

Habitat for Humanity of Lincoln
4615 Orchard Street, LINCOLN, NE 68503
(402) 477-9184

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 _____			
If you have lived at your present address for less than two years, complete the following:							
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 CURRENT employer	Years on the job	Name and address of CURRENT employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information:			
Name and address of LAST employer	Years on the job	Name and address of LAST employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____		\$	\$	\$
Other: _____		\$	\$	\$
Other: _____		\$	\$	\$
Total	\$	\$	\$	\$

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

Name	Income source	Monthly income	Date of birth

8. 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 parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

[illegible]

10. DEBT

	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
Account	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	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

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	\$	\$	\$
Total	\$	\$	\$

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 Habitat for Humanity of Lincoln 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 Habitat for Humanity of Lincoln even if the application is not approved.

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

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

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 **Midwest Region, 55 West Monroe St., Suite 1825, Chicago, IL 60603**, 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)

Signature

Print name

Date

Signature

Print name

Date



Accepting applications August 15th – September 5th, 2019

Prepare by:

- ✓ Completing the Application and all required forms (on white paper). Please answer all questions before turning in your application.
- ✓ Gather all required documentation and make copies to turn in with the application.

Provide these documents:

- ☐ **Identification**: All adults age 19 or older must provide proof of U.S Citizenship or permanent residence status: **Birth Certificate, US Passport, Legal Alien Registration (green card).**
- ☐ **Income Verification**: All employed adults must submit **30 days of most recent paystubs** from every employer. You will also need to provide, **last 2 years of Federal Income Tax Form 1040 along with W-2's.**
- ☐ **Self-employed adults** must include the last 2 years of schedules with the Federal Income Tax Form 1040. To obtain copies from the IRS, you can call 1(800) 829-1040 or go to www.irs.gov. It may take several weeks to receive!
- ☐ **Verification of Other Income**: if anyone in your household receives any other type of income such as alimony, child support, social security or disability, please provide documentation to show proof of income. {to request a proof of income from SSI, SSDI, please call 1 (800-772-1213 or go to www.SocialSecurity.gov to obtain the information.

Where:

Last Day to Submit Application will be: Thursday September 5th, 2019 by 4 p.m.

DELIVER TO: Habitat for Humanity 4615 Orchard St. Lincoln, Ne 68503

****Remember to include \$15.00 application fee by cash or money order only. ****

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purposes of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act. My immigration status and alien number are as follows:

_____ and I agree to provide a copy of the USCIS (United States Citizenship and Immigration Services) documentation upon request required to verify the Applicant's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand and agree that lawful presence in the United States is required and the Applicant may be disqualified or the loan/grant terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

PRINT NAME: _____
(First, Middle, Last)

SIGNATURE: _____

DATE: _____

=====

To comply with 24 CFR Part 5 §5.216 and §5.508 and Neb. Rev Stat. §§ 4-108-4-114, please provide the following information for your dependents.

Age	Social Security Number	A U. S. Citizen? (Please circle your response)
		Yes or No
		Yes or No
		Yes or No
		Yes or No
		Yes or No

Parent/Guardian

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purposes of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act. My immigration status and alien number are as follows:

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PRINT NAME: _____
(First, Middle, Last)

SIGNATURE: _____

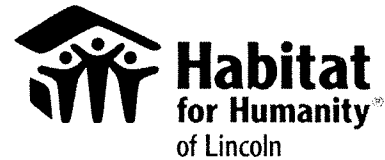
DATE: _____

=====

To comply with 24 CFR Part 5 §5.216 and §5.508 and Neb. Rev Stat. §§ 4-108-4-114, please provide the following information for your dependents.

Age	Social Security Number	A U. S. Citizen? (Please circle your response)
		Yes or No
		Yes or No
		Yes or No
		Yes or No
		Yes or No

Parent/Guardian



Willingness to Partner

All applicants understand that they are applying to buy a home with Habitat for Humanity and they are prepared to make on-time monthly mortgage payments that will increase over time due to property tax and insurance increases.

Yes or No

All applicants are willing to complete partnership requirements that include attending homebuyer education classes, completing sweat equity hours and a \$500 down payment.

Yes or No

All applicants understand that by submitting this application, they are authorizing Habitat for Humanity of Lincoln to evaluate their actual need for the Habitat Homeownership Program, their ability to repay an affordable loan and other expenses of homeowners and their willingness to be a partner through the sweat equity. This determination will include a credit check, examination of income tax records, a background check and potential verification by applicant's landlord or employer.

Yes or No

All applicants agree to notify Habitat of any change in their financial status or living situation after this application is submitted.

Yes or No

All applicants understand they are applying to the Habitat program in order to obtain a Habitat loan and that non-payment may negatively impact credit and result in foreclosure.

Yes or No

All applicants understand that Habitat for Humanity of Lincoln will order an appraisal in connection with a Habitat loan and we may charge the applicant for this appraisal. Upon completion of the appraisal, a copy will be shared with the home buyers.

Yes or No

Applicant(s) attest that all information provided in this application is true and accurate. If information is found to be fraudulent, Applicant(s) may be denied from the program and prohibited from reapplying in the future. Applicant(s) understand that even if they have already been selected to receive a Habitat home, they may be disqualified from the program and forfeit any rights or claims to a Habitat home.

Yes or No

Name

Date

Name

Date

To better assist you, please indicate if you will be using translation services

Name of translator: _____

Yes or No

How did you hear about our Habitat Homeownership Program?

2019 Income Guidelines

Family Size	1	2	3	4
Minimum	\$16,900	\$19,300	\$21,700	\$25,750
Maximum	\$28,150	\$32,200	\$36,200	\$40,200

Family Size	5	6	7	8
Minimum	\$30,170	\$34,590	\$39,010	\$43,430
Maximum	\$43,450	\$46,650	\$49,850	\$53,100