

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

Dear Atlantic County 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 <u>and</u> 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:<br># of Family Members | Yearly Income<br>(Low) |  |  |
|----------------------------------------|------------------------|--|--|
| 3                                      | \$25,881-\$43,134      |  |  |
| 4                                      | \$28,757-\$47,927      |  |  |
| 5                                      | \$31,058-\$51,761      |  |  |
| 6                                      | \$33,358-\$55,595      |  |  |

Willingness to Partner requires approved applicants to complete 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.

#### This Homeownership Application Package Includes:

- HFHSCNJ Affordable Homeownership Application (8 pages)
- Eligibility Requirements
- List of Required Supporting Documents
- List of Additional Forms that Must be Completed and Signed

\*A complete application includes – meeting the eligibility requirements, submitting an application, providing ALL applicable supporting documents and submitting an application fee of \$15 total if one applicant/\$30 total if applicant and co-applicant. Checks should be made out to Habitat for Humanity of South Central New Jersey.

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 each of home.  *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.                                                                                                                                                                                      |
| $\square$ I can provide verification that my current housing is overcrowded, unaffordable, dangerous, unhealthy, temporary, or otherwise substandard.                                                                          |
| $\square$ My gross annual household income (before taxes) falls within the income guidelines listed on page 1.                                                                                                                 |
| $\square$ If I'm employed, I have been employed in the same industry for at least 2 years.                                                                                                                                     |
| $\Box$ 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%.                                                                                                                                                                                  |
| $\square$ If I have ever declared bankruptcy, it has been discharged for at least 3 years.                                                                                                                                     |
| $\square$ I have not been foreclosed upon in the past 7 years.                                                                                                                                                                 |
| ☐ I have not owned a home in the last 3 years.                                                                                                                                                                                 |
| $\square$ I can provide proof of timely rental payments for the last 12 months.                                                                                                                                                |
| $\square$ I plan to use this home as my primary residence for the duration of my ownership.                                                                                                                                    |
| $\square$ All members of my household have lived together consistently for the past 12 months.                                                                                                                                 |
| $\square$ I have attended one of Habitat for Humanity of South Central New Jersey's Affordable Homeownership information sessions.                                                                                             |
| ☐ I am willing to partner with Habitat for Humanity of South Central New Jersey by volunteering my time working on the construction site, participating in home owner preparation classes, attending meetings and events, etc. |
| $\square$ I am willing to save a minimum of \$5,500 for my down payment and closing costs.                                                                                                                                     |
| $\Box$ I do not have any unpaid non-medical collections or if I have any medical collections they are on a payment plan and current.                                                                                           |
| $\square$ I do not have any recent credit card debt or bills in collections, which includes judgements and liens. If I have any accounts in collections, they are less than \$1,000 and are on a payment plan                  |
| Signature(s): Date:                                                                                                                                                                                                            |

### APPLICANT and CO-APPLICANT Must Provide the Following Items

# 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                                                                              |
| $\Box$ 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                                                                                            |

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.



#### **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.
  - However, if the randomly selected family is deselected for any reason, you might be contacted to see if you are still interested in purchasing the home.
- 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.



**Available Properties:** 

Please select the property or properties for which you are applying:

- □ 13 Rembrandt Way, Mays Landing, NJ 08330
- □ 209 Ashland Avenue, Egg Harbor Twp., NJ 08234

Submit Application with Application Fee:

1. Mail To: 530 Rt. 38 East, Maple Shade, NJ 08052, Attn:Taquana Wright 2. Drop Off: Contact Taquana directly at 856.441.3626 to set up an appointment

Application Fee: \$15 for applicant, \$30 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.

# **Application**

#### **Habitat Homeownership Program**

Application Deadline: November 22, 2023



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.

|                                                       |                                         |                     | nanity homeownership program truthfully, completel<br>dance with our privacy policy. Please print clearly.           | y and accurately.               |  |  |
|-------------------------------------------------------|-----------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------|--|--|
|                                                       | r <b>joint credit</b> . Total n         |                     | wers:                                                                                                                |                                 |  |  |
| Charles Control                                       | 1/                                      | A. APPLICAN         | T INFORMATION                                                                                                        |                                 |  |  |
| Applie                                                | cant                                    |                     | Co-applicant                                                                                                         |                                 |  |  |
| Applicant's name:                                     |                                         |                     | Co-applicant's name:                                                                                                 |                                 |  |  |
| Alternative and former names:                         |                                         |                     | Alternative and former names:                                                                                        |                                 |  |  |
| Emergency Contact Name: Eme<br>Social Security number | ergency Contact Cell Phone:             |                     | Emergency Contact Name: Emergency Con                                                                                | tact Cell Phone                 |  |  |
| Home phone ( )                                        |                                         |                     | Social Security number                                                                                               |                                 |  |  |
| Cell phone ()                                         |                                         |                     | Home phone ( )                                                                                                       |                                 |  |  |
| Work phone ()                                         |                                         |                     | Cell phone () Work phone ()                                                                                          |                                 |  |  |
| Age Date of birth (mr                                 |                                         |                     | Age Date of birth (mm/dd/yyyy)_                                                                                      |                                 |  |  |
| ☐ Married ☐ Separated ☐ Unma                          | ırried (single, divorced, wid           | lowed, civil union, | ☐ Married ☐ Separated ☐ Unmarried (single, of domestic partnership, registered reciprocal beneficiary relationship). | divorced, widowed, civil union, |  |  |
| Dependents and others who will live wit               | th you:                                 |                     | Dependents and others who will live with you (not li                                                                 | isted by co-applicant):         |  |  |
| Name                                                  | Age N                                   | Male Female         | Name Age                                                                                                             | Male Female                     |  |  |
|                                                       |                                         |                     |                                                                                                                      |                                 |  |  |
|                                                       |                                         |                     |                                                                                                                      |                                 |  |  |
|                                                       |                                         |                     |                                                                                                                      |                                 |  |  |
|                                                       | 35                                      |                     |                                                                                                                      |                                 |  |  |
|                                                       | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                     |                                                                                                                      |                                 |  |  |
| Present address (street, city, state, ZIP o           | code): Own D                            | Rent                | Present address (street, city, state, ZIP code):                                                                     | Own 🗆 Rent                      |  |  |
| Number of years:                                      |                                         |                     | Number of years:                                                                                                     |                                 |  |  |
| If you have lived at your preser                      | nt address for less th                  | an two years,       | complete the following, for all addresses during th                                                                  | e past two years:               |  |  |
| Previous address(es) (street, city, state,            | ZIP code):                              | □ Rent              | Previous address(es) (street, city, state, ZIP code):                                                                | ☐ Own ☐ Rent                    |  |  |
|                                                       |                                         |                     |                                                                                                                      |                                 |  |  |
| Number of years:                                      |                                         |                     | Number of years:                                                                                                     |                                 |  |  |
|                                                       | FOR OFFICE USE                          | E ONLY — D          | O 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:                                                                                       |                                 |  |  |

| AR AN ITARY SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 I AM WILLING TO COMPLETE THE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 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  Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| approved activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Other (please describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| In the appear helpy, describe the condition of the house and the house a |
| 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. EMPLOYMEN             | NT INFORMATION                                |                          |                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|--|
| Applicant                                                                                                       |                          | Co                                            | -applicant               |                                                                                              |  |
| ☐ Does not app                                                                                                  | ly.                      | □ Does not apply.                             |                          |                                                                                              |  |
| Name and address of <b>CURRENT</b> 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 <b>PREVIOUS</b> employer:                                                                   | Years on this job:       | Name and address of <b>PREVIOUS</b> employer: |                          | Years on this job:                                                                           |  |
|                                                                                                                 | Annual (gross) wages:    | -                                             |                          | Annual (gross) wages:                                                                        |  |
| Type of business:                                                                                               | Business phone:          | Type of business:                             |                          | Business phone:                                                                              |  |
| ☐ Check if you are the business owner or a ☐ I have an ownership share of less than Monthly income (or loss) \$ | n 25%. ☐ I have an o     | ownership share of 25% or more.               | applicants additional of | OTE: Self-employed will be required to provide documents such as tax I 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                             | \$        | \$           | 8                   | \$    |  |  |

| 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<br>balance/<br>value/vested<br>amount (if<br>applicable) |  |
|                                                                                                                      |         |             |     |                | \$                                                               |  |
|                                                                                                                      |         |             |     |                | \$                                                               |  |
|                                                                                                                      |         |             |     |                | \$                                                               |  |
|                                                                                                                      |         |             |     |                | \$                                                               |  |
|                                                                                                                      |         |             |     |                | \$                                                               |  |
|                                                                                                                      |         |             |     |                | \$                                                               |  |
|                                                                                                                      |         |             |     |                | \$                                                               |  |

| 9. LIABILITIES AND EXPENSES                                |                 |                   |                       |                 |                   |                       |
|------------------------------------------------------------|-----------------|-------------------|-----------------------|-----------------|-------------------|-----------------------|
| TO WHOM DO YOU OWE MONEY?                                  | Applicant       |                   |                       | Co-applicant    |                   |                       |
| Account                                                    | Monthly payment | Unpaid<br>balance | Months<br>left to pay | Monthly payment | Unpaid<br>balance | Months<br>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                                                                                                                                                 | \$              | \$           | \$ \$ |  |  |  |
| 1                                                                                                                                                     | 0. DECLARATIONS | (20) (Car)   |       |  |  |  |
| Please check the box beside the word that best answers the following                                                                                  | Applicant       | Co-applicant |       |  |  |  |
| a. Are there any outstanding judgments because of a court decision                                                                                    | ☐ Yes ☐ No      | ☐ Yes ☐ No   |       |  |  |  |
| b. Have you declared bankruptcy within the past seven years?  If YES, identify the type(s) of bankruptcy:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |                 |              |       |  |  |  |
| t. Have you had any property foreclosed upon in the past seven years?                                                                                 |                 |              |       |  |  |  |

| Please check the box beside the word that best answers the following questions for you and the co-applicant.                                                                                                                                                     |                                                                 |                                        |                                                         |                             |                          | Co-applicant          |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|-----------------------------|--------------------------|-----------------------|---------|
| a. Are there any outstanding judgments because of a cou                                                                                                                                                                                                          | ☐ Yes                                                           | □No                                    | ☐ Yes                                                   | □ No                        |                          |                       |         |
| b. Have you declared bankruptcy within the past seven y If YES, identify the type(s) of bankruptcy:   Chapter                                                                                                                                                    |                                                                 | Chapter 12                             | ☐ Chapter 13                                            | ☐ Yes                       | □ No                     | ☐ Yes                 | □ No    |
| c. Have you had any property foreclosed upon in the pas                                                                                                                                                                                                          |                                                                 | ☐ Yes                                  | □ No                                                    | ☐ Yes                       | □ No                     |                       |         |
| d. Are you party to a lawsuit in which you potentially have                                                                                                                                                                                                      | any personal financial liab                                     | ility?                                 |                                                         | ☐ Yes                       | □ No                     | ☐ Yes                 | □ No    |
| e. Have you conveyed title to any property in lieu of forect the lender agreed to accept less than the outstanding                                                                                                                                               |                                                                 |                                        |                                                         | ☐ Yes                       | □ No                     | ☐ Yes                 | □ No    |
| f. Are you currently delinquent or in default on any federal de                                                                                                                                                                                                  | ot or any other loan, mortgage                                  | e financial obliga                     | ation or loan guarantee?                                | ☐ Yes                       | □ No                     | ☐ Yes                 | □ No    |
| g. Are you a co-signer or guarantor on any debt of loan t                                                                                                                                                                                                        | nat is not disclosed on this a                                  | application?                           |                                                         | ☐ Yes                       | □ No                     | ☐ Yes                 | □ No    |
| h. Are you a U.S. citizen or permanent resident?                                                                                                                                                                                                                 |                                                                 |                                        |                                                         | ☐ Yes                       | □ No                     | ☐ Yes                 | □ No    |
| Note: If you answered "yes" to any question a through g,                                                                                                                                                                                                         | or "no" to Question h, plea                                     | se explain on a                        | separate piece of pape                                  | er.                         |                          |                       |         |
| I understand that by filing this application, I am authorizing Hat affordable loan and other expenses of homeownership, and m I understand that the evaluation will include personal visits, a application truthfully and accurately, and if any of the informat | y willingness to be a partner to<br>credit check and employmen  | hrough sweat e<br>t verification (if a | quity and otherwise acco                                | rding to Ha<br>ered all the | abitat for l<br>question | Humanity<br>s on this | policy. |
| understand that if I have not answered the questions truthfully completeness, my application may be denied, and that even it any rights or claims to a Habitat home. The original or a copy                                                                      | , accurately or completely, or<br>f I have already been selecte | fail to supplem<br>d to receive a H    | ent this application as ne<br>labitat home, I may be di | ecessary to<br>squalified   | maintain<br>from the p   | its accura            | acy and |
| If this application is created as (or converted into) an "elect<br>are defined in and governed by applicable federal and/or selectronic signature or (b) a written signature and agree the<br>bean electronic record, and the representation of my written.      | tate electronic transaction lat if a paper version of this      | aws. I intend to<br>application is o   | o sign and have signed<br>converted into an electr      | this applic                 | ation eit                | her using             | my: (a) |
| I also understand that Habitat for Humanity screens all apinquiry. I further understand that by completing this applica                                                                                                                                          |                                                                 |                                        |                                                         | n, I am su                  | bmitting                 | myself to             | such an |
| Applicant signature                                                                                                                                                                                                                                              | Date                                                            | Co-applicant                           | t signature                                             |                             | Da                       | ite                   |         |
| 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 |
|------------------|---------------------|
|                  | 5.19                |

#### 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                                                                                                                                                                                                                                                                    |                            |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|--|--|
| Ethnicity (check one or more):  Hispanic or Latino  Mexican Puerto Rican Cu Cher Hispanic or Latino – Origin: For example: Argentinean, Colombian, Do Salvadoran, Spaniard, and so on.  Not Hispanic or Latino I do not wish to provide this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                    | Ethnicity (check one or more):  Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino — Origin: For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.  Not Hispanic or Latino I do not wish to provide this information |                            |  |  |  |  |
| Sex:    Female   Male   I do not wish to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | provide this information                                             | Sex:  □ Female □ Male □ I do not wish to provide this information                                                                                                                                                                                                               |                            |  |  |  |  |
| Race (check one or more):  American Indian or Alaska Native —  Name of enrolled or principal tribe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | Race (check one or more):  American Indian or Alaska Native —  Name of enrolled or principal tribe:                                                                                                                                                                             |                            |  |  |  |  |
| ☐ Japanese ☐ Korean ☐ ☐ Other Asian — race: For example: Hmong, Laotian, Thai, Pal ☐ Black or African American                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ] Filipino<br>] Vietnamese<br>kistani, Cambodian, and so on.         | □ Asian         □ Asian Indian       □ Chinese       □ Filipino         □ Japanese       □ Korean       □ Vietnamese         □ Other Asian       — race:                                                                                                                        |                            |  |  |  |  |
| <ul> <li>□ Native Hawaiian or Other Pacific Islander</li> <li>□ Native Hawaiian □ Guamanian or 0</li> <li>□ Other Pacific Islander — race:</li> <li>For example: Fijian, Tongan, and so on.</li> <li>□ White</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Chamorro 🗆 Samoan                                                    | □ Native Hawaiian or Other Pacific Islander         □ Native Hawaiian □ Guamanian or Chamorro □ Samoan         □ Other Pacific Islander — race:         For example: Fijian, Tongan, and so on.         □ White                                                                 |                            |  |  |  |  |
| $\hfill \square$ I do not wish to provide this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      | ☐ I do not wish to provide this information                                                                                                                                                                                                                                     |                            |  |  |  |  |
| To b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e completed only by the p                                            | erson conducting the interview                                                                                                                                                                                                                                                  |                            |  |  |  |  |
| Was the ethnicity of the Borrower collected on the bows the sex of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the race of the Borrower collected on the bows the bows the race of the Borrower collected on the bows the bow | the basis of visual observation of asis of visual observation or sur | or surname?                                                                                                                                                                                                                                                                     |                            |  |  |  |  |
| This application was taken by:  ☐ Face-to-face interview (included electronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Interviewer's name (print or ty                                      | pe)                                                                                                                                                                                                                                                                             | Interviewer's phone number |  |  |  |  |
| media w/video component)  □ By mail □ By telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Interviewer's signature                                              |                                                                                                                                                                                                                                                                                 | Date                       |  |  |  |  |

| 4. |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|
|    |  |  |  |  |  |  |  |  |  |

#### 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? $\ \square$ No $\ \square$ 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 <a href="IFTC Regional Office">IFTC Regional Office</a> for the <a href="Northeast">Northeast</a> region, <a href="IBOwling Green #318">1Bowling Green #318</a>, <a href="New York City">New York City</a>, <a href="NY 10004">NY 10004</a> 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:       |