

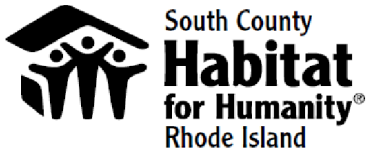
Application Documentation Checklist

Copies of the following documents for both the applicant and co-applicant (if applicable) are ***required*** for the South County Habitat for Humanity Homeownership program.

Submitted	N/A	Document name/description
<input type="checkbox"/>	<input type="checkbox"/>	Completed Application for Habitat Housing (following this page) - with all questions answered
<input type="checkbox"/>	<input type="checkbox"/>	Two month's worth of recent pay stubs from everyone in the household that receives revenue and is at least 18 years old
<input type="checkbox"/>	<input type="checkbox"/>	Award letters from everyone in the household that is addressed on an award letter (e.g., Social Security, Pension, Disability)
<input type="checkbox"/>	<input type="checkbox"/>	Most recent W-2's on all employed household members 18 years of age or older
<input type="checkbox"/>	<input type="checkbox"/>	Most recent 1099 forms (if any) for any household members 18 years of age or older who received them
<input type="checkbox"/>	<input type="checkbox"/>	Most recent two years' Federal Tax Returns with all pages and schedules
<input type="checkbox"/>	<input type="checkbox"/>	Three months' worth (including current) complete bank statements for all bank accounts (checking, savings, money market, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Copies of birth certificates of applicant(s) or permanent residency cards
<input type="checkbox"/>	<input type="checkbox"/>	Copies of State or Federal Identification cards of applicant(s) (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Child Support Letter and Alimony Statements showing incoming child support payments, or outgoing alimony payments
<input type="checkbox"/>	<input type="checkbox"/>	Copy of lease or canceled rent check (for canceled rent checks provide proof of 12 months' worth of rental payments)

You will be contacted if additional documents are required. For questions regarding the Habitat homeownership program please contact Aliyya DeMartino, Homeowner Services Coordinator at 401-213-6711 x305 or aliyya@southcountyhabitat.org.

South County Habitat for Humanity is committed to equal housing opportunity and does not discriminate on the basis of race, sex, color, age, handicap, religion, familial status, or national origin.



PROPERTY PREFERENCE REQUEST FORM

Please read and complete this Property Preference form for units currently available through South County Habitat for Humanity.

Applicant Name(s): _____

Criteria will be evaluated based on:

- 1) Need for housing
- 2) Ability to pay an affordable mortgage and
- 3) Willingness to partner and complete requirements of the Habitat program.

Please check off properties you are interested in applying for from the list below:

_____ South Kingstown single-family 3-bedroom home located in Kingston adjacent to the URI campus

_____ South Kingstown single-family 4-bedroom home located in a rural area on a private dirt road the Broad Rock area

Applicant Signature

Date

Co-Applicant (if applicable) Signature

Date



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 _____	Social Security Number _____ Phone _____ Age _____																																																
<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 applicant)																																																
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Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of Years _____	Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of Years _____																																																
If Living at 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 _____ _____ Number of Years _____	Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> 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.

		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant:	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 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?

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have you been declared bankrupt within the past seven years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Are you currently involved in a lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are you paying alimony or child support or separate maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Are you a co-signer or endorser on any loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Are you a US citizen or permanent resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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
<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"/> Mail <input type="checkbox"/> Telephone	Interviewer's Name (please print) <hr/> Interviewer's Signature Date
---	---

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 _____

Print Name: _____

Date: _____

X _____

Print Name: _____

Date: _____

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.

Initial(s)_____