



Lancaster/Northumberland

**Habitat**  
for Humanity®



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

# Application

## Habitat Homeownership Program

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. 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 FULL LEGAL NAME:<br>_____                                                                                              | CO-APPLICANT'S FULL LEGAL NAME:<br>_____                                                                                           |
| SOCIAL SECURITY NUMBER: ____ - ____ - ____                                                                                         | SOCIAL SECURITY NUMBER: ____ - ____ - ____                                                                                         |
| DATE OF BIRTH ____/____/____                                                                                                       | DATE OF BIRTH ____/____/____                                                                                                       |
| <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 PHYSICAL ADDRESS ( <b>NOT P.O. Box</b> ):<br>_____<br>(street, apt.#)<br>_____<br>(city, state, zip)                       | CURRENT PHYSICAL ADDRESS ( <b>NOT P.O. Box</b> ):<br>_____<br>(street, apt.#)<br>_____<br>(city, state, zip)                       |
| <b>Mailing address if different from above:</b><br>_____<br>_____<br>(city, state, zip)                                            | <b>Mailing address if different from above:</b><br>_____<br>_____<br>(city, state, zip)                                            |
| HOW LONG AT THIS ADDRESS ____ <input type="checkbox"/> Own <input type="checkbox"/> Rent                                           | HOW LONG AT THIS ADDRESS ____ <input type="checkbox"/> Own <input type="checkbox"/> Rent                                           |
| HOME PHONE: (____) ____ - ____                                                                                                     | HOME PHONE: (____) ____ - ____                                                                                                     |
| CELL PHONE: (____) ____ - ____                                                                                                     | CELL PHONE: (____) ____ - ____                                                                                                     |
| WORK PHONE: (____) ____ - ____<br>(Place an X best way to reach you on weekdays)                                                   | WORK PHONE: (____) ____ - ____<br>(Place an X best way to reach you on weekdays)                                                   |
| E-MAIL _____                                                                                                                       | E-MAIL _____                                                                                                                       |

| ALL DEPENDENTS and others who will live with you<br>(not listed by co-applicant) |     |                          |                          | ALL DEPENDENTS and others who will live with you<br>(not listed by 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"/> |

**If you have lived at your present address for less than 2 years, complete the following:**

|                                                                                  |                                                                                  |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Last address (street, city, state, zip code)                                     | Last address (street, city, state, zip code)                                     |
|                                                                                  |                                                                                  |
| Number of years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent | Number of years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent |

| 2. WILLINGNESS TO PARTNER                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                            |                          |  |     |    |           |                          |                          |              |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|-----|----|-----------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|
| <p>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/store, attending homeownership classes and other approved activities.</p> | <p><b>I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Applicant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Co-Applicant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |  | Yes | No | Applicant | <input type="checkbox"/> | <input type="checkbox"/> | Co-Applicant | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                                                                                                                                                                                        | No                       |  |     |    |           |                          |                          |              |                          |                          |
| Applicant                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |  |     |    |           |                          |                          |              |                          |                          |
| Co-Applicant                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |  |     |    |           |                          |                          |              |                          |                          |

### 3. PRESENT HOUSING CONDITIONS

Number of bedrooms: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

Other rooms in the place where you are currently living:  Kitchen  Living room  Dining room  
 Other (please describe)

\_\_\_\_\_

\_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_/month  
 (please attach a copy of your lease, 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. PROPERTY INFORMATION

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

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

Property address: \_\_\_\_\_

#### 5. EMPLOYMENT INFORMATION

| APPLICANT                                                                           |                        | CO-APPLICANT                         |                        |
|-------------------------------------------------------------------------------------|------------------------|--------------------------------------|------------------------|
| Name and address of CURRENT employer                                                | Years on this job      | Name and address of CURRENT employer | Years on this job      |
|                                                                                     | Monthly gross wages \$ |                                      | Monthly gross wages \$ |
|                                                                                     | Business phone #       |                                      | Business phone #       |
| Type of business:                                                                   |                        | Type of business:                    |                        |
| <b>If working at current job less than one year, please complete the following:</b> |                        |                                      |                        |
| Name and address of LAST employer                                                   | Years on this job      | Name and address of LAST employer    | Years on this job      |
|                                                                                     | Monthly gross wages \$ |                                      | Monthly gross wages \$ |
|                                                                                     | Business phone #       |                                      | Business phone #       |
| Type of business:                                                                   |                        | Type of business:                    |                        |

#### 6. MONTHLY INCOME

| Income source   | Applicant | Co-applicant | Others in household | Total |
|-----------------|-----------|--------------|---------------------|-------|
| Wages           | \$        | \$           | \$                  | \$    |
| TANF            | \$        | \$           | \$                  | \$    |
| Alimony         | \$        | \$           | \$                  | \$    |
| Child Support   | \$        | \$           | \$                  | \$    |
| Social Security | \$        | \$           | \$                  | \$    |
| SSI             | \$        | \$           | \$                  | \$    |
| Disability      | \$        | \$           | \$                  | \$    |
| Other:          | \$        | \$           | \$                  | \$    |
| Other:          | \$        | \$           | \$                  | \$    |
| Other:          | \$        | \$           | \$                  | \$    |
| <b>Total</b>    | \$        | \$           | \$                  | \$    |

**HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE (AS "OTHERS")**

| 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 of pay for closing costs (for example, savings, family)?  
If you borrow the money, from whom will you borrow and how will you pay it back?

*Estimated closing costs: \$2500- \$3000*

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**8. ASSETS**

| Name of bank, savings & loan, credit union, etc. | Address | City, State | Zip code | Account # | Current balance |
|--------------------------------------------------|---------|-------------|----------|-----------|-----------------|
|                                                  |         |             |          |           | \$              |
|                                                  |         |             |          |           | \$              |
|                                                  |         |             |          |           | \$              |
|                                                  |         |             |          |           | \$              |
|                                                  |         |             |          |           | \$              |

**9. DEBT**

| Account                                         | TO WHOM DO YOU AND THE CO-APPLICANT OWE MONEY? |                |                    |                 |                |                    |
|-------------------------------------------------|------------------------------------------------|----------------|--------------------|-----------------|----------------|--------------------|
|                                                 | APPLICANT                                      |                |                    | CO-APPLICANT    |                |                    |
|                                                 | Monthly payment                                | Unpaid balance | Months left to pay | Monthly payment | Unpaid balance | Months left to pay |
| Vehicle                                         | \$                                             | \$             |                    | \$              | \$             |                    |
| Boat                                            | \$                                             | \$             |                    | \$              | \$             |                    |
| Furniture, appliance, TV (includes rent-to-own) | \$                                             | \$             |                    | \$              | \$             |                    |
| Alimony                                         | \$                                             | \$             |                    | \$              | \$             |                    |
| Child support                                   | \$                                             | \$             |                    | \$              | \$             |                    |
| Credit card                                     | \$                                             | \$             |                    | \$              | \$             |                    |
| Credit card                                     | \$                                             | \$             |                    | \$              | \$             |                    |
| Credit card                                     | \$                                             | \$             |                    | \$              | \$             |                    |
| Total medical                                   | \$                                             | \$             |                    | \$              | \$             |                    |
| Other:                                          | \$                                             | \$             |                    | \$              | \$             |                    |
| Other:                                          | \$                                             | \$             |                    | \$              | \$             |                    |
| <b>TOTAL</b>                                    | \$                                             | \$             |                    | \$              | \$             |                    |

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

| <b>10. DECLARATIONS</b>                                                                                                                                                                                 |                                                          |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Please check "yes" or "no" to answer each of the following questions for you and the co-applicant                                                                                                       |                                                          |                                                          |
|                                                                                                                                                                                                         | <b>Applicant</b>                                         | <b>Co-applicant</b>                                      |
| a. Do you have any outstanding judgements 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 judgement?                                                    | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation, or loan guarantee?                                                                 | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| g. Are you a co-signer or endorser on any loan?                                                                                                                                                         | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| h. Have you had an ownership interest in a property in the last three years?                                                                                                                            | <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 sheet of paper. Answering "yes" to any of these questions does not automatically disqualify you. |                                                          |                                                          |

**11. AUTHORIZATION AND RELEASE**

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

I understand that the evaluation will include personal visits, a credit check 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 for the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Lancaster/Northumberland Habitat for Humanity even if the application is not approved.

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

|                     |       |                        |       |
|---------------------|-------|------------------------|-------|
| Applicant signature | Date  | Co-applicant signature | Date  |
| X_____              | _____ | X_____                 | _____ |

PLEASE NOTE: If more space is needed to complete any part of this application, please use an 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. 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:        |

**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 it) 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 a visual observation or surname.

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



**EQUAL CREDIT OPPORTUNITY ACT NOTICE**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derived 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:

East Central Region  
Federal Trade Commission  
1111 Superior Avenue Suite 200  
Cleveland, OH 44114-2507  
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 as 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.

| <b>Applicant</b>  | <b>Co-applicant</b> |
|-------------------|---------------------|
| Signature         | Signature           |
| Print name:       | Print name:         |
| Date:     /     / | Date:     /     /   |