Pikes Peak Habitat for Humanity®

Pikes Peak Habitat for Humanity
2802 N. Prospect St.
Colorado Springs, CO 80907

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 _____ Home phone _____ DOB_____ ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)	Social Security number _____ Home phone _____ DOB_____ ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)

Dependents and others who will live with you (not listed by co-applicant)

Name	Date of Birth	Male	Female
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Dependents and others who will live with you (not listed by co-applicant)

Name	Date of Birth	Male	Female
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Present address (street, city, state, ZIP code) ☐ Own ☐ Rent	Present address (street, city, state, ZIP code) ☐ Own ☐ 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 code) ☐ Own ☐ Rent	Present address (street, city, state, ZIP code) ☐ Own ☐ Rent
_____ _____ Number of years _____	_____ _____ Number of years _____

List all states in which you have resided in the past ten 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 letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you must be willing to complete 200 "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 at the Habitat ReStore, working in the Habitat office, 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 (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

Have you owned a home in the past three years? ☐ No ☐ Yes

Are you currently listed as an owner or co-signer on any property? ☐ No ☐ Yes

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

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

6. EMPLOYMENT INFORMATION			
Applicant		**Co-applicant**	
Name and address of **CURRENT** employer	Employment Dates (From - To, month/year)	Name and address of **CURRENT** employer	Employment Dates (From - To, month/year)
	Monthly (gross) wages $		Monthly (gross) wages $
Type of business	Business phone	Type of business	Business phone
If working at current job less than two years, complete the following information			
Name and address of **LAST** employer	Employment Dates (From - To, month/year)	Name and address of **LAST** employer	Employment Dates (From - To, month/year)
	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	$	$	$	$
Alimony	$	$	$	$
Child support	$	$	$	$
Social Security	$	$	$	$
SSI	$	$	$	$
Disability	$	$	$	$
Section 8 housing	$	$	$	$
Other: _____	$	$	$	$
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, whom 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(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Vehicle: Model_____	$	$		$	$	
Vehicle: Model_____	$	$		$	$	
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	$	$	$
Utilities	$	$	$
Insurance	$	$	$
Child care	$	$	$
Internet service	$	$	$
Cell phone	$	$	$
Land line	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
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?	☐ Yes ☐ No	☐ Yes ☐ No
b. Have you declared bankruptcy in 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 U.S. citizen or permanent resident?	☐ Yes ☐ No	☐ Yes ☐ No
j. Have you or anyone in your household served or is currently serving in the U.S. military?	☐ 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.

12. AUTHORIZATION AND RELEASE

I understand that by completing 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 a home visit, 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.

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

Applicant signature Co-applicant signature

X _____ X _____

14. ADDITIONAL DISCLOSURES

Your signature at the end of this section is to act as verification that your application included the attached documents:

1. Equal Credit Opportunity Act Notice
2. Borrower Signature Authorization Form
3. E-Sign Act Disclosure & Agreement
4. Pikes Peak Habitat for Humanity's Privacy Notice
5. 4506-T Request for Tax Transcripts

Applicant signature Co-applicant signature

X _____ X _____

EQUAL HOUSING OPPORTUNITY

Homebuyers selected to purchase homes through Pikes Peak Habitat for Humanity’s Homeownership Program will be done so by Pikes Peak Habitat for Humanity’s Board of Directors in a manner that does not discriminate based on race, color, religion, sex, handicap, familial status, sexual orientation, age, gender identity or national origin or because all or part of the applicant’s income is derived from public assistance programs.

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 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
☐ 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): ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American ☐ White ☐ Asian	**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
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: ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)	**Marital status:** ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview		
This application was taken by: ☐ Face-to-face interview ☐ By mail ☐ By telephone	Interviewer's name (print or type)	
	Interviewer's signature	Date
	Interviewer's phone number	