/we am/are prepared to make monthly mortgage payments. |
|  |  | I/we understand that if we have any real estate holdings (i.e. a mobile home), we are required to sell it/them prior to closing. |
|  |  | Does anyone in your household currently have a mortgage in their name? |

**AVERAGE MEDIAN INCOME CHARTS FOR JULY 2023 - JUNE 2024**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  |  |  |  |
| Amounts below valid for Woodbury County ONLY  Number of people in household | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Annual Income Minimum | $23,900 | | $27,300 | $30,700 | $34,100 | $36,800 | $39,550 | $42,300 | $45,000 |
| Annual Income Maximum | $48,350 | | $55,250 | $62,150 | $69,050 | $74,600 | $80,100 | $85,650 | $91,150 |

**EACH COUNTY HAS ITS OWN AVERAGE MEDIAN INCOME RANGE**

# SECTION B: Supporting Documents Checklist

*\*Please note, do NOT submit original documents, only copies.*

**Along with a completed and signed application (Section C), please include:**

copy of all income receipts (pay stubs, child support verified by the county, SSI or SSDI   
 benefit letter, or unemployment, etc.) for all members of the household for the last 60 days (should align with Section 10 of the application).

copy of current credit report for each applicant (Section 15). \*Complete this early in the process.

copy of last month’s utility bills (gas/electric, water, TV, phone, internet)

copy of bank statements for the last two months for all household persons with income

copy of your Federal and State filed income tax returns for the most recent year showing dependents, gross income, and refund amount—for EACH applicant and co-applicant

copy of photo IDs for all adult household members

copy of social security cards or permanent resident cards for all household members

a statement indicating what your current housing situation is (Section 7); for example: poor heating or plumbing, leaky roof, overcrowding, unsafe or unsanitary conditions or special needs, rent to income ratio (the rent you pay compared to your gross income)

a signed Disclosure & Release Authorization Form (Section 19) giving SHFH permission to check a sex offender registry and perform a criminal background check.

\_\_\_\_ a signed Verification of Employment for all working individuals in the home (Section 20)  
**Only sign where the arrow is. Leave the rest of the document blank.**

\_\_\_\_ signed Notices: Special Purpose Credit Check Program, E-Sign Act, Privacy Notice (Section 21)

## **SECTION C: HOUSING & FINANCIAL INFORMATION**

**Please complete this section thoroughly and accurately. All information you provide will be kept confidential. Your application and all supporting documents will become the property of Siouxland Habitat for Humanity; therefore, we ask that you provide copies and not original documents.**

**You will receive a response regarding your application’s status within 30 days.**

**Throughout the application, you will be asked about your citizenship and residency status. Please note: The applicant(s) must be a US citizen or have legal permanent resident status. The citizenship status of other occupants in the residence will not exclude you from applying or being accepted as a Habitat Partner Family (ex., spouse, in-laws, etc.). However, funding or grant opportunities that have citizenship requirements may impact applying households or specific housing options available.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Applicant Information** | | | | | |
| Last Name First Name M.I. | | Date of Birth | | Married/Single/Separated? | Home Phone:  Cell Phone: |
| Email Address | Driver’s License Number: | | Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_\_ No  SSN or Lawful Permanent Resident ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Present Address City State Zip Code  Rent \_\_\_ Own \_\_\_ How long have you lived at present address?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Previous Address City State Zip Code  Rent \_\_\_ Own\_\_\_ How long did you live at your previous address?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please provide housing info for the past five (5) years. If you require additional space, please record info on a separate piece of paper and attach to application.** | | | | | |
| **2. Co-Applicant Information (this info needed for all persons 18 and older, more room on back)** | | | | | |
| Last Name First Name M.I. | | Date of Birth | | Married/Single/Separated? | Home Phone:  Cell Phone: |
| Email Address | Driver’s License Number: | | Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_\_ No  SSN or Lawful Permanent Resident ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Present Address City State Zip Code  Rent \_\_\_ Own \_\_\_ How long have you lived at present address?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Previous Address City State Zip Code  Rent \_\_\_ Own \_\_\_ How long did you live at your previous address?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please provide your housing info for the past five (5) years. If you require additional space, please record info on a separate piece of paper and attach to application.** | | | | | |
| **3. Dependents of Applicant/Co-Applicant (only those who will reside in family home more than 60% of the time)** | | | | | |
| Name of Dependents (persons 18 years and under) Age Date of Birth Male Female  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  **If you have additional dependents and you require additional space, please record your information on a separate piece of paper.** | | | | | |
| **Other Household Residents (list those will live in the home but are not dependents (ex. Mother-in-law, adult child, etc.)** | | | | | |
| Name of Resident Age Date of Birth Male Female  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | | |

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| **4. Applicant Employment Information** | | | | |
| Name and Address of Current Employer | | | | Business Phone |
| Date of Hire | Hourly Wage / Hours per Week | Average Monthly Income | Are you self-employed? | |
| Job Title or Description: | | | | |
| **If you have been employed at your current job less than one year, please provide your previous employment information** | | | | |
| Name and Address of Previous Employer | | | | Business Phone |
| Employed From:  To: | Hourly Wage / Hours per Week | Average Monthly Income | Were you self-employed? | |
| Job Title or Description: | | | | |
| **5. Co-Applicant(s) Employment Information \*please provide on separate sheet for all members 18 and older** | | | | |
| Name and Address of Current Employer | | | | Business Phone |
| Date of Hire | Hourly Wage / Hours per Week | Average Monthly Income | Are you self-employed? | |
| Job Title or Description: | | | | |
| **If you have been employed at your current job less than one year, please provide your previous employment information** | | | | |
| Name and Address of Previous Employer | | | | Business Phone |
| Employed From:  To: | Hourly Wage / Hours per Week | Average Monthly Income | Were you self-employed? | |
| Job Title or Description: | | | | |
| **6. Homebuyer Information** | | | | |
| Have you ever owned a home before? Yes \_\_\_ No \_\_\_ If yes, why do you no longer own it?  Dates of Ownership: to  Do you own land? Yes \_\_\_ No \_\_\_ If yes, please describe, include location:  Land monthly loan payment: $ Total unpaid loan balance on land: $  Have you ever applied for a home loan? Yes \_\_\_ No \_\_\_ If yes, were you approved? Yes \_\_\_ No \_\_\_  How long ago did you apply? \_\_\_\_\_\_\_\_\_\_\_\_ If approved, how much were you approved for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you ever applied for a Habitat home before? Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_ | | | | |



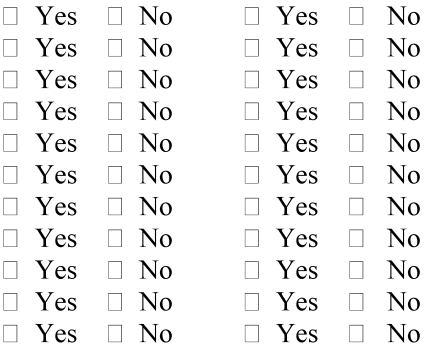
|  |  |  |
| --- | --- | --- |
| **7. Current Housing Situation** | | |
| Number of Bedrooms: Number of Bathrooms: Describe Laundry Facilities:  Other rooms included in the home where you are currently living:  Kitchen Living Room Dining Room Family Room Finished Basement   Other Rooms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you rent your residence, what is your monthly rent payment? $\_\_\_\_\_\_\_\_\_\_  Please provide the contact information for your *current landlord* in the space provided below: | | |
| Landlord Name | Address | Phone |
| **If you have lived at your current address for less than one year, please provide the contact information for your previous landlord:** | | |
| Previous Landlord Name | Address | Phone |
| In the space below, please describe your current housing situ­­­ation and/or house condition. Why do you feel you need a Habitat Home? | | |
|  | | |
| **8. Willingness to Partner** | | |
| To be considered for a Habitat home, you and your family must be willing to be a long-term partner with Habitat for Humanity. Being a long term partner means completing all partner requirements during the construction of your home, being a good homeowner and neighbor once you move into your home, and continuing to support the  Habitat for Humanity mission long after your home is built.  During the initial partnership phase of your relationship with Habitat, you and your family must complete a mandatory number of “sweat-equity” volunteer hours. “Sweat equity” is earned when you help to build your home and the homes of others, and it may include clearing a lot, painting, helping with home construction, attending homeowner education courses, working in the Habitat ReStore or main office, helping with special events or other approved activities. (If you or a family member has a physical disability, Habitat will work with you to help you successfully complete your required “sweat equity” hours).    Applicant Signature Date    Co- Applicant Signature Date | | |
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| **9. Monthly Expenses and Debt** | | | | |
| **Monthly Expenses** | **Name of Who you Pay** | **Monthly Payment** | **Current Balance** | **Past Due?** |
| **Misc. Household Expenses** |  |  |  |  |
| House Rent |  |  |  |  |
| Gas / Electric |  |  |  |  |
| Trash / Water / Sewer |  |  |  |  |
| Cable / Satellite TV / Internet |  |  |  |  |
| Telephone / Cell Phones |  |  |  |  |
| **Loans** |  |  |  |  |
| Auto  months remaining |  |  |  |  |
| Student  months remaining |  |  |  |  |
| Personal  months remaining |  |  |  |  |
| **Medical / Dental** |  |  |  |  |
| Doctor / Hospital Visits |  |  |  |  |
| Dental |  |  |  |  |
| Prescriptions |  |  |  |  |
| **Ex-Family Expenses** |  |  |  |  |
| Child Support |  |  |  |  |
| Alimony |  |  |  |  |
| **Other Expenses** |  |  |  |  |
| Credit Card: |  |  |  |  |
| Credit Card: |  |  |  |  |
| Childcare & School Expenses |  |  |  |  |
| Other: |  |  |  |  |
| **Total Monthly Expenses** | | **$** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10. Monthly Income—Applicant/Co-Applicant** | | | | | |
| **Monthly Income Source** | **Applicant Income** | **Co-Applicant Income** | | **Additional occupants/residents   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Total household income** |
| Primary Employment Income (before taxes) |  |  | |  |  |
| Secondary Job Income (before taxes) |  |  | |  |  |
| AFDC / TANF |  |  | |  |  |
| Social Security Income (SSI) |  |  | |  |  |
| Social Security Disability Income (SSDI) |  |  | |  |  |
| Alimony Income |  |  | |  |  |
| Child Support Income |  |  | |  |  |
| Total Federal Tax Refund last year |  |  | |  |  |
| Total State Tax Refund last year |  |  | |  |  |
|  | | | | | |
| **11. Assets (Bank Information)** | | | | | |
| **Please list all Checking and Savings Accounts below:** | | | | | |
| Name and Address of Bank, Savings & Loan or Credit Union | | | Name and Address of Bank, Savings & Loan or Credit Union | | |
| Account Number: Balance: $ | | | Account Number: Balance: $ | | |
| The account above belongs to: | | | The account above belongs to: | | |
|  | | |  | | |
| Name and Address of Bank, Savings & Loan or Credit Union | | | Name and Address of Bank, Savings & Loan or Credit Union | | |
| Account Number: Balance: $ | | | Account Number: Balance: $ | | |
| The account above belongs to: | | | The account above belongs to: | | |
| **Please list all other monetary assets below, including Money Market Accounts, CD’s, Stocks, Savings Bonds, etc.:** | | | | | |
| Source Value Account Holder  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |



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| **12. Source of Down Payment and Closing Costs** |
| If you are approved for a Habitat home, the minimum monetary contribution due for down payment/closing costs will be $1,500. How will you ensure you will have this amount? |
| **13. Declarations** |
| Applicant Co-Applicant   1. Are you currently involved in a lawsuit? 2. Do you have debt because of a court decision against you? 3. Are you presently delinquent or in default on any federal debt or any other loan? 4. Are you a co-signer on another note? 5. Are there any outstanding judgments against you? 6. Have you declared bankruptcy in the past two years? 7. Have you had any property foreclosed upon in the past seven years? 8. Have you had anything repossessed within the past seven years? 9. Have any of your accounts been placed into collections in the past three years? 10. Have you ever been convicted of a felony? 11. Are you paying alimony or child support? |
| If you have answered *yes* to any questions “a” thru “k”, please provide a detailed explanation below: |
| **14. Affirmation Statement** |
| I understand that by filing this application, I am authorizing Siouxland Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay a no-interest loan and other expenses of homeownership, and my willingness to be a Habitat partner family. I understand the evaluation will include personal visits, a credit check, a criminal history 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 even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved along with all of the supporting documentation I have submitted along with this application.  Applicant Signature Date Co-Applicant Signature Date |

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| **15. Obtaining a Credit Report** |
| Along with this application, you must submit a current copy of your credit report that includes a credit score for the applicant and co- applicant. Contact one of the two organizations listed below to obtain your credit report:  **Center For Siouxland**  **Center For Financial Education**  Call 877-580-5526, or 712-252-1861 ext 114. Call 712-722-4900  715 Douglas Street, Sioux City, IA 51101 315 1st Ave. NE, Sioux Center, IA 51250   \* **Make this a priority in your application process as it takes time**. Make sure to make an appointment and tell them the credit report is for a Habitat application. Also, take a photo ID and be prepared to pay a fee.  Their credit counselor will provide you with your credit score and explain the key factors that determine your score, offer a step-by-step process to improve your score, and discuss how to dispute inaccurate information on your report. |
| **16. Recruited Sweat Equity Contact** |
| Please list three people that you have asked to help you with your sweat equity, and they have agreed to help.  Name Contact Information  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **17. Affiliate Procedures for Applicants with Disabilities or Challenges** |
| Siouxland Habitat for Humanity accommodates all applicants on a case by case basis, for example:  English as a second language, visually impaired, hearing impaired, etc.  We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing  opportunity throughout Siouxland. 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. |
| **18. Information for Government Monitoring Purposes** |
| **Please read this statement before completing the information below:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor lender’s compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below indicating so. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for). |
| **Applicant Name**: \_\_\_**I do not wish to furnish this information**  **Race/Ethnicity (circle all that apply):**  American Indian or Alaskan Native Asian Black/African American Caucasian Hispanic  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Co-**Applicant Name**: \_\_\_**I do not wish to furnish this information**  **Race/Ethnicity (circle all that apply):**  American Indian or Alaskan Native Asian Black/African American Caucasian Hispanic  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **19. Disclosure and Release Authorization** |
| **Siouxland**  **Habitat for Humanity**  **1150 Tri View Ave.,**  **Sioux City, IA 51103**  **Phone: (712) 255-6244 Fax: (712) 255-7203**  ***Disclosure:*** Under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA) and the Driver Privacy Protection Action (DPPA), notice is hereby given that Investigative Reports are being re- quested from local Law Enforcement Agencies and/or other third-party investigative sources. The report may include, but not limited to, the following types of information: employment history, driving record, worker’s compensation claims, credit, criminal records and civil records.  ***Release Authorization:* I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CON- TACTED BY SIOUXLAND HABITAT FOR HUMANITY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I HEREBY ACKNOWLEDGE THAT A PHOTOGRAPHIC COPY OR FAX OF THIS NOTICE SHALL BE VALID AS THE ORIGINAL. I AGREE TO RELEASE AND HOLD HARMLESS HABITAT FROM ANY LIABILITY ARISING FROM ANY ERRORS IN INFORMATION IT IS PROVIDED.** |
| Applicant Name (print): \_\_\_\_\_\_\_\_\_Date of Birth: Social Security #: DL #: State: Address: City: State: Zip Code:  Signature: Date: |
| Co-Applicant Name (print): Date of Birth: Social Security #: DL #: State: Address: City: State: Zip Code:  Signature: Date: |

**Applicant**: please sign and date only (see arrows on left-hand side). Do not complete the right column. Submit one for each working adult in the household.

**HR DEPT**: this individual is applying to be a Habitat for Humanity Partner Family. Please provide verification of employment below to help us continue processing this application.

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| **20. VERIFICATION OF EMPLOYMENT** | | |
| **(Siouxland Habitat for humanity)**  **AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.**  **Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.** | **Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_**  **Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Effective date of last increase: \_\_\_\_\_\_\_\_\_**  **Base pay rate:**  $\_\_\_\_\_/Hour; or $\_\_\_\_\_/Week; or $\_\_\_\_\_/Month  Average hours/week at base pay rate: \_\_\_\_ Hours  **No. weeks \_\_\_\_, or No. weeks \_\_\_\_ worked/Year**  **Overtime pay rate: $\_\_\_\_\_\_ /Hour**  **Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_\_\_**  Any other compensation not included above (specify for commissions, bonuses, tips, etc.):  **For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_**  **Is pay received for vacation?  Yes  No**  **If Yes, no. of days per year \_\_\_\_**  **Total base pay earnings for past 12 mos. $\_\_\_\_\_\_**  **Total overtime earnings for past 12 mos. $\_\_\_\_\_\_**  **Probability and expected date of any pay increase: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Does the employee have access to a retirement account?  Yes  No**  **If Yes, what amount can they get access to: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **RELEASE: I hereby authorize the release of the requested information.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature of Applicant)**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of Authorized Representative  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **WARNING:Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.** | |

**Applicant**: please sign and date only (see arrows on left-hand side). Do not complete the right column. Submit one for each working adult in the household.

**HR DEPT**: this individual is applying to be a Habitat for Humanity Partner Family. Please provide verification of employment below to help us continue processing this application.

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| **20. VERIFICATION OF EMPLOYMENT** | |
| **(Name of HOME Participating Jurisdiction)**  **AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.**  **Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.** | **Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_**  **Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Effective date of last increase: \_\_\_\_\_\_\_\_\_**  **Base pay rate:**  $\_\_\_\_\_/Hour; or $\_\_\_\_\_/Week; or $\_\_\_\_\_/Month  Average hours/week at base pay rate: \_\_\_\_ Hours  **No. weeks \_\_\_\_, or No. weeks \_\_\_\_ worked/Year**  **Overtime pay rate: $\_\_\_\_\_\_ /Hour**  **Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_\_\_**  Any other compensation not included above (specify for commissions, bonuses, tips, etc.):  **For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_**  **Is pay received for vacation?  Yes  No**  **If Yes, no. of days per year \_\_\_\_**  **Total base pay earnings for past 12 mos. $\_\_\_\_\_\_**  **Total overtime earnings for past 12 mos. $\_\_\_\_\_\_**  **Probability and expected date of any pay increase: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Does the employee have access to a retirement account?  Yes  No**  **If Yes, what amount can they get access to: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **RELEASE: I hereby authorize the release of the requested information.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature of Applicant)**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of Authorized Representative  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.** | | |

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| **21. NOTICES** |

**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, 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 Midwest region, 230 South Dearborn Street, Suite 3030, Chicago, Illinois 60604 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:

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| **21. NOTICES (Cont.)** |

**E-SIGN ACT DISCLOSURE AND AGREEMENT**

Dear Applicant,

We are pleased to offer you the opportunity to receive information about your account electronically. If you would like to receive correspondence and notices from us electronically, instead of paper copies through the mail, please review this notice and provide your consent.

1. **Scope of Communications to Be Provided in Electronic Form.** When you use a product or service to which this disclosure applies, you agree that we may provide you with any communications in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic communications and transactions includes, but is not limited to:

* All legal and regulatory disclosures and communications associated with the product or service available through Siouxland Habitat for Humanity.
* Notices or disclosures about a change in the terms of your account or associated payment feature and responses to claims.
* Privacy policies and notices.

2. **Method of Providing Communications to You in Electronic Form.** All communications that we provide to you in electronic form will be provided either via e-mail or by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose.

3. **How to Withdraw Consent.** You may withdraw your consent to receive communications in electronic form by contacting us at [office@siouxlandhabitat.org](mailto:office@siouxlandhabitat.org) or 712-224-5117. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

4. **How to Update Your Records.** It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this E-Sign Act disclosure and your account, and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at [office@siouxlandhabitat.org](mailto:office@siouxlandhabitat.org).

5. **Hardware and Software Requirements.** In order to access, view, and retain electronic communications that we make available to you, you may need to have:

* an Internet browser that supports 128 bit encryption;
* sufficient electronic storage capacity on your computer's hard drive or other data storage unit;
* an e-mail account with an Internet service provider and e-mail software in order to participate in our electronic communications programs;
* a personal computer (for PC's: Pentium 120 MHz or higher; for Macintosh, Power Mac 9500, Power PC 604 processor 120-MHz Base or higher), operating system and telecommunications connections to the Internet capable of receiving, accessing, displaying, and either printing or storing communications received from us in electronic form via a plain text-formatted e-mail or by access to our web site using one of the browsers specified above;
* Adobe Reader version 8.0 or higher.

6. **Requesting Paper Copies.** When we send you electronic communication, we will not send you a paper copy of the same communication, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail a paper copy, provided that such request is made within a reasonable time after we first provided the electronic communication to you. To request a paper copy, contact us at [office@siouxlandhabitat.org](mailto:office@siouxlandhabitat.org) or 712-224-5117. We may charge you a reasonable service charge for the delivery of paper copies of any communication provided to you electronically pursuant to this authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.

7. **Communications in Writing.** All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure and any other communication that is important to you.

8. **Federal Law.** You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

9. **Termination/Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.

10. **Consent.** By signing below you agree that you have read, understand, and agree to the E-Sign Act. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that your computer satisfies the hardware and software requirements specified above and that you have provided us with a current e-mail address at which we may send electronic communications to you.

Sincerely,

Siouxland Habitat for Humanity

Acknowledged and Agreed to by:

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **21. NOTICES (Cont.)** |

**PRIVACY STATEMENT AND NOTICE OF SIOUXLAND HABITAT FOR HUMANITY**

At Siouxland Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

1. We collect nonpublic personal information about you from the following sources:

• Information we receive from you on applications or other forms;

• Information about your transactions with us or others; and

• Information we receive from a consumer reporting agency.

2. We may disclose the following kinds of nonpublic personal information about you:

• Information we receive from you on applications or other forms, including, but not limited to your name, Address, Social Security Number, Assets, Income, etc.

• Information about your transactions with us, our affiliates, or others including, but not limited to your loan balance, payment history, etc.; and

• Information we receive from a consumer reporting agency such as your loan balance, payment history, creditworthiness, credit history.

3. We do not disclose any nonpublic personal information about our customers to anyone except as permitted by law.

4. We may disclose nonpublic personal information about you to the following types of third parties:

* Financial service providers, including but not limited to servicing agents;
* Nonprofit organizations or governments
* Or as otherwise permitted by law.

5. If you prefer we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of any disclosures to nonaffiliated third parties you may call SIOUXLAND HABITAT FOR HUMANITY at 712-224-5117.

6. We restrict access to nonpublic personal information about you to:

* HFH agents and employees that need to know that information to provide Habitat’s services to you;
* Disclosures to other nonaffiliated third parties as permitted by law. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Acknowledged and Agreed to by:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_