



Application

Habitat Homeownership Program

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 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.

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's name	Co-applicant's name																																																
Social Security number _____	Social Security number _____																																																
Home phone _____ E-mail _____ Age _____	Home phone _____ Age _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)																																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: center; border-bottom: 1px solid black;">Age</th> <th style="text-align: center; border-bottom: 1px solid black;">Male</th> <th style="text-align: center; border-bottom: 1px solid black;">Female</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: center; border-bottom: 1px solid black;">Age</th> <th style="text-align: center; border-bottom: 1px solid black;">Male</th> <th style="text-align: center; border-bottom: 1px solid black;">Female</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"> </td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td><td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Age	Male	Female																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
Name	Age	Male	Female																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
		<input type="checkbox"/>	<input type="checkbox"/>																																														
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of years _____	Number of years _____																																																
If you have lived at your present address for less than two years, complete the following:																																																	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of years _____	Number of years _____																																																

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

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 business	Business phone	Type of business	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 business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wage – Please provide proof of income: Last 2 tax returns and last 2 pay stubs or bank statements	\$	\$	\$	\$
TANF				
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$
	\$	\$	\$	\$

PLEASE NOTE:

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

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. 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 parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, 401k etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Student loans	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent – Please provide copy of Lease or Rental Agreement	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Gas/vehicle maintenance	\$	\$	\$
Business expenses	\$	\$	\$
Food/groceries	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently suing or being sued?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<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 endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Have you been a resident of Montgomery County for at least one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Have you ever served in the U.S. Military? (or anyone in household). If yes, provide DD2-14 (write yes or no)		
<i>If you answered "yes" to any question a through g, or "no" to question h, please explain on a separate piece of paper.</i>		

12. 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 visits, a credit check, employment and income verification, and rental housing verification including payment history. 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 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.

13. 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 _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type) <hr/> Interviewer's signature Date <hr/> Interviewer's phone number

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 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 _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____

Application Checklist 2021

Before submitting your application, make sure you have COPIES (no originals) of the following documents ready to submit with your application. How to submit documents:

1. Email: info@habitatmctn.org
2. Mail: P.O. Box 331 Clarksville, TN 37041
3. Drop off: 404 Madison Street, Monday through Friday, 9 a.m. to 5 p.m.

Proof of residency in Montgomery County for at least 12 months:

- A copy of your Tennessee issued driver's license OR identification card (for criminal background check and loan processing)

Proof of income:

- A copy of (2) most recent pay stubs from employment OR (1) copy of disability/social security/retirement statement
- Any other sources of income, including TANF, SNAP (food stamps), child support, alimony, etc.

Tax returns from the last 2 years (see info below)

IRS Form 4506-T: Request for Transcript of Tax Return

- This form will help you access your previous tax records from the IRS if you don't currently have them in your possession. You can find it on our website: habitatmctn.org/apply

Benefits: (If applicable)

- A copy (1) of recent benefits statements or child support paperwork (SNAP/Families First/Child Support/Alimony, TANAF, etc.)

Housing:

- Rental agreement with move in date, rent paid per month, and landlord's information
- If you pay another person rent or utilities, that person **MUST** write their rent (utilities if included) and how much you pay them per month towards that amount. (Receipts, cashier's check stub, etc. showing how much you pay that person.)

Bills and Debts:

- A copy (1) of the most recent statement showing remaining balance and payment made (credit cards, car or health insurance, car payments, cell phone, cable, student loans, rental payments, medical, school loans, child support/alimony, etc.)

Bankruptcy, Foreclosure, Judgement, Eviction or Liens, Repossessions, Garnishments, and/or Forfeitures:

- A copy (1) showing when it started, how much you owe, monthly payments, and when it ended (if discharged).

Signed credit and background check forms:

- Copies of the credit and background check release forms attached to the application must be signed and turned in with your application.