

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 \$75 (non-refundable)
- 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:

June 29th at 8:30am through July 31st at 3:00pm

Please return applications to:

Habitat for Humanity

921 Midway Road, Menasha, WI 54952

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HOMEBUYER PROGRAM APPLICATION

OFFICE USE:
 Date Received: _____
 Fee Paid Copy of check
 App Review: Yes No

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

Type of Credit:	<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

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

2b. PREVIOUS ADDRESS HISTORY

To the best of your ability, please provide any additional addresses lived at for the past 2 years.

Applicant:

Previous address (if at current address less than 2 years)

Previous street address

City, State, Zip County

Dates of occupancy: (_____ to _____)

Previous landlord's name

Landlord's phone #: _____

Landlord's email or fax #: _____

Co-Applicant:

Previous address (if at current address less than 2 years)

Previous street address

City, State, Zip County

Dates of occupancy: (_____ to _____)

Previous landlord's name

Landlord's phone #: _____

Landlord's email or fax #: _____

Previous street address

City, State, Zip County

Dates of occupancy: (_____ to _____)
(month/year) (month/year)

Previous street address

City, State, Zip County

Dates of occupancy: (_____ to _____)
(month/year) (month/year)

Previous street address

City, State, Zip County

Dates of occupancy: (_____ to _____)
(month/year) (month/year)

Previous street address

City, State, Zip County

Dates of occupancy: (_____ to _____)
(month/year) (month/year)

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.)

<p align="center">Applicant:</p>	<p align="center">Co-Applicant:</p>
<p align="center"><input type="checkbox"/> Does not apply</p>	<p align="center"><input type="checkbox"/> Does not apply</p>
<p>_____</p>	<p>_____</p>
<p>Name of employer</p>	<p>Name of employer</p>
<p>_____</p>	<p>_____</p>
<p>Job Title</p>	<p>Job Title</p>
<p>_____</p>	<p>_____</p>
<p>Address of employer</p>	<p>Address of employer</p>
<p>_____</p>	<p>_____</p>
<p>City, State, Zip Business phone #</p>	<p>City, State, Zip Business phone #</p>
<p>_____ to _____</p>	<p>_____ to _____</p>
<p align="center">Dates of Employment (mm/dd/year)</p>	<p align="center">Dates of Employment (mm/dd/year)</p>
<p>_____</p>	<p>_____</p>
<p>Name of employer</p>	<p>Name of employer</p>
<p>_____</p>	<p>_____</p>
<p>Job Title</p>	<p>Job Title</p>
<p>_____</p>	<p>_____</p>
<p>Address of employer</p>	<p>Address of employer</p>
<p>_____</p>	<p>_____</p>
<p>City, State, Zip Business phone #</p>	<p>City, State, Zip Business phone #</p>
<p>_____ to _____</p>	<p>_____ to _____</p>
<p align="center">Dates of Employment (mm/dd/year)</p>	<p align="center">Dates of Employment (mm/dd/year)</p>

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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? <small>(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)</small>	<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? <small>Transfer of ownership must be at least 36 months prior to application. Date of Transfer: _____</small>	<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? <small>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: _____</small>	<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 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: _____

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

