



530 Route 38 East · Maple Shade, NJ 08052 · Tel: (856) 439-6717 · Fax: (856) 439-6437 · www.habitatscnj.org

Dear Hamilton Applicant,

Thank you for your interest Habitat for Humanity of South Central New Jersey's Affordable Homeownership Program (HFHSCNJ). We believe that everyone should have a safe, affordable place to call home. We assist consumers by offering a hand-up, and not a hand-out. Our application process is multi-step, and involves helping prospective individuals prepare for the various responsibilities of homeownership.

Our Application collects information that will allow us to determine your qualification based on our three criteria: Need, Willingness to Partner, and Ability to Pay.

Need is evaluated based on total household income which must be within the range listed below and your need for better housing. Examples of need for better housing include a current residence that is temporary, overcrowded, cost of rent is more than 30% of your gross monthly income, or is otherwise inadequate (such as problems with the structure, electrical, or sewage service systems).

Household Size: # of Family Members	Yearly Income
3	\$33,107- \$88,283
4	\$36,786- \$98,092
5	\$39,728- \$105,940
6	\$42,671-\$113,787

Willingness to Partner requires approved applicants to complete 250-400 sweat equity hours. These hours will be spent taking classes on financial education, preparing and maintaining a budget, home maintenance topics, and assisting in the construction of HFH homes. In addition, approved applicants must agree to share their experience and story with the public as it applies to Habitat for Humanity of South Central New Jersey.

Ability to Pay will be evaluated based on income and debts to determine that the affordable mortgage can be paid each month along with other obligations such as childcare and utilities.

*A complete application includes – meeting the eligibility requirements, submitting an application, providing ALL applicable supporting documents and submitting an **application fee of \$25 total if one applicant/\$50 total if applicant and co-applicant. The application fee can be submitted in the form of cash, check or money order and made payable to Habitat for Humanity.**

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.

If you have any questions, please email us at twright@habitatscnj.org or call us at (856) 441-3626.

Listed below are the program's eligibility requirements for **2040 Genesee Street, Hamilton, NJ 08610.**

***Please verify that you meet all listed eligibility requirements and sign below.**

- I am a United States citizen.
- I have a credit score of 620 or higher.
- I can provide verification that my current housing is overcrowded, unaffordable, dangerous, unhealthy, temporary, or otherwise substandard.
- My gross annual household income (before taxes) falls within the income guidelines listed on page 1.
- If I'm employed, I have been employed in the same industry for at least 2 years.
- I have a stable source of income that I do not expect to end within the next 3 years.
- My total debt-to-income ratio is below 30%.
- If I have ever declared bankruptcy, it has been discharged for at least 3 years.
- I have not been foreclosed upon in the past 7 years.
- I have not owned a home in the last 3 years.
- I can provide proof of timely rental payments for the last 12 months.
- I plan to use this home as my primary residence for the duration of my ownership.
- All members of my household have lived together consistently for the past 12 months.
- I am willing to partner with Habitat for Humanity of South Central New Jersey by volunteering up to 400 hours of my time working on the construction site, participating in home owner preparation classes, attending meetings and events, etc.
- I am willing to save a minimum of \$3000 for my down payment and a minimum of \$4500 for my closing costs.
- I do not have any unpaid non-medical collections or if I have any medical collections they are on a payment plan and current.

Signature(s): _____ **Date:** _____

Habitat Office Use Only

Date Application received _____ Application ID Number _____



We are pledged to the U.S. policy for the achievement of equal housing opportunity. We support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, age, religion, sex, handicap, marital or familial status, income source, national origin, or exercising the right to federal credit protection.

Along with the Completed Homeownership Application:

PLEASE SEND COPIES OF EACH ITEM, NOT ORIGINALS.

Proof of eligibility to work and reside in United States of America

- Birth certificates and social security cards for all family members planning to live in the household.
- Driver's licenses for all family members planning to live in household over age 18.

Rental information

- Cancelled checks, receipts, or bank statements showing last 12 months rental payments.

Income information for all household members age 18 and older

- If Employed– most recent 3 years W2's and signed tax returns and 4 most recent pay stubs. (If there is an adult household member that did not file a tax return, they must submit a letter from the IRS that states there was "no record" found.)
- If Self-Employed (25% or great ownership interest in a business) – the past 3 years of signed income tax returns (both individual and business as applicable) and applicable schedules.
- Other Income – Public Assistance or Social Security, provide the award or benefit letter; Child Support and other court mandated payments like alimony, provide the court order; Unemployment or worker's compensation, provide benefits letter.
- Verification of Custody of all children not claimed on Federal Tax Returns.
- Verification of full-time student status, if over age 18.

Financial Information

- Copies of the last 2 utility bills (gas, water, sewer, electric, cable, phone, etc.)
- Proof of 12 months child support or alimony payment, if applicable.
- Divorce Decree or Marriage Certificate, if applicable.
- Most recent 6 months of statements for all credit card and loans, showing amounts owing.
- Most recent quarterly 401(k) or 403(b), or other retirement statement, including pension.
- Most recent 6 months of bank statements for each bank account held, jointly and or sole owner.
- Bank verification of current interest rate on all accounts, including checking, savings, CD's, IRA's, etc. and stock/bond statements showing current values, if applicable.
- Discharge papers if you declared bankruptcy within the last 3 years.

Signed by applicant and co-applicant (as applicable)

- Habitat Application
- Pages 2 & 3 of this Document
- Borrowers Authorization
- E-SIGN Disclosure
- Initial Privacy Notice
- Equal Credit Opportunity Notice
- Request for Tax Transcript of Tax Return - Form 4506

Habitat Office Use Only

Date Application received _____ Application ID Number _____

FREQUENTLY ASKED QUESTIONS (FAQS)

- What are the main requirements to buy this home?
 - The applicant must show a **need** for housing, a **willingness to partner** with HabitatSCNJ, and the **ability to pay** for the home.

- What type of mortgage is needed?
 - This home will be financed with a low interest loan. The borrower's monthly mortgage payment will be no more than 30% of their gross monthly income.

- Do I list someone on the application even though they are not a co-applicant?
 - Yes, all people who will be living in the home **MUST** be listed on the application. If they are 18 years of age or older, their income (earned and unearned) must be listed.

- Can I do sweat equity hours before I am approved and will they carry over?
 - You are welcomed to volunteer with us before you are approved but the hours you volunteer will **NOT** carry over.

- If several people apply for one property, how do you choose who gets approved?
 - Applicants who meet the criteria: need for housing, ability to repay the mortgage, and willingness to partner will be placed into a random selection.

- If I am not chosen, do I get put on a waiting list?
 - We do not have a waiting list, but you will be placed on a notification list. This means you will be notified when we begin to accept applications for future properties.

- Can I resell the house to whomever?
 - No. Habitat for Humanity houses are deed-restricted, meaning there is a maximum resale value and they must be sold to those who are low to moderate income.



**Habitat
for Humanity**[®]
of South Central New Jersey

Application

Habitat Homeownership Program

Available Property: 2040 Genesee St., Hamilton, NJ 08610

Application Deadline: September 9, 2022 at 3:00 pm

Application Number: _____

FOR OFFICE USE ONLY

Submit Application with Application Fee:

1. Mail To: 530 Rt. 38 East, Maple Shade, NJ 08052, Attn: Taquana Wright
2. Drop Off: 1 Eves Drive, Ste 115, Marlton, NJ 08053 Between Mon-Thurs 9:00 am to 3:00 pm

Application Fee: (\$25 for applicant, \$50 for applicant & co-applicant)
Application fee can be submitted in the form of cash, check or money order.
Checks or money orders must be payable to Habitat for Humanity.



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 for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit** I am applying for **individual credit**.
 I am applying for **joint credit**. Total number of borrowers: _____
 Each borrower intends to apply for joint credit: Your initials _____

1A. APPLICANT INFORMATION

Applicant	Co-applicant																																																
Applicant's name: _____ Alternative and former names: _____	Co-applicant's name: _____ Alternative and former names: _____																																																
Social Security number _____ Home phone () _____ Cell phone () _____ Work phone () _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	Social Security number _____ Home phone () _____ Cell phone () _____ Work phone () _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																																																
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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 you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:

Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____
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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: _____

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

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

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

3. PRESENT HOUSING CONDITIONS

Currently, are you: Renting Rent-free Own

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

Other rooms in the place where you are currently living: Kitchen Bathroom Living room Diningroom

Other (please describe): _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

If you rent your current residence, please supply a copy of your lease and proof of rental payments for the last 12 months.

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

I do not own any real estate (move to Section 5).

I plan to use this home as my primary residence for the duration of my ownership.

Applicant Initials _____ Co-Applicant Initials _____

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of CURRENT employer:	Start date (mm/dd/yyyy):	Name and address of CURRENT employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
Name and address of PREVIOUS employer:	Years on this job:	Name and address of PREVIOUS employer:	Years on this job:
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____			PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. 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 gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
					\$

9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant			
	Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$			\$	\$	
Installment (e.g., boat, personal loan)	\$	\$			\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$			\$	\$	
Alimony/separate maintenance	\$	\$			\$	\$	
Child support	\$	\$			\$	\$	
Revolving (e.g., credit cards)	\$	\$			\$	\$	
Student loan debt	\$	\$			\$	\$	
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$			\$	\$	
Medical debt	\$	\$			\$	\$	
Other	\$	\$			\$	\$	
Other	\$	\$			\$	\$	
Total	\$	\$			\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$

Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there 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 declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<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 a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

11. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, 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's name _____ **Co-applicant's name** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<p>Ethnicity (check one or more):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>	<p>Ethnicity (check one or more):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
<p>Race (check one or more):</p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____	<p>Race (check one or more):</p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>
<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type) Interviewer's signature	Interviewer's phone number Date

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? No Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

Civil union Domestic partnership Registered reciprocal beneficiary relationship

Other (explain): _____

State: _____

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 Northeast region, 1 Bowling Green #318, New York City, 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: _____