South County Habitat for Humanity
1555 Shannock Road, Charlestown, RI 02813
Mailing Address: PO Box 68, Shannock, RI 02875
Phone: 401-213-6711 Fax: 401-213-6715
Email: info@southcountyhabitat.org

Application for Habitat Housing

South County Habitat for Humanity is an equal opportunity, fair housing provider and does not discriminate on any basis protected by state or federal law in its selection process.

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**
Social Security Number _____ Phone _____ Age _____ ☐ Married ☐ Separated ☐ Unmarried *(incl. single, divorced, widowed)*	Social Security Number _____ Phone _____ Age _____ ☐ Married ☐ Separated ☐ Unmarried *(incl. single, divorced, widowed)*
Dependents and others who will live with you (not listed by co-applicant) Name Age Male Female _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐	**Dependents** and others who will live with you (not listed by applicant) Name Age Male Female _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐
Present Address (street, city, state, ZIP code) ☐ Own ☐ Rent _____ _____ Number of Years _____	Present Address (street, city, state, ZIP code) ☐ Own ☐ Rent _____ _____ Number of Years _____
If Living at Present Address for Less Than Two Years, Complete the Following	
Last Address (street, city, state, ZIP code) ☐ Own ☐ Rent _____ _____ Number of Years _____	Last Address (street, city, state, ZIP code) ☐ Own ☐ Rent _____ _____ Number of Years _____

2. FOR OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? ☐ **Yes** ☐ **No**

Date Application Completed: _____

☐ **Accepted** ☐ **Denied**

Date Letter Sent: _____

Date of Home Visit: _____

Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, 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, working in the ReStore, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	◯	◯
Co-Applicant:	◯	◯

4. PRESENT HOUSING CONDITIONS

Number of bedrooms select number of bedrooms

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?

_____

_____

_____

_____

5. 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 your Habitat home, please attach land documentation.

_____

6. EMPLOYMENT INFORMATION			
Applicant		**Co-Applicant**	
Name and Address of **CURRENT** Employer	Years on this Job	Name and Address of **CURRENT** Employer	Years on this Job
	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	Years on this Job	Name and Address of **LAST** Employer	Years on this Job
	Monthly (Gross) Wages $		Monthly (Gross) Wages $
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME				
INCOME SOURCE	**APPLICANT**	**CO-APPLICANT**	**OTHERS IN HOUSEHOLD**	**TOTAL**
Wages	$	$	$	$
TANF	$	$	$	$
Social Security	$	$	$	$
SSI	$	$	$	$
Disability	$	$	$	$
Alimony	$	$	$	$
Child Support	$	$	$	$
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
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____
_____	_____	$_____	_____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

_____

_____

_____

_____

_____

9. ASSETS

Name of bank, (savings and loan, credit union, etc.)	Address	City, State	ZIP	Account number	Current Balance
					$
					$
					$
					$
					$
					$

10. DEBT

	To Whom Do You and the Co-Applicant Owe Money?					
	APPLICANT			CO APPLICANT		
	Monthly Payment	Unpaid Balance	Months Left to Pay	Monthly Payment	Unpaid Balance	Months Left to Pay
Car or other motor vehicle	$	$		$	$	
Furniture, Appliances, & Televisions (includes rent-to-own	$	$		$	$	
Alimony	$	$		$	$	
Child Support	$	$		$	$	
Credit card	$	$		$	$	
Credit card	$	$		$	$	
Credit card	$	$		$	$	
Total medical	$	$		$	$	
Other	$	$		$	$	
Other	$	$		$	$	
TOTAL MONTHLY EXPENSES:	$	$		$	$	

11. MONTHLY EXPENSES			
ACCOUNT	**APPLICANT**	**CO-APPLICANT**	**TOTAL**
Rent	$	$	$
Utilities	$	$	$
Insurance	$	$	$
Child care	$	$	$
Internet service	$	$	$
Cell phone	$	$	$
Land line	$	$	$
Business expense	$	$	$
Union dues	$	$	$
Other:	$	$	$
Other:	$	$	$
Other:	$	$	$
Total	$	$	$

12. 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 been declared bankrupt within the past seven years?	Yes ☐ No ☐	Yes ☐ No ☐
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	Yes ☐ No ☐	Yes ☐ No ☐
d. Are you currently involved in a lawsuit?	Yes ☐ No ☐	Yes ☐ 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?	Yes ☐ No ☐	Yes ☐ No ☐
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	Yes ☐ No ☐	Yes ☐ No ☐
g. Are you paying alimony or child support or separate maintenance?	Yes ☐ No ☐	Yes ☐ No ☐
h. Are you a co-signer or endorser on any loan?	Yes ☐ No ☐	Yes ☐ No ☐
i. Are you a US citizen or permanent resident?	Yes ☐ No ☐	Yes ☐ No ☐
If you answered "yes" to any question **a** through **h**, or "no" to question **i**, please explain on a separate piece of paper.		

13. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat homeownership program, my ability to repay an affordable 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 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 and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application I am submitting myself to a criminal background check.

X _____ X _____

Applicant Signature **Date** **Co-Applicant Signature** **Date**

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.

14. 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.

Applicants Name _____ Co-Applicants Name _____

15. 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 information, or based on whether or not you choose to provide it. If you choose to provide the information, we may not it by visual observation or surname.

Applicant	Co-Applicant
☐ I do not wish to furnish this information	☐ I do not wish to furnish this information
Race (applicant may select more than one racial designation):	**Race (applicant may select more than one racial designation):**
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black/African American ☐ White ☐ Asian	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black/African American ☐ White ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino	**Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
Sex: ☐ Female ☐ Male	**Sex:** ☐ Female ☐ Male
Birthdate: _____	**Birthdate:** _____
Marital Status:	**Marital Status:**
☐Married ☐Separated ☐Unmarried (single, divorced, widowed)	☐Married ☐Separated ☐Unmarried (single, divorced, widowed)

TO BE COMPLETED ONLY BY THE PERSON CONDUCTING THE INTERVIEW

This application was taken by:	Interviewer's Name (please print)
☐ Face-to-face Interview ☐ Mail ☐ Telephone	**Interviewer's Signature** **Date**

South County Habitat for Humanity® Rhode Island

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: Northeast Region Federal Trade Commission, 1 Bowling Green, New York, NY 10004 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 _____ X _____
Print Name: _____ Print Name: _____
Date: _____ Date: _____

South County Habitat for Humanity® Rhode Island

Habitat for Humanity for Rhode Island, South County Inc.
PRIVACY STATEMENT AND NOTICE

At Habitat for Humanity for Rhode Island, South County Inc., we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income, etc.
- Information about your transactions with us or others such as your loan balance or payment history; and
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history

Habitat for Humanity for Rhode Island, South County Inc. employees and volunteers are subject to a written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law.

As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations, government entities, other subsidy providers;
- Habitat legal representatives

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity for Rhode Island, South County Inc. at (401) 213-6711.

Applicant Initial_____ Co-Applicant Initial_____