



## HOMEBUYER APPLICATION CHECKLIST

- A completed and signed application.
  - If applicable – a completed supplemental application for any household members over 18.  
**You must request a supplemental application or pick one up at the front desk.**
- A check or money order for \$60 (turned in with application)
- If applicable – A receipt from the collection agency showing proof of \$0 balance (non-medical collections without a \$0 balance will be declined, unsatisfied judgements will be declined)
- Income (please submit what applies)
  - 1 month (30 days) of paystubs
  - If child support is received, provide 12 months proof of receipt & copy of court ordered agreement
  - If child support is paid or received, provide a copy of court approved child support agreement
  - Most recent award letter for SSI/SSDI
  - Proof of any other income: Retirement, alimony, or other sources
- Copy of unexpired government issued photo ID (driver's license, passport)
- Proof of Citizenship/Residency for ALL household applicants:
  - Copy of Birth Certificate or U.S. Passport (not applicable if a REAL ID is being provided. *Note: A REAL ID will have a star in the upper right corner of the driver license*)
  - Permanent Resident Card (if applicable)
- 2 years of most recent W2 forms for all employment
- Most recent year's filed tax return / 2 years if self-employed
- A copy of your current lease
- 2 months (60 days) of bank statements for all accounts
- A copy of your most recent utility bills (gas/electric/water)
  - gas
  - electric
  - water

**HIGHLY ENCOURAGED:** Schedule an application review meeting prior to turning in documents.

If you'd like to schedule an application review, contact the Program Coordinator at the phone number or email below.

**(920) 967-8898**

**homebuyer@foxcitieshabitat.org**

We are here to help and are happy to answer questions or review your application with you.

Please know that applications that are missing information at the time of the deadline will be considered incomplete and will be declined.

**Applications must be submitted or postmarked between:  
January 26th at 8:30 am through February 27<sup>th</sup> at 3:00 pm**

**Please return applications to:**

Habitat for Humanity 921 Midway  
Road Menasha, WI 54952



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Greater Fox Cities Area

**Habitat**  
for Humanity®**HOMEBUYER PROGRAM APPLICATION**

OFFICE USE:

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

 Fee Paid  Copy of checkApp Review:  NY  ER

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(s): 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.**

**How did you hear about Habitat?**  Friend  Family  Coworker Name of who referred you: \_\_\_\_\_  
 (select all that apply):  TV  Radio  Online Search  Social Media  
 Other (please specify): \_\_\_\_\_

**Primary Language Spoken:** \_\_\_\_\_ **Will you need a translator?**  Yes  No

<b>Type of Credit:</b>	<input type="checkbox"/> I am applying for individual credit.
	<input type="checkbox"/> I am applying for joint credit. Total number of borrowers: _____
	Initials of each borrower that intends to apply for joint credit _____

**1a: APPLICANT INFORMATION**

<p>Applicant:</p> <p>Full legal name (first, middle, last)</p> <p>Alternate and former name(s) (including maiden names)</p> <p>Phone #: _____</p> <p>Email: _____</p> <p>How would you like us to contact you?</p> <p><input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email</p> <p>Social Security number _____ Date of birth _____</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried</p> <p>*Unmarried includes single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship (if unmarried, fill out section 12)</p> <p>Citizenship</p> <p><input type="checkbox"/> U.S. Citizen  <input type="checkbox"/> Permanent Resident Alien  <input type="checkbox"/> Other: _____</p>	<p>Co-Applicant:</p> <p>Full legal name (first, middle, last)</p> <p>Alternate and former name(s) (including maiden names)</p> <p>Phone #: _____</p> <p>Email: _____</p> <p>How would you like us to contact you?</p> <p><input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email</p> <p>Social Security number _____ Date of birth _____</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried</p> <p>*Unmarried includes single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship (if unmarried, fill out section 12)</p> <p>Citizenship</p> <p><input type="checkbox"/> U.S. Citizen  <input type="checkbox"/> Permanent Resident Alien  <input type="checkbox"/> Other: _____</p>
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**1b. DEPENDENTS AND OTHERS WHO WILL LIVE WITH YOU**

List ALL people who live in your home. \*Everyone over 18 must complete a supplemental application and sign a General Release form authorizing a background check.

Name	Relationship	Date of Birth	Social Security Number

**2a. CURRENT ADDRESS HISTORY**

List your current address, followed by previous address if you have lived at your current address less than five years.

**Applicant:**

Current street address

City, State, Zip

County

Dates of occupancy: (\_\_\_\_\_ to present)

Amount of Rent: \$\_\_\_\_\_ /month

Rental Insurance: \$\_\_\_\_\_ /month

Is rent subsidized?  Yes  No

Amount subsidized: \$\_\_\_\_\_

Current landlord's name

Landlord's phone #: \_\_\_\_\_

Landlord's email or fax #: \_\_\_\_\_

Name of Water Provider: \_\_\_\_\_

Name of Gas Provider: \_\_\_\_\_

Name of Electric Provider: \_\_\_\_\_

**Co-Applicant:**

Current street address

City, State, Zip

County

Dates of occupancy: (\_\_\_\_\_ to present)

Amount of Rent: \$\_\_\_\_\_ /month

Rental Insurance: \$\_\_\_\_\_ /month

Is rent subsidized?  Yes  No

Amount subsidized: \$\_\_\_\_\_

Current landlord's name

Landlord's phone #: \_\_\_\_\_

Landlord's email or fax #: \_\_\_\_\_

Name of Water Provider: \_\_\_\_\_

Name of Gas Provider: \_\_\_\_\_

Name of Electric Provider: \_\_\_\_\_

\*Please see next page for continued address information

**2b. PREVIOUS ADDRESS HISTORY**

To the best of your ability, please provide any additional addresses lived at for the past five years.

<b>Applicant:</b>	<b>Co-Applicant:</b>
Previous address (if at current address less than 5 years)	Previous address (if at current address less than 5 years)
Previous street address	Previous street address
City, State, Zip	County
Dates of occupancy: (_____ to _____)	City, State, Zip
Previous landlord's name	County
Landlord's phone #: _____	Previous landlord's name
Landlord's email or fax #: _____	Landlord's phone #: _____
	Landlord's email or fax #: _____
Previous street address	Previous street address
City, State, Zip	County
Dates of occupancy: (_____ to _____) (month/year) (month/year)	City, State, Zip
	County
	Dates of occupancy: (_____ to _____) (month/year) (month/year)
Previous street address	Previous street address
City, State, Zip	County
Dates of occupancy: (_____ to _____) (month/year) (month/year)	City, State, Zip
	County
	Dates of occupancy: (_____ to _____) (month/year) (month/year)
Previous street address	Previous street address
City, State, Zip	County
Dates of occupancy: (_____ to _____) (month/year) (month/year)	City, State, Zip
	County

**3a. EMPLOYMENT INFORMATION – CURRENT EMPLOYER**

Provide employment history to cover a full 2-year history.

**Applicant:** Does not apply

Check if this statement applies:

 I am employed by a family member

Name of employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address of employer \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business phone # \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Dates of Employment (mm/dd/year)

## Type of Employment:

 Full Time     Temporary     Seasonal Part Time     Other \_\_\_\_\_If work is seasonal or you are off work regularly each year, is unemployment received?  Yes  No

Number of weeks received each year: \_\_\_\_\_

How many years have you received this: \_\_\_\_\_

**Co-Applicant:** Does not apply

Check if this statement applies:

 I am employed by a family member

Name of employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address of employer \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business phone # \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Dates of Employment (mm/dd/year)

## Type of Employment:

 Full Time     Temporary     Seasonal Part Time     Other \_\_\_\_\_If work is seasonal or you are off work regularly each year, is unemployment received?  Yes  No

Number of weeks received each year: \_\_\_\_\_

How many years have you received this: \_\_\_\_\_

\*Please see next page for continued employment information

**3b. EMPLOYMENT INFORMATION – PREVIOUS EMPLOYER**  
(Provide additional employment history to cover a 2-year history.)

**Applicant:**

Does not apply

Name of employer

Job Title

Address of employer

City, State, Zip

Business phone #

\_\_\_\_\_ to \_\_\_\_\_

Dates of Employment (mm/dd/year)

**Co-Applicant:**

Does not apply

Name of employer

Job Title

Address of employer

City, State, Zip

Business phone #

\_\_\_\_\_ to \_\_\_\_\_

Dates of Employment (mm/dd/year)

Name of employer

Job Title

Address of employer

City, State, Zip

Business phone #

\_\_\_\_\_ to \_\_\_\_\_

Dates of Employment (mm/dd/year)

Name of employer

Job Title

Address of employer

City, State, Zip

Business phone #

\_\_\_\_\_ to \_\_\_\_\_

Dates of Employment (mm/dd/year)

### 3c. SELF EMPLOYMENT INCOME

PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as the last 3 years of tax returns and financial statements.

#### Applicant:

Does not apply

Check if you are a business owner or self employed

- I have an ownership share of less than 25%
- I have an ownership share of more than 25%

Business Name: \_\_\_\_\_

Monthly income (or loss): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Dates of self-employment: (month/year)

#### Co-Applicant:

Does not apply

Check if you are a business owner or self employed

- I have an ownership share of less than 25%
- I have an ownership share of more than 25%

Business Name: \_\_\_\_\_

Monthly income (or loss): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Dates of self-employment: (month/year)

### 3d. OTHER INCOME

Please list all other income sources, including SSI/SSDI, child support, separate maintenance, retirement (e.g. pension) unemployment benefits, VA compensation, military entitlements, and any other sources of income. (If receiving child support, please list the name of the child as the person receiving.)

My household does not receive unearned income.

Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?
Type of benefit	Name of person receiving this	Monthly amount	Received since? How long will it continue?

#### 4. FINANCIAL INFORMATION – BANK ACCOUNTS

List ALL bank accounts for applicant and co-applicant including checking and savings.

Name(s) on account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of account	Name of bank/credit union/institution
Name(s) on account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of account	Name of bank/credit union/institution
Name(s) on account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of account	Name of bank/credit union/institution
Name(s) on account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of account	Name of bank/credit union/institution
Name(s) on account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Type of account	Name of bank/credit union/institution

#### 5. Real Estate Owned

**Applicant:**

I do not own any real estate (go to next section)  
(mobile homes are not counted as real estate)

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

\$ \_\_\_\_\_ month

\$ \_\_\_\_\_ unpaid principal balance

**Co-Applicant:**

I do not own any real estate (go to next section)  
(mobile homes are not counted as real estate)

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

\$ \_\_\_\_\_ month

\$ \_\_\_\_\_ unpaid principal balance

#### 6. PRESENT HOUSING CONDITIONS

Applicant Housing Conditions (If co-applicant does not live with applicant, please include information on a separate sheet of paper.)

Currently I am:  Renting  Rent-Free  Own

Number of bedrooms in the place where you live: \_\_\_\_\_

Other rooms in the place where you live:  Kitchen  Living room  Dining room  Bathroom (# of bathrooms \_\_\_\_\_)

List any other rooms: \_\_\_\_\_

Please describe the condition of the place where you live. Why do you need a habitat home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 7. MILITARY SERVICE

### Applicant:

Does anyone living in your household have current or past service in the U.S. Armed Forces, National Guard, or Reserves?  Yes  No

Are you, or someone in your household, a surviving spouse or dependent child of a deceased person that served in the U.S. Armed Forces?  Yes  No

### Co-Applicant:

Does anyone living in your household have current or past service in the U.S. Armed Forces, National Guard, or Reserves?  Yes  No

Are you, or someone in your household, a surviving spouse or dependent child of a deceased person that served in the U.S. Armed Forces?  Yes  No

## 8. DECLARATIONS

Please answer the following questions. If yes on "1-8" please explain on separate piece of paper.

	Applicant	Co-Applicant
1. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any outstanding collections or judgements against you? (All collections and judgements must be paid in full and satisfied with the court prior to application, a background check will be completed, and a credit report will be pulled)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently delinquent or in default on a 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
4. 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
5. Have you conveyed title to any property in lieu of foreclosure in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had a property foreclosed upon in the last 7 years? Transfer of ownership must be at least 36 months prior to application. Date of Transfer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you declared bankruptcy in the last seven 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 Discharge date must be at least 24 months prior to application date. Discharge date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you able to pay 25% of your gross monthly income to housing while keeping a manageable amount of personal debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or before closing this transaction that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you or will be applying for any new credit (example: auto loan, credit card) on or before closing this loan that has not been disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you obligated to pay child support, alimony or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 9. WILLINGNESS TO PARTNER – SWEAT EQUITY

To be considered for the Habitat Homebuyer program, you and your household members must be willing to complete “sweat equity” hours. A single adult household must complete 200 hours, and a two adult household must complete 400 hours. This will include hours spent building your home, building the homes of others, doing lot maintenance, attending homeownership classes, and other approved activities.

**\*\*Most sweat equity hours – INCLUDING BUILD DAYS – occur during the week\*\***  
This means you will have to find ways to manage your schedule to complete these hours.

**Applicant:**

Are you willing to meet the “Sweat Equity” requirement?

Yes  No

**Co-Applicant:**

Are you willing to meet the “Sweat Equity” requirement?

Yes  No

## 10. DOWN PAYMENT

During this program you will be responsible for a down payment (minimum of \$2,220) made prior to closing on your new home. The Family Services Coordinator will provide more information if you are accepted into the program. You have several payment options for a down payment:

- Paying a smaller amount each month and paying one larger payment before closing
- Paying the same amount each month for 12 months that will total your down payment
- payment Paying the full amount all at once

**Applicant:**

Are you willing to meet the down payment requirement?

Yes  No

**Co-Applicant:**

Are you willing to meet the down payment requirement?

Yes  No

## 11. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homebuyer 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. You will be provided a copy of any appraisal report or valuation concerning this property promptly upon completion of the appraisal, and in any event, no less than three (3) business days prior to the closing of the loan.

You may be required to reimburse the cost of an appraisal.

**Applicants name:** \_\_\_\_\_

**Co-Applicant's name:** \_\_\_\_\_

## 12. UNMARRIED ADDENDUM

For borrowers selecting the “unmarried” status

### If you selected “unmarried” in Section 1:

Are you legally married?

**Applicant:**  Yes  No

**Co-Applicant:**  Yes  No

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse?

**Applicant:**  Yes  No

**Co-Applicant:**  Yes  No

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.

Applicant:

Civil union  Domestic partnership  Registered reciprocal beneficiary relationship

Other (explain): \_\_\_\_\_

State: \_\_\_\_\_

Co-Applicant:

Civil union  Domestic partnership  Registered reciprocal beneficiary relationship

Other (explain): \_\_\_\_\_

State: \_\_\_\_\_

#### Applicant:

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

Print name: \_\_\_\_\_

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

#### Co-Applicant:

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

Print name: \_\_\_\_\_

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

### 13. 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 in the Midwest region (Chicago), or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

By phone: 877-FTC-HELP (382-4357)

By mail: Consumer Response Center

    Federal Trade Commission

    600 Pennsylvania Ave., NW

    Washington DC 20580

Online: <https://reportfraud.ftc.gov/#/>

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 Homebuyer program.

**Applicant:**

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

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

**Co-Applicant:**

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

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

#### 14. GENERAL RELEASE

I/We certify that all the information on this application and accompanying documentation is true and correct to the best of our knowledge. I/we understand that false or misleading information may be grounds for rejection of the application. Furthermore, it is understood that the completion of this application does not guarantee that I/we will receive housing through the Greater Fox Cities Area Habitat for Humanity. I give permission to the Greater Fox Cities Area Habitat for Humanity to check any and all information, including but not limited to previous housing history, employment, and credit/payment history included herein. I give permission to Greater Fox Cities Area Habitat for Humanity to check my credit rating, criminal record, and sexual offender registry. I understand that by completing this application, I am submitting to all such inquiries. To my creditor: I/We authorize you to provide Habitat for Humanity any and all information and documentation they request. Such documentation may include, but is not limited to, the following types of information:

1. Employment history
2. Credit history and reports
3. Balances on savings accounts, checking accounts, etc.
4. Payment history and delinquencies
5. Amounts owed on accounts
6. Cash values on life insurance policies and other investment or retirement savings
7. Security agreements and pledges for purpose of security
8. Loan amounts, terms, payment schedules, etc.
9. Copies of tax returns or W2 forms
10. Criminal background check (PACER, CCAP, etc....)
11. National Sexual Offender Registry check (NSOPW)
12. Social security awards, residency verification and child support if applicable
13. Any other documents pertaining to my financial, credit and liability circumstances

Applicant's name	Last 4 digits SSN	Applicant's name	Last 4 digits SSN
Applicant's signature	Date	Applicant's signature	Date

We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity through 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, family status or national origin.



## 15. INFORMATION FOR GOVERNMENT REPORTING PURPOSES

Please read this statement before completing the box below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the 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.

### Applicant:

#### Race/National Origin:

- I do not wish to furnish this information
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African
- American
- Other (specify) \_\_\_\_\_

#### Ethnicity:

- I do not wish to furnish this information
- Hispanic
- Non-Hispanic

#### Sex:

- I do not wish to furnish this information
- Female
- Male

### Co-Applicant:

#### Race/National Origin:

- I do not wish to furnish this information
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African
- American
- Other (specify) \_\_\_\_\_

#### Ethnicity:

- I do not wish to furnish this information
- Hispanic
- Non-Hispanic

#### Sex:

- I do not wish to furnish this information
- Female
- Male

