



Application Number: \_\_\_\_\_

## HABITAT HOMEBUYER PROGRAM APPLICATION

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

**IMPORTANT, PLEASE READ:** Before you can turn in your application, you **MUST** attend an informational meeting where you will receive verifications and references that need to be turned in with the application as well as receive information about our program. For the next informational meeting date and times, please:

1. Visit the office at 119 Lake St. Bryan, TX 77803
2. Call the office at (979) 823-7200, ext. 101
3. Or visit our website at [www.habitatbcs.org](http://www.habitatbcs.org)

### 1. APPLICANT INFORMATION

APPLICANT	CO-APPLICANT
Name: _____ Age: _____	Name: _____ Age: _____
Birthdate: _____ Social Security #: _____	Birthdate: _____ Social Security #: _____
Home #: _____ Cell #: _____	Home #: _____ Cell #: _____
Email: _____	Email: _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Current Address: _____ _____	Current Address: _____ _____
Number of Years Living here: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years Living here: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address: _____ _____	Mailing Address: _____ _____
Previous Address: _____ _____	Previous Address: _____ _____
Number of Years Lived here: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years Lived here: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent

### DEPENDENTS (DO NOT LIST APPLICANT OR CO-APPLICANT)

Name	Relationship	Birthdate	Age	Male	Female



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**2. WILLINGNESS TO PARTNER**

To be considered for a Habitat Home, you and your family must be willing to complete a minimum of 500 “sweat equity” hours. Your help in building your home and the homes of others is called “sweat equity” and includes helping with construction, working in the ReStore, attending homeownership classes, and other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS.

Applicant:  Yes  No                      Co-Applicant:  Yes  No

**3. PRESENT HOUSING CONDITION**

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

Own     Rent     Living with Relatives/Friends     Other (explain) \_\_\_\_\_

Are you living in subsidized housing?  Yes  No                      How much is your subsidy? \$\_\_\_\_\_

If you are renting, what is your monthly payment? \$ \_\_\_\_\_/ month

Name, address, and phone number of apartment complex or landlord:

\_\_\_\_\_

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

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

**4. PROPERTY INFORMATION**

Do you own your residence?  Yes  No      Monthly Payment \$ \_\_\_\_\_      Unpaid Balance \$ \_\_\_\_\_

Type of residence:     Mobile Home                       House                       Other\_\_\_\_\_

Do you own or rent land?  Own  Rent      If you own the land, please provide the location \_\_\_\_\_

\_\_\_\_\_

Are you making payments towards the land?  Yes  No      Monthly Payments \$\_\_\_\_\_      Remaining Balance \$\_\_\_\_\_

**5. SOURCE OF ESCROW ACCOUNT DEPOSIT**

Where will you get the money to make the escrow account deposit (for example, savings or parents)? If you borrow money, whom will you borrow it from and how will you pay it back?

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

**6. EMPLOYMENT INFORMATION**

APPLICANT		CO-APPLICANT	
Name and address of current employer:	Years on the job:	Name and address of current employer:	Years on the job:
Rate of pay: \$	Hours per week:	Gross Monthly Income: \$	Rate of pay: \$
Type of business:	Work phone #:	Type of business:	Work phone #:
<b>If you have a second job, complete the following information</b>			
Name and address of second employer:	Years on the job:	Name and address of second employer:	Years on the job:
Rate of pay: \$	Hours per week:	Gross Monthly Income: \$	Rate of pay: \$
Type of business:	Business phone #:	Type of business:	Business phone #:
<b>If you have worked at your current job for less than 3 years, complete the following information</b>			
Name and address of previous employer:	Years on the job:	Name and address of previous employer:	Years on the job:
Rate of pay: \$	Hours per week:	Gross Monthly Income: \$	Rate of pay: \$
Type of business:	Business phone #:	Type of business:	Business phone #:

**7. MONTHLY INCOME**

Income	Applicant	Co-applicant	Others in Household	Total
Wages	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$

**8. VEHICLES**

	Year	Make & Model
Car #1		
Car #2		
Car #3		

**9. DEBT**

Account	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Credit cards	\$	\$		\$	\$	
Car payments	\$	\$		\$	\$	
Student loans	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Furniture, etc. (rent to own)	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
Total:	\$	\$		\$	\$	

**10. MONTHLY EXPENSES**

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance (health & auto)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cable	\$	\$	\$
Cell phone	\$	\$	\$
Child support/Alimony	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Total:	\$	\$	\$

**11. DECLARATIONS**

Please check 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 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. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. 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 e, or "no" to question f, please explain on a separate piece of paper.

**12. ASSETS**

Name of bank, credit union, etc.	Address	Account Number	Current Balance
			\$
			\$
			\$



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**13. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Bryan/College Station Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. I understand and agree to provide updates to Habitat in case of any changes on family income, employment, contact information, number of family members and health conditions.

I also understand that Bryan/ College Station Habitat for Humanity screens all applicant families on the sex offender registry and Specially Designated Nationals (SDN) list. By completing this application, I am submitting myself to such inquiries. I further understand that by completing this application, I am submitting myself to a criminal background check.

X \_\_\_\_\_ Date \_\_\_\_\_                      X \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant signature    Co-applicant signature

**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 and/or "C" for co-applicant.

**FOR DEPENDENTS AGES 18 & UP**

I understand that Bryan/College Station Habitat for Humanity screens all potential applicants and dependents listed on the application on the sex offender registry and the Specially Designated Nationals (SDN) list as well as conduct criminal background checks. By signing below, I am submitting myself to all the checks listed in this paragraph.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

**14. RIGHT TO RECEIVE COPY OF APPRAISAL**

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

X \_\_\_\_\_                      \_\_\_\_\_                      X \_\_\_\_\_                      \_\_\_\_\_  
 Applicant signature                      Date                      Co-applicant signature                      Date



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### 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 in the Southwest region located at 1999 Bryan St. Suite 2150 Dallas, TX 75201.

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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

