



## RURAL HOMEBUYER APPLICATION CHECKLIST

A completed application with the supporting documents listed below is required.

- 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 \$30 (turned in with application)
- A copy of your current lease
- Proof of Citizenship/Residency for ALL household adults (A copy of your birth certificate, U.S. citizenship certificate, U.S. passport, or permanent residence card)
- A copy of your most recent utility bills
  - gas  electric  water
- Income (please submit what applies)
  - 3 months (90 days) of paystubs (if employed)
  - One year of proof of child support payments (print out of payment history)
  - Most recent award letter for SSI/SSDI
  - Proof of any other income: Retirement, alimony, or other sources
- 2 months (60 days) of bank statements for all accounts for the applicant & co-applicant
- 2 years of most recent tax returns (or 3 years if self-employed)
- 2 years of most recent W2 forms
- If applicable – A receipt from the collection agency showing proof of \$0 balance (collections without a \$0 balance will be declined, unsatisfied judgements will be declined)
- HIGHLY ENCOURAGED:** Schedule an application review meeting prior to turning in documents
- 8 Sweat Equity hours – To be completed later, more information will be provided

**\*\*Please call Kristi Clover at 920-967-8888 if you'd like to schedule an application review.**

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

### Please return applications to:

Habitat for Humanity  
921 Midway Road  
Menasha, WI 54952



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## RURAL HOMEBUYER PROGRAM APPLICATION

**OFFICE USE:**

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

Fee Paid    Copy of check

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.**

**Must apply for a specific property (Can select more than one):**

- LOT at 322 Avon St, New London, WI (Between 332 & 318 Avon St)
- LOT at 505 Timber Dr, Waupaca, WI (Near corner of Woodland Cir & Timber Dr)
- LOT 1 at Breed St, Chilton, WI (Next to 614 Center St)
- LOT 2 at Breed St, Chilton, WI (East of Lot 1)

<b>Type of Credit:</b>	<input type="checkbox"/> I am applying for <b>individual credit</b>
	<input type="checkbox"/> I am applying for <b>joint credit</b> . 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 #: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	Phone #: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
Email: _____	Email: _____
Social Security number _____ Date of birth _____	Social Security number _____ 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
<small>*Unmarried includes single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship (if unmarried, fill out section 10)</small>	<small>*Unmarried includes single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship (if unmarried, fill out section 10)</small>

**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

Continue to next page

**2a: ADDRESS HISTORY**

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

**Applicant:**

**Co-Applicant:**

Current street address

Current street address

City, State, Zip County

City, State, Zip County

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

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

Current landlord's name

Current landlord's name

Landlord's address

Landlord's address

City, State, Zip Code

City, State, Zip Code

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

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

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

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

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

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

Previous street address

Previous street address

City, State, Zip County

City, State, Zip County

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

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

Previous landlord's name

Previous landlord's name

Previous landlord's address

Previous landlord's address

City, State, Zip Code

City, State, Zip Code

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

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

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

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

## 2b. ADDRESS HISTORY

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

Applicant:

Co-Applicant:

Previous street address

Previous street address

City, State, Zip

County

City, State, Zip

County

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Previous street address

Previous street address

City, State, Zip

County

City, State, Zip

County

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Previous street address

Previous street address

City, State, Zip

County

City, State, Zip

County

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Previous street address

Previous street address

City, State, Zip

County

City, State, Zip

County

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Previous street address

Previous street address

City, State, Zip

County

City, State, Zip

County

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

Dates of occupancy: ( \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/yy) (mm/yy)

**3a. PROPERTY INFORMATION**

**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

**3b. PRESENT HOUSING CONDITIONS**

**Applicant Housing Conditions** (if co-applicant lives with applicant, just fill out this section)

Currently I am:  Renting  Rent-Free  Own

Number of bedrooms in the place where you live:

1  2  3  4  5  6

Other rooms in the place where you live:

Kitchen  Living room  Dining room  Bathroom (# of bathrooms \_\_\_\_\_)

Other rooms (please describe): \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3c. PRESENT HOUSING CONDITIONS**

**Co-Applicant Housing Conditions** (fill in if different from applicant)

Does not apply

Currently I am:  Renting  Rent-Free  Own

Number of bedrooms in the place where you live:

1  2  3  4  5  6

Other rooms in the place where you live:

Kitchen  Living room  Dining room  Bathroom (# of bathrooms \_\_\_\_\_)

Other rooms (please describe): \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4a. EMPLOYMENT INFORMATION**

**Applicant:**

Does not apply

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/dd/year)

\_\_\_\_\_  
Hourly wage      Avg. hours/week      Avg. weeks/year

Pay:  Weekly  Bi-weekly  Monthly  Semi-Monthly

**Type of Employment:**

Full Time     Temporary     Seasonal  
 Part Time     Limited Term     \_\_\_\_\_

If work is seasonal or you are off work regularly each year, is unemployment received?  Yes  No  N/A

Unemployment: \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

**Co-Applicant:**

Does not apply

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/dd/year)

\_\_\_\_\_  
Hourly wage      Avg. hours/week      Avg. weeks/year

Pay:  Weekly  Bi-weekly  Monthly  Semi-Monthly

**Type of Employment:**

Full Time     Temporary     Seasonal  
 Part Time     Limited Term     \_\_\_\_\_

If work is seasonal or you are off work regularly each year, is unemployment received?  Yes  No  N/A

Unemployment: \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

\*Please see next page for continued employment information

**4b. 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%

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of self-employment: (mm/dd/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%

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of self-employment: (mm/dd/year)



**4c. EMPLOYMENT INFORMATION – PREVIOUS EMPLOYER**

**(If you have been at your current job less that two years, please provide 2 years of employment history)**

**Applicant:**

Does not apply

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/year)

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Avg. hours/week

\_\_\_\_\_  
Avg. weeks/year

**Co-Applicant:**

Does not apply

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/year)

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Avg. hours/week

\_\_\_\_\_  
Avg. weeks/year

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/year)

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Avg. hours/week

\_\_\_\_\_  
Avg. weeks/year

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/year)

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Avg. hours/week

\_\_\_\_\_  
Avg. weeks/year

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/year)

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Avg. hours/week

\_\_\_\_\_  
Avg. weeks/year

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

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

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

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

\_\_\_\_\_ to \_\_\_\_\_  
Dates of Employment (mm/year)

\_\_\_\_\_  
Hourly wage

\_\_\_\_\_  
Avg. hours/week

\_\_\_\_\_  
Avg. weeks/year

**4d. OTHER INCOME**

Please list all other income sources, including SSI/SSDI, child support, alimony, 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?

**5a. FINANCIAL INFORMATION – BANK ACCOUNTS**

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

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

**5b. FINANCIAL INFORMATION – DEBTS & LIABILITIES**

Please list the minimum payment or monthly payment on ALL credit cards, auto loans, installment loans, revolving accounts, student loan debt, or other debts or leases for the applicant and co-applicant.

_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)
_____	\$ _____	\$ _____	_____ months
Type of debt (credit card, loan, etc.)	Balance	Monthly payment	Months left to pay (if installment)

**5c. FINANCIAL INFORMATION - HOUSING EXPENSES**

\$ _____ / month	\$ _____ / month	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ / month
Monthly rent payment	Rental insurance payment	Is rent subsidized?	Amount subsidized?

_____	_____	\$ _____
Name of water provider	Account number	Monthly average bill
_____	_____	\$ _____
Name of gas provider	Account number	Monthly average bill
_____	_____	\$ _____
Name of electric provider	Account number	Monthly average bill

**TOTAL HOUSING EXPENSES**

Rent + Rental Insurance + Water + Gas + Electricity = \$ \_\_\_\_\_ / month

## 6a. MILITARY SERVICE

### Applicant:

Did you serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)  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:

Did you serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)  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

## 7a. DECLARATIONS

Please answer the following questions. If yes on "1-9" 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 judgements against you? (All judgements must be paid in full and satisfied with the court prior to application, a background check will be completed)	<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? Satisfaction date must be at least 12 months prior to application. Satisfaction date: _____	<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 Satisfaction date must be at least 12 months prior to application date. Satisfaction date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Do you have any debt because of collections? (all collections must be paid in full prior to the application, a credit report will be pulled)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you lived or worked in Outagamie, Calumet or northern Winnebago County or the City of Waupaca for at least 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. 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
12. Are you able to repay a loan? (Are you able to pay 25-30% 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

**8a. 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:**

**Co-Applicant:**

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

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

YES     NO

YES     NO

**8b. DOWN PAYMENT**

During this program you will be responsible for a down payment (minimum of \$1,800) 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:**

**Co-Applicant:**

Are you willing to meet the down payment requirement?

Are you willing to meet the down payment requirement?

YES     NO

YES     NO

**9a. 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, 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.

**Applicants name:** \_\_\_\_\_ **Co-Applicant’s name:** \_\_\_\_\_

**10. UNMARRIED ADDENDUM**  
**For borrowers selecting the "unmarried" status**

If you selected "unmarried" in Section 1:

Are you legally married?

**Applicant:**  No  Yes

**Co-Applicant:**  No  Yes

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:**  No  Yes

**Co-Applicant:**  No  Yes

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:**

**Co-Applicant:**

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

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

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

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

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

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

## 11. 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:**

**Co-Applicant:**

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

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

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

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

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

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

**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 Soc Sec #	Applicant's name	Last 4 digits Soc Sec #
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Applicant's signature	Date	Applicant's signature	Date
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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.





**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:

I do not wish to furnish this information

**Race/National Origin:**

- 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:**

- Hispanic
- Non-Hispanic

**Sex:**

- Female
- Male

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:**

- Married
- Separated
- Unmarried (includes single, divorced, widowed)

Co-Applicant:

I do not wish to furnish this information

**Race/National Origin:**

- 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:**

- Hispanic
- Non-Hispanic

**Sex:**

- Female
- Male

**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:**

- Married
- Separated
- Unmarried (includes single, divorced, widowed)

