Habitat for Humanity® Greater Sioux Falls

EQUAL HOUSING OPPORTUNITY

Return completed application & required documents to:
Lisa Ross, Family Services Coordinator
Habitat for Humanity of Greater Sioux Falls, Inc.
721 E. Amidon Street, Sioux Falls, SD 57104
Phone: (605) 274-6290

APPLICATION DEADLINE: February 8, 2019 at 5:00 PM

2019 Application for Habitat Home Ownership Program

APPLICANT INSTRUCTIONS: Please fully complete all of this application, so we can determine your eligibility for our home ownership program. Please PRINT LEGIBLY. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

REQUIRED DOCUMENTS listed below must accompany your application in order for it to be considered:

1. Copies of social security cards for **all household members** (including children). You may copy up to 8 social security cards on one page.
2. Copies of 2016, 2017 & 2018 W2 forms and income tax returns for **all adults in the household** (anyone 21 and older who is not a dependent).
3. Copies of past 30 days' paystubs for **all adults in the household** (anyone 21 and older who is not your dependent child).
4. Copies of most recent benefits statement for all other sources of income (SSI, SSDI, child support, etc.) for **all household members**.

1. APPLICANT INFORMATION – The applicant and co-applicant are the person(s) who will be on the deed/title.

Applicant's Full Name (First Name – Second Name – Last Name)			**Co-Applicant's Full Name (First Name – Second Name – Last Name)**		
Social Security Number - -	**Phone Number** ( ) -	**Date of Birth** / /	**Social Security Number** - -	**Phone Number** ( ) -	**Date of Birth** / /
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)			☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)		
Email Address			**Email Address**		

CURRENT ADDRESS	**CURRENT ADDRESS**
Street _____ Apt# _____	Street _____ Apt# _____
City/State_____ Zip Code _____	City/State_____ Zip Code _____
Number of years at this residence: _____ ☐ Own ☐ Rent	Number of years at this residence: _____ ☐ Own ☐ Rent
If less than two (2) years at the above address, please provide your previous address:	
Street _____ Apt# _____	Street _____ Apt# _____
City/State_____ Zip Code _____	City/State_____ Zip Code _____
Number of years at this residence: _____ ☐ Own ☐ Rent	Number of years at this residence: _____ ☐ Own ☐ Rent

CHILDREN/DEPENDENTS who live with you now and will most likely be living in your home three (3) years from now:

Full Name	Age	Date of Birth	Male	Female	Social Security Number
_____	_____	____/____/_____	☐	☐	_____-_____-_____
_____	_____	____/____/_____	☐	☐	_____-_____-_____
_____	_____	____/____/_____	☐	☐	_____-_____-_____
_____	_____	____/____/_____	☐	☐	_____-_____-_____
_____	_____	____/____/_____	☐	☐	_____-_____-_____
_____	_____	____/____/_____	☐	☐	_____-_____-_____

OTHER ADULTS (not already listed) who live with you now, and will most likely be living in your household three (3) years from now:

Full Name	Date of Birth	Male	Female	Social Security Number	Relationship to You
_____	_____/_____/_____	☐	☐	_____-_____-_____	_____
_____	_____/_____/_____	☐	☐	_____-_____-_____	_____

FOR OFFICE USE ONLY **Date Application Received:**	**FOR OFFICE USE ONLY** **Date Approved or Denied:**

Habitat for Humanity® Greater Sioux Falls

Applicant Name(s):

2. WILLINGNESS TO PARTNER

PLEASE READ THE TWO STATEMENTS BELOW – IT IS REQUIRED FOR YOU TO RESPOND:	Applicant	Co-Applicant
Communication: I understand that throughout the application process, I must notify Habitat of any changes in my phone number, address, job status, income, debts/loans or any other changes that affect my household.	☐ Yes ☐ No	☐ Yes ☐ No
Sweat Equity: If selected for Habitat partnership, I will complete the required number of "sweat equity" hours. (I will help build my home and the homes of others, and I will participate in required homebuyer education).	☐ Yes ☐ No	☐ Yes ☐ No
PLEASE READ THE INTERPRETER/AIDE STATEMENT BELOW – IT IS OPTIONAL FOR YOU TO RESPOND:	**Applicant**	**Co-Applicant**
Interpreter/Aide: I required assistance to complete this application. If Yes, please list the name of someone who can assist you in communication with Habitat staff regarding the information on this application: Name: _____ Relationship to you: _____ Phone Number: (_____)_____ Type of Assistance Needed: _____	☐ Yes ☐ No	☐ Yes ☐ No

3. CURRENT HOUSING – NEED

Current Housing: ☐ House ☐ Apartment ☐ Mobile Home ☐ Other **Number of bedrooms (please circle): 1 2 3 4 5**

If you rent, what do you pay monthly? Base Rent $_____ + Garage (if any) $_____ + Lot (if any) $_____ = Total Rent $_____

Are you in subsidized housing? ☐ Yes ☐ No **If YES, what is the amount of your monthly subsidy?** $_____ **Program:** _____

Current Landlord – Required Information	**Past Landlord - If Applicable**
Name_____	Name_____
Address:_____	Address:_____
Zip Code: _____ Phone: (_____)_____-_____	Zip Code: _____ Phone: (_____)_____-_____

IMPORTANT: What makes your current housing inadequate, substandard, inaccessible, or unaffordable?

Please check all issues that apply: ☐ Interior or Exterior Structural Issues ☐ Too Expensive ☐ Too Small ☐ Temporary/Transitional

☐ Heating or Cooling Issues ☐ Plumbing or Electrical Issues ☐ Accessibility Issues ☐ Health/Safety Issues ☐ Other

Please describe these issues in the space below: (If more space is needed, please use a separate piece of paper and attach it to the application)

_____

_____

_____

_____

4. ASSETS – List assets owned by the applicant and/or co-applicant only

Do you own a home? ☐ Yes ☐ No **If YES, list your monthly loan payment (if any):** $_____ **Unpaid loan balance:** $_____

Do you own land? ☐ Yes ☐ No **If YES, list your monthly loan payment (if any):** $_____ **Unpaid loan balance:** $_____

5. MONEY – List all financial accounts held by applicant and/or co-applicant only

Type of Account (check one)	Name of Financial Institution or Retirement Account	Customer Name(s)	Last 4 digits of Account #	Current Account Balance
☐ Checking ☐ Savings ☐ CD ☐ Other				$
☐ Checking ☐ Savings ☐ CD ☐ Other				$
☐ Checking ☐ Savings ☐ CD ☐ Other				$
☐ Checking ☐ Savings ☐ CD ☐ Other				$
☐ Checking ☐ Savings ☐ CD ☐ Other				$

Habitat for Humanity® Greater Sioux Falls

Applicant Name(s):

6. EMPLOYMENT INFORMATION – provide at least 12 months' work history for applicant and co-applicant

APPLICANT			CO-APPLICANT		
CURRENT Employer (Name and Address)		☐ FT ☐ Part-Time Average hours per week Hourly Wage or Salary $	**CURRENT Employer** (Name and Address)		☐ FT ☐ Part-Time Average hours per week Hourly Wage or Salary $
Job Title	Years Worked	Work phone number	Job Title	Years Worked	Work phone number
If working at above job less than one year, provide prior employment information:					
Former Employer (Name and Address)		☐ FT ☐ Part-Time Average hours per week Hourly Wage or Salary $	**Former Employer** (Name and Address)		☐ FT ☐ Part-Time Average hours per week Hourly Wage or Salary $
Job Title	Years Worked	Work phone number	Job Title	Years Worked	Work phone number
If working at above job less than one year, provide prior employment information:					
Former Employer (Name and Address)		☐ FT ☐ Part-Time Average hours per week Hourly Wage or Salary $	**Former Employer** (Name and Address)		☐ FT ☐ Part-Time Average hours per week Hourly Wage or Salary $
Job Title	Years Worked	Work phone number	Job Title	Years Worked	Work phone number

7. MONTHLY INCOME – list the income for all household members

NOTE: Alimony, child support or separate maintenance income should be reported for determining household income. However, this income will not be included when Habitat calculates the applicant(s)' ability to repay the loan, unless the applicant(s) give consent to have it included.

Income Source	APPLICANT	CO-APPLICANT	Others in Household**	Total
Job Income	$	$	$	$
Supplemental Security Income (SSI)	$	$	$	$
Social Security Disability Income (SSDI)	$	$	$	$
Retirement Income	$	$	$	$
Social Security Income	$	$	$	$
Alimony (See NOTE above)	$	$	$	$
Child Support (See NOTE above)	$	$	$	$
TANF	$	$	$	$
Other: _____	$	$	$	$
TOTAL	$	$	$	$

****If you listed income above from "Others in Household," please provide more information below related to this income.**

Household Member Name	Employer / Source of Income	Type of Income	Monthly Income
			$
			$
			$

Habitat for Humanity® Greater Sioux Falls

Applicant Name(s):

8. DEBTS / LOANS

Type of Debt	APPLICANT (OR JOINT)			CO-APPLICANT		
	Minimum Monthly Payment Required	Unpaid Balance		Minimum Monthly Payment Required	Unpaid Balance	
Car loan	$	$		$	$	
Student loan	$	$		$	$	
Furniture/appliance/TV loan (including rent-to-own)	$	$		$	$	
Other Loan _____	$	$		$	$	
Collections	$	$		$	$	
Judgments	$	$		$	$	
Medical Debt _____	$	$		$	$	
Credit Card _____	$	$		$	$	
Credit Card _____	$	$		$	$	
Credit Card _____	$	$		$	$	
Other _____	$	$		$	$	
TOTAL	$	$		$	$	

9. MONTHLY EXPENSES

Type of Expense	APPLICANT (OR JOINT)	CO-APPLICANT	TOTAL
Rent	$	$	$
Utilities – Electricity (Lights)	$	$	$
Utilities – Natural Gas (Heat)	$	$	$
Utilities – Sewer/Water	$	$	$
Cell Phone / Landline	$	$	$
Internet Service	$	$	$
Garbage Service	$	$	$
Car Insurance	$	$	$
Hospital/Medical Bill	$	$	$
Child Support	$	$	$
Alimony or Separate Maintenance	$	$	$
TOTAL	$	$	$

Habitat for Humanity® Greater Sioux Falls

Applicant Name(s):

10. DECLARATIONS

Please read and answer all of the following questions:	APPLICANT	CO-APPLICANT
a. Do you have any outstanding judgments because of a court decision against you?	☐ Yes ☐ No	☐ Yes ☐ No
b. Have you declared bankruptcy within the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No
d. Are you currently involved in a lawsuit?	☐ Yes ☐ No	☐ Yes ☐ No
e. Have you been convicted of a felony?	☐ Yes ☐ No	☐ Yes ☐ No
f. Are you currently delinquent or in default on any federal debt or any other loan or financial obligation?	☐ Yes ☐ No	☐ Yes ☐ No
g. Are you a U.S. citizen or permanent legal resident?	☐ Yes ☐ No	☐ Yes ☐ No
h. Are you a veteran?	☐ Yes ☐ No	☐ Yes ☐ No

If "Yes" was checked for any questions **a** through **f,** please explain below or attach a separate piece of paper.

11. AUTHORIZATION AND RELEASE

I understand that by submitting this application, I am authorizing Habitat for Humanity of Greater Sioux Falls 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 partner and complete sweat equity. I understand this evaluation may include a credit check, personal visits, 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. I understand that even if I get selected to partner with Habitat, I can be disqualified or de-selected from the program and forfeit any rights or claims to a Habitat home if I fail to meet my obligations under the Habitat partnership agreement.

I also understand that Habitat for Humanity screens all applicants and adult household members 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: The original or a copy of this application will be retained by Habitat for Humanity, even if the application is not approved.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

Habitat for Humanity will order an appraisal to determine the property's value and may charge you for this appraisal. Habitat will promptly give you a copy of the appraisal, no less than three (3) days prior to closing of the loan, even if the loan does not close. **By signing below, you acknowledge that you have read and understand this notice.**

Applicant _____ Date _____ Co-Applicant_____ Date_____

13. EQUAL HOUSING OPPORTUNITY NOTICE

EQUAL HOUSING OPPORTUNITY

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.

Habitat for Humanity® Greater Sioux Falls

Applicant Name(s):

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 credit 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
☐ **I do not wish to furnish this information**	☐ **I do not wish to furnish this information**
Race (applicant may select more than one radial designation):	**Race (applicant may select more than one radial designation):**
☐ American Indian or Alaska Native	☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander	☐ Native Hawaiian or other Pacific Islander
☐ Black/African-American	☐ Black/African-American
☐ White	☐ White
☐ Asian	☐ Asian
Ethnicity:	**Ethnicity:**
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Sex:	**Sex:**
☐ Female ☐ Male	☐ Female ☐ Male
Birthdate:	**Birthdate:**
_____/_____/_____	_____/_____/_____
Marital Status:	**Marital Status:**
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)	☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

To be completed only by the Loan Originator

This information was provided:	**Loan Originator's Name**
☐ In a face-to-face interview	
☐ By mail	**Loan Originator's Signature** **Date**
☐ By telephone	
	Loan Originator's Phone Number

CRIMINAL BACKGROUND CHECK - CONSENT FORM

Habitat for Humanity of Greater Sioux Falls requires that criminal history be reviewed for **all applicants** to the home ownership program **and all household members who are age 18 or older**. Habitat for Humanity of Greater Sioux Falls reserves the right to review criminal history at any time during the homebuyer partnership process.

Any person who does not consent to a criminal background check will not be permitted to purchase a home with Habitat for Humanity of Greater Sioux Falls. If a person withholds information or falsifies information pertaining to previous convictions, the person may be disqualified from further consideration.

If you have more than four household members who are age 18 and older, please ask Habitat for another form.

Applicant:

_____ _____/_____/_____ _____-_____-_____
Print Full Name (First – Middle – Last) Date of Birth Social Security Number

_____ _____
Current Address City, State, Zip Crimes Committed

_____ _____
Past Addresses City, State, Zip **Signature** **Date**

Co-Applicant or Other Household Member (age 18 or older):

_____ _____/_____/_____ _____-_____-_____
Print Full Name (First – Middle – Last) Date of Birth Social Security Number

_____ _____
Current Address City, State, Zip Crimes Committed

_____ _____
Past Addresses City, State, Zip **Signature** **Date**

Other Household Member (age 18 or older):

_____ _____/_____/_____ _____-_____-_____
Print Full Name (First – Middle – Last) Date of Birth Social Security Number

_____ _____
Current Address City, State, Zip Crimes Committed

_____ _____
Past Addresses City, State, Zip **Signature** **Date**

Other Household Member (age 18 or older):

_____ _____/_____/_____ _____-_____-_____
Print Full Name (First – Middle – Last) Date of Birth Social Security Number

_____ _____
Current Address City, State, Zip Crimes Committed

_____ _____
Past Addresses City, State, Zip **Signature** **Date**

APPLICANT CONSENT

For release or exchange of information to Habitat for Humanity of Greater Sioux Falls, Inc.

I / We, _____ _____

(Name of Applicant – **please print** full name) (Name of Co-Applicant – **please print** full name)

Hereby authorize Habitat for Humanity of Greater Sioux Falls, Inc. to request or exchange financial, employment, and any other information which is pertinent to my application for the Habitat homeownership program. I also authorize Habitat for Humanity of Greater Sioux Falls, Inc. to conduct any necessary credit and background checks.

This consent expires upon fulfillment of the above-stated purpose. I understand that I may revoke this consent at any time, in writing.

_____ _____

Signature of Applicant Signature of Co-Applicant (if applicable)

_____ _____

Date Date

A photocopy of this release shall be as valid as the original.