

Affordable Housing Program

Homeowners are selected based on these criteria:

	Need for housing		Ability to pay an affordable mortgage		Willing to partner with Habitat
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PLUS: Lived or worked in Douglas County for at least one year

need for housing

- Does your current home have safety or affordability issues?
- Do you have fewer bedrooms than necessary for the size of your family?

ability to pay an affordable mortgage

- Are you free of any collections, delinquencies, or bankruptcies?
- Are you unable to get a traditional loan to purchase a home?
- Does your income fall within 30-80% of the Douglas County Median Income?

willingness to partner with Habitat

- Are you willing to contribute 200 hours of sweat equity?
- Are you willing to participate in education and training programs?
- Are you willing to accept responsibility of owning a home?



plus: lived or worked in Douglas County at least one year

about our homes

A typical new house has 1,200 square feet of finished living space. Most homes have three bedrooms and one bathroom. Habitat uses green building practices to make the homes and their utilities affordable.



what does it cost?

Habitat homes are a hand up. Homeowners make regular monthly mortgage payments.

applications

Call our office at 320-762-4255 to request an application or visit our website at hfhdouglascounty.org

Proudly serving Douglas County since 1997!



Application Checklist

Please submit the following documentation with your application for the Applicant and Co-Applicant:

- Completed application and any notes of explanation you wish to include
- Completed authorization and release forms (Sections 12 and 13)
- Nonrefundable Credit Report fee payable to Habitat for Humanity of Douglas County:
 - \$26.00 for a single applicant
 - \$44.00 for applications with two applicants listed
- Driver's license to be presented to Habitat staff (we will copy):
- Tax returns AND W2s from previous two years
- Paystubs from past two months
- Two months most recent utility bills for two utilities (ex: electric, phone, water, etc)
- Two months most recent rent receipts (if applicable)
- Childcare payments for the past two months (if applicable)
- Divorce decree or legal separation agreement (if applicable)
- Student loan deferment papers stating the date until the loan payments are deferred.
(if applicable)

Need help or have questions?

Please complete this application to the best of your ability. Use additional paper if needed. If information is missing, you will be contacted to provide the needed information.

Contact Denise Schapekahn, Habitat's Homeowner Services Coordinator at 320-762-4255





Habitat for Humanity of Douglas County, MN
 1211 N. Nokomis NE
 Alexandria, MN 56308
 320-762-4255

Application

Habitat Homeownership Program



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			
Social Security number				Social Security number			
Home phone				Home phone			
Birthdate		Age		Birthdate		Age	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes: single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes: single, divorced, widowed)			
<input type="checkbox"/> I serve(d) in the Armed Forces (list branch) _____				<input type="checkbox"/> I serve(d) in the Armed Forces (list branch) _____			
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)			
Name	Age	Birthdate	M/F	Name	Age	Birthdate	M/F
Present address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of years:				Number of years:			
If you have lived at your present address for less than two years, complete the following:							
Last address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Last address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of years:				Number of years:			

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

Date received:	Date of selection committee approval:
Date of notice of incomplete application:	Date of board approval:
Date of adverse action letter:	Date of partnership agreement:



6. EMPLOYER INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on job	Name and address of CURRENT employer	Years on 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 job	Name and address of LAST employer	Years on 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	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

<p>PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.</p>	HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE	
	Name	Monthly Income



8. SOURCE OF CLOSING COSTS

Where will you get the money to pay 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? [Homeowners are encouraged to save approximately \$1,000]

9. ASSETS

Name of bank, savings, credit union, etc.	City, State	Current balance
		\$
		\$
		\$
		\$
		\$
		\$

10. DEBT

To whom do you and the Co-applicant(s) owe money?

Account	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
TOTAL	\$	\$		\$	\$	



MONTHLY EXPENSES			
	Applicant	Co-applicant	TOTAL
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
TOTAL	\$	\$	\$

11. 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, 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 or 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 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

If you answered "yes" to any question a through h, or "no" to question i, please explain below. Use additional paper if needed.



12. 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 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 to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

I understand that the evaluation will include public assistance verification including TANF/MFIP, Medical, Child Care Allowance, SSI and Child Support, income and assets, residences and rental activity, student status and financial aid and/or grants. Verification may be obtained from any source named in this application.

I also understand that previous or current information regarding my household may be needed. Verifications and inquiries that may be requested include the items above and below, but are not limited to:

- Credit report
- Credit reference
- Landlord reference
- Criminal Background Check
- Sex Offender Registry Check
- Verification of deposits
- OFAC (Office of Foreign Assets Control) Check

You are hereby authorized to disclose to Habitat for Humanity of Douglas County any and all information requested. A photocopy of this authorization shall have the same effect as an original. This information will be kept in a secure place and will not be shared with unauthorized parties.

x

Applicant signature Date

x

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.

13. 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 this appraisal, we will promptly provide a copy to you, even if the loan does not close.

x

Applicant signature Date

x

Co-applicant signature Date

HOW DID YOU FIND OUT ABOUT HABITAT?

Please help us reach more potential applicants by sharing how you learned about Habitat for Humanity. Thank you!



Equal Credit Opportunity 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 law concerning this company is the federal Trade Commission, with offices at FTC Regional Office for the Midwest Region, 55 West Monroe Street, Suite 1825, Chicago, IL 60603 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):

Signature: _____

Print Name: _____

Date: _____

Signature: _____

Print Name: _____

Date: _____

Privacy Statement and Notice

At Habitat for Humanity of Douglas County, MN, 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 or income
- Information about your transactions with us or others such as your mortgage loan balance or payment history and
- Information we receive from a consumer reporting agency such as your credit history.

Habitat for Humanity of Douglas County, MN 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, or other subsidy providers.

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 of Douglas County, MN at 320.762.4255.

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"/> Mail <input type="checkbox"/> Telephone	Interviewer's name:
	Interviewer's signature:
	Date:

