



Rutherford County Habitat for Humanity
 269 W Main St, Forest City, NC 28043
 PO Box 1534, Rutherfordton, NC 28139
 828-248-3178
 rchabitat@att.net

Application

Habitat Homeownership

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.

APPLICANT INFORMATION

APPLICANT

CO-APPLICANT

Applicant name _____

Co-Applicant name _____

Social Security number Home phone DOB

Social Security number Home phone DOB

Married Separated Unmarried

Married Separated Unmarried

Email address _____

Email address _____

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)

Name	DOB	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"/>

Name	DOB	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"/>

If you have additional dependents, check here and list them on the back of this page with their DOB and gender.

If you have additional dependents, check here and list them on the back of this page with their DOB and gender.

Present address (street, city, state, ZIP code) Own Rent

Present address (street, city, state, ZIP code) Own Rent

If your mailing address is different, list that here

If your mailing address is different, list that here

If you have lived at your present address for less than two years, complete the following:

Previous address (street, city, state, ZIP code) Own Rent

Previous address (street, city, state, ZIP code) Own Rent

Number of years _____

Number of years _____

PRESENT HOUSING CONDITIONS

Number of Bedrooms: _____

Other rooms in the place where you are living:

___ Kitchen ___ Bathroom ___ Living Room ___ Dining Room Other (please describe) _____

Please describe the condition of the house or apartment where you live and why you need a Habitat home?

If you own your residence, what is your monthly mortgage payment? \$ _____ Unpaid Balance \$ _____

Do you own land? _____ If so, what is your monthly payment \$ _____ Unpaid Balance \$ _____

WILLINGNESS TO PARTNER

We, at Habitat, look at your involvement with us as a partnership. We work with you, not for you. To be considered for Habitat homeownership, you and your family must be willing to complete a series of Homeowner Education Workshops and a number of "sweat equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, keeping the construction site clean and safe while construction is being done, and working in the Habitat ReStore and office.

Do you foresee this being a problem for your family? _____

If so, why: _____

INCOME

Alimony, child support or separate maintenance income does not need to be revealed if the applicant or co-applicant does not choose to have it considered for repaying this loan.

Please provide the monthly income for **everyone** in the household.

Income Source	Applicant	Co-Applicant	Others in household	Total
Wages:				
Wages:				
Wages:				
TANF				
Alimony				
Child Support				
Social Security				
SSI				
Disability				
Section 8 Housing				
Other:				

EMPLOYMENT INFORMATION

APPLICANT

Name and address of Current Employer(s) Years on the job

CO-APPLICANT

Name and address of Current Employer(s) Years on the job

If working at current job **less** than one year, list your most recent previous employer below:

APPLICANT

Name and address of Previous Employer Years on the job

CO-APPLICANT

Name and address of Previous Employer Years on the job

ASSETS

Name of Bank	Type of Account	Current Balance
Real or Personal Property	Description	Appraised Value based on Property Tax Bill
Car		

SOURCE OF DOWN PAYMENT

You will be required to pay a \$500 down payment on your house. At least \$100 of it must be paid within 90 days of being accepted into partnership with Habitat. Where will you get the money to make the down payment? If you borrow the money, whom will you borrow it from and how will you pay it back?

DEBT

Account	Monthly Payment	Unpaid Balance	Whom (Applicant or co-applicant)
Rent			
Utilities (Gas, Electricity, Water, Sewage)			
Insurance			
Child care			
Car Payments			
Furniture, Appliance, Television (includes rent to own)			
Credit card			

DECLARATIONS

	Applicant	Co-Applicant
A) Do you have any outstanding judgments because of a court decision against you?	__ Yes __ No	__ Yes __ No
B) Have you declared bankruptcy within the past seven years?	__ Yes __ No	__ Yes __ No
C) Have you had property foreclosed on in the past seven years?	__ Yes __ No	__ Yes __ No
D) Are you currently involved in a lawsuit?	__ Yes __ No	__ Yes __ No
E) Are you paying alimony or child support?	__ Yes __ No	__ Yes __ No
F) Are you a U.S. citizen or permanent resident?	__ Yes __ No	__ Yes __ No

If you answered yes to any question A through E, or no to question F, please explain.

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 the no-interest 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, criminal background check, sex offender registry check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered all 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. I also understand that Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such inquiries.

Applicant Signature/Date

Co-Applicant Signature/Date

In order to exchange information and notifications more efficiently, and to improve communications, we would like to be able to either email or text you. By providing that information and signing this form, you are giving us permission to do so.

Email address

Email address

Cell phone

Cell phone

INFORMATION FOR GOVERNMENT MONITORING 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 the 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 ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the first box below.

APPLICANT

I do not wish to furnish this information.

Race (may select more than one racial designation):

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

Sex:

- Female Male

Date of Birth: _____ / _____ / _____

Marital Status:

- Married
- Separated
- Unmarried (Single, divorced, widowed)

CO-APPLICANT

I do not wish to furnish this information.

Race (may select more than one racial designation):

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

Sex:

- Female Male

Date of Birth: _____ / _____ / _____

Marital Status:

- Married
- Separated
- Unmarried (Single, divorced, widowed)

AML INFORMATION FORM

In compliance with the requirements of the Bank Secrecy Act, the USA PATRIOT Act, and FinCEN's Anti-Money Laundering Program and Suspicious Activity Report Filing Requirements for Residential Mortgage Lenders and Originators, Rutherford County Habitat for Humanity requires all applicants to complete this form.

INSTRUCTIONS: Everyone over the age of 18 years who will reside in the house must complete one of these forms. Please make copies of this form as necessary or you can pick up extra copies at the Habitat office.

List all names you have used in the past five years.

Employment for the past five years (list name of company or person, and the city in which you worked)

List all financial transactions over \$5,000 you have made in the past five years (items you purchased or sold).

Include names of persons or companies involved.

List all significant social or business contacts with foreign nationals (persons from other countries/persons who are not citizens of the US) for the past five years.

EMPLOYMENT VERIFICATION

This form can only be filled out by your current employer and must be included with your application.

Applicant: _____ Date of Request: _____

Co-Applicant: _____

The above named person(s) have applied for housing through the Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions as an employment reference. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Thank you for your assistance.

Sincerely,
Family Services Committee

Company name: _____ Type of business: _____

Company address: _____ City, state, ZIP: _____

1. Date of employment: _____

2. Present position: _____

3. Current base pay: Amount: \$ _____ Annually _____ Per hour

Scheduled hours per week: _____

4. Earnings: \$ _____ calendar year to date \$ _____ last calendar year

5. Does this person regularly receive overtime or bonuses? _____ Yes _____ No

If yes, average number of overtime hours per month: _____

If yes, bonus type and average amount: _____

6. Additional comments: _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Title/Company: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form may be returned to applicant or transmitted directly to:

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LANDLORD REFERENCE

This form can only be filled out by your current landlord and must be included with your application.

Applicant: _____ Date of Request: _____

Co-Applicant: _____

The above named person(s) have applied for housing through the Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions as a landlord reference. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Thank you for your assistance.

Sincerely,

Family Services Committee

Applicant's payment history (circle one): Excellent Satisfactory Unsatisfactory

Rental period (give dates): From _____ to _____

Amount of monthly rent: \$ _____

Would you rent to this person/family again? _____

Any further comments: _____

Signature: _____

Date: _____

Name: _____

Phone: _____

Title/Company: _____

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CREDIT REFERENCE #1

This form can only be filled out by a current or recent creditor and must be included with your application.

Applicant: _____ Date of Request: _____

Co-Applicant: _____

The above named person(s) have applied for housing through the Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions as a credit reference. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Thank you for your assistance.

Sincerely,

Family Services Committee

1. How long have you done business with this person/family? _____
2. Are payments made regularly according to your agreement? ____ Yes ____ No
3. If unable to make a payment, did the family make satisfactory arrangements? ____ Yes ____ No
4. Would you consider this family a good credit risk? ____ Yes ____ No
5. Highest balance \$ _____ Present balance \$ _____ Monthly payment \$ _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Title/Company: _____

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CREDIT REFERENCE #2

This form can only be filled out by a current or recent creditor and must be included with your application.

Applicant: _____ Date of Request: _____

Co-Applicant: _____

The above named person(s) have applied for housing through the Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions as a credit reference. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Thank you for your assistance.

Sincerely,

Family Services Committee

1. How long have you done business with this person/family? _____
2. Are payments made regularly according to your agreement? ____ Yes ____ No
3. If unable to make a payment, did the family make satisfactory arrangements? ____ Yes ____ No
4. Would you consider this family a good credit risk? ____ Yes ____ No
5. Highest balance \$ _____ Present balance \$ _____ Monthly payment \$ _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Title/Company: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form may be returned to applicant or transmitted directly to:

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VERIFICATION OF PUBLIC ASSISTANCE

This form can only be filled out by the Department of Social Services and must be included with your application.

Applicant: _____ Date of Request: _____

Co-Applicant: _____

The above named person(s) have applied for housing through the Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions as a landlord reference. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Thank you for your assistance.

Sincerely,
Family Services Committee

Please complete for any benefits received by the individuals listed above:

Has the family faithfully represented its income to you since it began receiving benefits? ____ Yes ____ No

Benefit Type	Name	Benefit Start Date	Monthly Benefit Amount	Next Review Date
TANF				
SSI				
Social Security				
Child Support				

If the individuals listed above receives a house from Habitat for Humanity’s homeownership program, will this asset (the house) affect these benefits? ____ Yes ____ No

If yes, how? _____

Will the home be subject to a lien by the state of North Carolina? ____ Yes ____ No

Signature: _____ Date: _____

Name: _____ Phone: _____

Title: _____

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PREVIOUS EMPLOYMENT VERIFICATION

This form can only be filled out by your previous employer and must be included with your application.

Applicant: _____ Date of Request: _____

Co-Applicant: _____

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Thank you for your assistance.

Sincerely,

Family Services Committee

Company name: _____ Type of business: _____

Company address: _____ City, state, ZIP: _____

EMPLOYMENT INFORMATION:

Start Date: _____ End Date: _____

Start Position: _____ End Position: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Total gross earning last calendar year of employment: _____

Reason for leaving: _____

Voluntary termination or involuntary termination: _____

Eligible for rehire: _____ Yes _____ No

Additional comments: _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Title/Company: _____

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PREVIOUS LANDLORD REFERENCE

This form can only filled out by your previous landlord and must be included with your application.

Applicant: _____ Date of Request: _____

Co-Applicant: _____

The above named person(s) have applied for housing through the Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions as a landlord reference. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Thank you for your assistance.

Sincerely,

Family Services Committee

Applicant's payment history (circle one): Excellent Satisfactory Unsatisfactory

Rental period (give dates): From _____ to _____

Amount of monthly rent: \$ _____

Would you rent to this person/family again? _____

Any further comments: _____

Signature: _____

Date: _____

Name: _____

Phone: _____

Title/Company: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form may be returned to applicant or transmitted directly to:

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ADDITIONAL INFORMATION

- You must provide 3 credit references. One can be your landlord reference and the others must be your credit references. If you do not have a landlord, 3 credit references will be required.
- Two **Credit Reference** forms have been provided. If you need an additional form, you can pick one up at the Habitat office.
- A **Landlord Reference** form is included for you to have completed. If you have been living at your current residence for less than one year, you must have the **Previous Landlord Reference** form completed also.
- If you are employed, have the **Employer Verification** form completed. If you have been employed by the same company for less than one year, have the **Previous Employer Verification** form completed.
- If you are receiving SSI, Social Security, Child Support or any other form of assistance, have the **Verification of Public Assistance** form completed.
- Enclose your most recent tax return along with copies of the W-2's or 1099's that accompanied the tax return. (These will be returned to you.)
- You will need to provide your pay stubs for the last **two** months.
- You will need to provide a copy of the social security cards for everyone who will be living in the house.
- You will need to provide a copy of the driver's license for the applicant and co-applicant.
- If you are divorced, you will need to provide a Divorce Decree.
- If you are separated, you will need to provide the Binding Separation Agreement duly recorded in the local registry providing for release or waiver of the spouse's marital interest in any property acquired after the recording of the separation agreement.
- If you are a separated or divorced single parent of children, you will need to provide the legal and binding custody papers.
- If you are self-employed, you will need to provide copies of your Federal Tax Returns for the last two years and a current financial statement.

All reference and verification forms MUST be completed by the appropriate authority. You CANNOT complete these forms yourself. Falsifying this information will result in your application being denied.

Note: Please bring original documentation only. We will make copies for you when you turn in your application and give your originals back to you.