



Dear Applicant,

Thank you for your interest in purchasing a Home from Habitat for Humanity of High Point, Archdale and Trinity, Inc. Please read the following steps carefully.

#### The Pre-Application Process

1 – Plan on attending an informative Orientation Application Session, **Saturday, August 3rd, 2019, at 10:00 a.m. (201 Fourth Street, High Point, NC 27261).**

2 – Return your completed application to Habitat for Humanity of High Point, Archdale and Trinity by **Saturday, August 17th, 2019.** Applications can be mailed to: PO Box 6675, High Point, NC 27262 or can be dropped off at the Habitat ReStore, located at 133 Montlieu Ave. The ReStore closes at 6:00 PM. **Copies cannot be made at the ReStore.**

A complete application includes the following:

- Completed Application
- Budget Sheet
- Contact Information Sheet
- Signed Credit Information Authorization
- Copy of your 2017 and 2018 signed income tax returns
- Copy of your 2017 and 2018 W-2s or 1099s
- Copy of your most recent Paycheck Stub or SSI Award Letter
- Copy of picture ID (drivers license)
- Copy of Green Card (if applicable)
- Copy of social security cards for everyone in the Family
- A letter telling the committee about yourself, your family and your **need** for a Habitat house.
- **\$20** Check or Money Order fee for your credit report. Nonrefundable. **DO NOT SEND CASH.**

Incomplete applications will be sent a letter and given 5 days to correct the matter. If the matter is not corrected within 5 days, it will be determined that you are no longer interested in Habitat and your application will be denied.

3 – Your pre-application will be processed and reviewed by our Family Selection Committee. If the committee determines that you meet our “Ability to Pay” criteria, you will be contacted for a home visit. If you do not meet the criteria, you will be notified in writing. You should be contacted on or before **September 27, 2019.** Final approval will be granted after the home is built and you have fully demonstrated your willingness to partner.



## Selección de Familia

Las familias se seleccionan utilizando las siguientes tres criterios: Necesidad de vivienda adecuada, capacidad de pago por una casa de Habitat y voluntad para parejas. Estas toman lugar durante la etapa de aprobación previa y aprobación final.

Aprobación previa consiste en necesidad de vivienda adecuada y capacidad de pago. Después de determinar que el solicitante cumple con estos dos criterios, que serán preaprobados para una casa de Habitat. La solicitud no está completa hasta que se cumplan los tres criterios.

### Necesidad de Vivienda

La primera consideración para la preaprobación de una solicitud es evaluar el refugio / vivienda actual del solicitante. Un solicitante no es elegible para una casa de Habitat a menos que su vivienda actual:

- es deficiente, esto es, carece de plomería adecuada u otra integridad estructural; es superpoblado;
- situada en un barrio inseguro; or
- renta mensual más el costo para calentar supera el 30% de los ingresos mensuales de una familia.

### Capacidad de Pago

Casas deben caer dentro de nuestros límites de ingresos:

Household Size	Minimum Annual Income	Maximum Annual Income
1	16500	25440
2	16500	29040
3	16500	32700
4	18150	36300
5	19620	39240
6	21060	42120
7	22530	45060
8	23970	47940

El crédito debe demostrar la capacidad de administrar los asuntos financieros teniendo en cuenta los ingresos, el historial laboral y los gastos de vida del solicitante. Cualquier sentencia pendiente debe pagarse, y las cobranzas pendientes deben estar en proceso de ser pagadas. La familia debe tener un ingreso manejable en relación a la deuda. Aunque solicitamos información sobre cupones de alimentos, eso no se incluirá en el cálculo del ingreso anual. Cualquier forma de ingreso debe ser estable por 2 años. (Empleo, SSI, etc.)



## Do You Qualify?

To find out if you qualify for a Habitat home, begin with the basics. You **MUST**:

- Have a need for housing
- Be a US citizen or a legal immigrant
- Have lived or worked in High Point, Archdale or Trinity for the last year
- Have acceptable credit history and reasonable debt load
- Be willing to invest 250 hours of labor per applicant
- Have steady 2 years of income within Habitat's guidelines

### Application Checklist:

- Completed Application (7 pages)
- Budget Sheet
- Contact Information Sheet
- Signed Credit Information Authorization
- Copy of your 2016 and 2017 **signed** income tax returns(if you do not file taxes, please include explanation here)  
\_\_\_\_\_
- Copy of your 2016 and 2017 W-2s or 1099s
- Copy of your two most recent Paycheck Stubs or SSI Award Letter
- Copy of picture ID (driver's license)
- Copy of Green Card (if applicable)
- Copy of social security cards for **everyone** in the family
- A letter telling the committee about yourself, your family and your **need** for a Habitat house.
- \$20 Check or Money Order fee for your credit report.  
Nonrefundable. **DO NOT SEND CASH.**

Incomplete applications will be sent a letter and given 7 days to correct the matter. If the matter is not corrected within 7 days, it will be determined that you are no longer interested in Habitat and your application will be denied.





**Habitat  
for Humanity®**

of High Point, Archdale and Trinity

133 Montlieu Avenue

High Point, NC 27260

(336) 887-8388 Fax (336)887-4454

# Application

Habitat Homeownership Program



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

**Dear Applicant:** Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

## 1. APPLICANT INFORMATION

Applicant				Co-applicant			
Applicant's name				Co-applicant's name			
Social Security number	Home phone	Age		Social Security number	Home phone	Age	
_____	_____	_____		_____	_____	_____	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)			
Dependents and others who will live with you (not listed by co-applicant)				Dependents and others who will live with you (not listed by co-applicant)			
Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Present address (street, city, state, ZIP code)				Present address (street, city, state, ZIP code)			
<input type="checkbox"/> Own <input type="checkbox"/> Rent				<input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of years _____				Number of years _____			
<b>If you have lived at your present address for less than two years, complete the following:</b>							
Last address (street, city, state, ZIP code)				Last address (street, city, state, ZIP code)			
<input type="checkbox"/> Own <input type="checkbox"/> Rent				<input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of years _____				Number of years _____			

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

Date received: \_\_\_\_\_ Date of selection committee approval: \_\_\_\_\_

Date of notice of incomplete application letter: \_\_\_\_\_ Date of board approval: \_\_\_\_\_

Date of adverse action letter: \_\_\_\_\_ Date of partnership agreement: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

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

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

### 4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

Kitchen       Bathroom       Living room       Dining room

Other (please describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord:

\_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 5. PROPERTY INFORMATION

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

Do you own land?     No     Yes    Monthly payment \$ \_\_\_\_\_      Unpaid balance \$ \_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach land documentation.

### 6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of <b>CURRENT</b> employer	Years on the job	Name and address of <b>CURRENT</b> employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information:</b>			
Name and address of <b>LAST</b> employer	Years on the job	Name and address of <b>LAST</b> employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone



## 10. DEBT

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliances, TVs (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## 11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant:

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## 12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Stability to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Stability even if the application is not approved.

I also understand that Stability screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature

Date

Co-applicant signature

Date

X \_\_\_\_\_ X \_\_\_\_\_

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

## 13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name \_\_\_\_\_ Co-applicant's name \_\_\_\_\_



## 14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname

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

To be completed only by the person conducting the interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's name (print or type)</p>
	<p>Interviewer's signature <span style="float: right;">Date</span></p>
	<p>Interviewer's phone number</p>

## 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 the **Southeast Region, 225 Peachtree St. NE, Suite 1500, Atlanta GA 30303**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

### Applicant(s)

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Signature

---

Print name

---

Date

---

Signature

---

Print name

---

Date

PLEASE TAKE SOME TIME IN FILLING OUT THE NEXT TWO SECTIONS,  
 REMEMBERING THAT YOUR INCOME SHOULD ROUGHLY BE EQUAL TO YOUR  
 EXPENSES. WE RECOMMEND THAT YOU USE A PENCIL.

MONTHLY INCOME	AMOUNT
Gross income (before deductions) (APPLICANT)	
Rate per hour	
Hours per week	
Gross income (before deductions) (CO_APPLICANT)	
Rate per hour	
Rate per week	
Unemployment	
Workman's Comp	
AFDC	
*name of person receiving	
Food Stamps	
Medicaid (yes or no)	
*name of person receiving	
Child Support	
* name of person receiving	
Social Security	
* name of person receiving	
Disability	
*name of person receiving	
SSI	
* name of person receiving	
Medicare	
* name of person receiving	
VA Benefits	
* name of person receiving	
Retirement	
* name of person receiving	
Alimony	
Other	
	TOTAL

MONTHLY EXPENSES	AMOUNT PAID MONTHLY
Rent or mortgage	
Electricity	
Other fuel (gas, oil, propane, etc.	
Water (sewer)	
Telephone	
Cable TV	
Food for family of _____	
Food at work (monthly average)	
Restaurants	
Vehicle fuel	
Bus-carpool-parking	
Prescription medication	
Personal (Drug store)	
Hospital/Life Insurance	
Laundry/Dry Cleaning	
Tobacco/Alcoholic Beverages	
Tuition/School books	
School Lunches (monthly average)	
Alimony/Child Support	
Child Care	
Contributions (include church)	
Personal Savings	
Retirement Savings	
Recreation	
Homeowners or renters insurance	
Doctor/Dentist	
Car Payment	
Car maintenance & repair	
Car Insurance	
Clothing	
Gifts (Christmas, birthday, etc.)	
Miscellaneous	
TOTAL AMOUNT PAID ON CREDIT CARDS	
TOTAL AMOUNT PAID ON LOANS	
	SUBTOTAL:
	TOTAL LIVING EXPENSES:

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at FTC Regional Office for the Southeast region, 225 Peachtree St, NE, Suite 1500, Atlanta, GA 30303 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources. Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X \_\_\_\_\_ X \_\_\_\_\_

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



## CREDIT INFORMATION AUTHORIZATION

To Whom It May Concern:

1. I/We have applied to purchase a home from Habitat for Humanity of High Point, Archdale and Trinity ("Habitat"). As a part of the application process, Habitat may verify information contained in my/our application and in other documents required by it in connection with the application either before or after its approval.
2. I/We authorize you to provide Habitat any and all information and documentation that it may request. Such information includes but is not limited to: present and past employment history and income; bank and similar account information including balances and payment history; copies of income tax returns; consumer credit reports; police and criminal activity information; and information concerning the payment and receipt of child support. Habitat may address this authorization to any party named in this application.
3. A copy of this authorization may be accepted as an original.
4. Your prompt reply is appreciated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

