



Gwinnett Habitat for Humanity
 PO Box 646, Lawrenceville, GA 30046
 (770) 931-8080

Application

Habitat Homeownership Program



Orientation Date: _____

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. *All fields are mandatory.

1. APPLICANT INFORMATION

Applicant	Co-applicant																																																																						
Applicant's name	Co-applicant's name																																																																						
Social Security Number _____ Home phone _____ Age _____	Social Security Number _____ Home 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 in the new Habitat home (not listed by co-applicant).	Dependents and others who will live with you in the new Habitat home (not listed by co-applicant).																																																																						
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Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Number of years _____ Number of Months _____	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Number of years _____ Number of Months _____																																																																						
If you have lived at your 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 _____ Number of Months _____	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Number of years _____ Number of Months _____																																																																						

I authorize release of this information for reference checks.

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: _____

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living (please circle): Kitchen Bathroom Living Room Dining Room
If 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 the last month's 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?
You are required to write a letter in your own handwriting. Please include this with your application. Attach a separate
sheet if needed.

5. PROPERTY INFORMATION

Do you currently or previously own a home? (Circle one) Yes No

I authorize Gwinnett Habitat for Humanity permission to contact landlords and employers.

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 (before taxes) \$		Monthly (gross) wages (before taxes) \$
Type of business	Business phone	Type of business	Business phone
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages (before taxes) \$		Monthly (gross) wages (before taxes) \$
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 (before taxes) \$		Monthly (gross) wages (before taxes) \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages (Gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
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 Gross 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? NOTE: Minimum \$2,000 co-payment (\$1,000 to start & \$1,000 before finish of the home.) Additional closing costs may be required at closing.

9. ASSETS (ITEMS YOU OWN)

Type of Account	Name of bank, savings and loan, credit union, etc.	Account Number	Current Balance
Vehicle			\$
Vehicle 2			\$
401K / IRA			\$
Savings			\$
Checking			\$
			\$
			\$

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?

Account	APPLICANT		CO-APPLICANT	
	Monthly Payment	Unpaid Balance	Monthly Payment	Unpaid Balance
Other motor vehicle	\$	\$	\$	\$
Boat	\$	\$	\$	\$
Furniture, appliance, TVs (incl. rent-to-own)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Credit Card	\$	\$	\$	\$
Credit Card	\$	\$	\$	\$
Credit Card	\$	\$	\$	\$
Total medical	\$	\$	\$	\$
School Loans	\$	\$	\$	\$
School Loans - deferred - documentation required	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (water, gas, electric)	\$	\$	\$
Insurance (auto, renters, life)	\$	\$	\$
Child care	\$	\$	\$
Internet service/Cable	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Vehicle expenses (gas, oil, maint)	\$	\$	\$
Union dues	\$	\$	\$
Food	\$	\$	\$
Clothing	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

I have student loans (circle one): Yes No
 If I have student loans, are they deferred? (circle one) Yes No
 If they are deferred, until when? _____

How are monthly bills paid? (circle all that apply): Cash Check Online Money Order
 Other: _____

Are you behind on any utility, loan, credit card or other bills? _____
 What is the status of this debt? _____

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 judgements because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<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"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<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 judgement?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<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"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
j. Did you or anyone in your household serve or is currently serving in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
k. Have you completed any government, state, county, or nonprofit homeless placement programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No

If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.

I understand if I am in the top 10 families under consideration, a credit score will be pulled. Credit scores alone will not be the deciding factor.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Gwinnett 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 including credit score, landlord verification, 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 for a period of 25 months. 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. 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. Please check the box beside your selection.

Applicant		Co-applicant	
<input type="checkbox"/>	I do not wish to furnish this information.	<input type="checkbox"/>	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):	
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	Black/African-American	<input type="checkbox"/>	Black/African-American
<input type="checkbox"/>	White	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian
Ethnicity:		Ethnicity:	
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Non-Hispanic or Latino	<input type="checkbox"/>	Non-Hispanic or Latino
Sex:		Sex:	
<input type="checkbox"/>	Female	<input type="checkbox"/>	Female
<input type="checkbox"/>	Male	<input type="checkbox"/>	Male
Birthdate:		Birthdate:	
_____ / _____ / _____		_____ / _____ / _____	
Marital status:		Marital status:	
<input type="checkbox"/>	Married	<input type="checkbox"/>	Married
<input type="checkbox"/>	Separated	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Unmarried (single, divorced, widowed)	<input type="checkbox"/>	Unmarried (single, divorced, widowed)

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 at [FTC Regional Office for the Southeast region, 225 Peachtree Street, NE, Suite 1500, Atlanta, GA 30303 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: _____