



Mail to: Habitat for Humanity
 Dallas County Affiliate
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 Buffalo, MO 65622

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 dallascohfh@yahoo.com
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Application Homeownership Program

If you can answer "Yes" to the following six statements, please fill out this application!

- ✓ I have been a **RESIDENT** of Dallas County, MO for at least **ONE (1) YEAR**.
- ✓ I have **WORKED** for at least **ONE (1) YEAR** in the area or have a stable monthly income
- ✓ I have **FINANCIAL AND HOUSING NEED**: Examples: A) I cannot qualify for traditional lender financing; B) my current living situation is substandard, unhealthy, unsafe or overcrowded; C) I have accessibility issues.
- ✓ My household **INCOME** falls **BETWEEN MINIMUM AND MAXIMUM** amounts on the Dallas County Gross Income Limits Chart to the right. I have no liens or judgments outstanding against me. I have not had a bankruptcy in the last 2 years.
- ✓ I have the **ABILITY TO PAY \$475 - \$600 OF OUR MONTHLY INCOME TO A NO-INTEREST MORTGAGE** (payment includes taxes/insurance).
- ✓ I am **WILLING TO PARTNER** with Habitat Volunteers to complete the required **250 - 500 SWEAT EQUITY LABOR HOURS** on the construction of my home or other assigned work. I agree to attend workshops, credit counseling, submit all requested paperwork and inform Habitat of any changes in my status (i.e. employment, address, or phone number).

GROSS INCOME LIMITS ADJUSTED TO FAMILY SIZE <small>Based on Dallas County Area Median Income of \$65,200 for a family of 4</small>		
# Family Members	Annual Gross Household Income (before taxes)	
	Minimum	Maximum (80%)
1	\$25,819	\$36,512
2	25,819	41,728
3	25,819	46,944
4	25,819	52,160
5	25,819	56,333
6	25,819	60,506
7	25,819	64,678
8	25,819	68,851

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			
Applicant's email				Co-applicant's email			
Social Security # _____ Age _____				Social Security # _____ Age _____			
Home phone# _____ Cell# _____				Home phone# _____ Cell# _____			
<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)			
Name	Age	Male	Female	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"/>	_____	_____	<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"/>

Applicant	Co-applicant
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Date: From _____	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Date: From _____

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 _____ _____ Date: From _____ to _____	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Date: From _____ to _____

2. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain 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, working in the Habitat office, attending homeownership classes or other approved activities.	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="padding: 2px;">Applicant</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Co-applicant</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:				Yes	No	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:													
	Yes	No											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>											
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>											

3. PRESENT HOUSING CONDITIONS

Number of bedrooms: 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living room Dining room

Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____/month
 (Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

4. PROPERTY INFORMATION

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

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Employment Date: Start	Name and address of CURRENT employer	Employment Date: Start
	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	Employment Dates: Start	Name and address of LAST employer	Employment Dates: Start
	End		End
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
SNAP	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
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

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money 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? (Closing costs consist of title/sale document prep and filing fees and 1 year of homeowner insurance premiums)

8. ASSETS

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

9. 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	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent/Mortgage	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
TV cable/subscription	\$	\$	\$
Union dues	\$	\$	\$
Business expenses	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

10. 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 involved in a lawsuit?	<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, student 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 paying alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any active loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.</i>		

11. 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 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 home visits, a credit 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 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.

12. 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 _____

13. REQUIRED ATTACHMENTS

Attach **COPIES** of the following documents to your application:

<u>WHAT</u>	<u>FROM WHO</u>
1. Driver's license or picture ID	Applicant, Co-Applicant, and any family members over 18 years
2. Pay stubs for four (4) pay periods	All family members who have a job
3. Other monthly income - Documentation such as award letters or check stubs for SSI, Disability, Child Support, Alimony, etc.	All family members who have monthly income
4. Home Lease/Rental Agreement or canceled rent check or money order receipt. <u>Include landlord name & phone</u>	Applicant (& Co-Applicant, if from separate residences)
5. Utility bills for gas, electric, water, phone(s), TV, Internet, etc. Most utility companies will print a payment history for you.	Applicant (& Co-Applicant, if from separate residences)
6. Other monthly bills (credit cards, all loans, other debts) <u>Include company name, address and phone</u>	All family members with monthly payments
7. Bank Statements - last two (2) months for each account	All family members with bank accounts
8. Federal Income tax form, the last two (2) years (front page only)	All family members who filed income tax

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)
	Interviewer's signature Date
	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, 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 Midwest Region, Federal Trade Commission, 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 _____
Print Name: _____
Date: _____

X _____
Print Name: _____
Date: _____

15. 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: _____