

Application

Habitat Homeownership Program

Return Application to: East St. Tammany Habitat for Humanity 440 Brownswitch Rd. Slidell, La.70458 (985) 639-0656 BY SEPTEMBER 1ST, 2023

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. AP	PLICANT	INFORMATION			
Applicant				Co-applicant			
Applicant's name			Co-applicant's name				
Social Security number				Social Security number			
Home phone		Ag	je	Home phone		Ag	e
☐ Married ☐ Separated ☐ Unmarr	ied (Incl.	single, divorce	ed, widowed)	☐ Married ☐ Separated ☐ Unm	arried (Incl.	single, divorce	ed, widowed)
Dependents and others who will live wi (not listed by co-applicant)	ith you			Dependents and others who will live (not listed by co-applicant)	with you		
Name	Age	Male	Female	Name	Age	Male	Female
Present address (street, city, state, ZIP	code)	□ Own	☐ Rent	Present address (street, city, state, 2	ZIP code)	□ Own	□ Rent
Number of years				Number of years			
				less than two years, complete the fo			
Last address (street, city, state, ZIP cod	de)	⊔ Own	⊔ Rent	Present address (street, city, state, 2	ZIP code)	⊔ Own	⊔ Rent
Number of years				Number of years	_		
_ 2 F(OR OEE	ICF USE	ONI Y — I	OO NOT WRITE IN THIS SPACE			
Date received:							
Date of notice of incomplete application				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:

Applicant

Yes

No

Kitchen Bathroom Living room Dining room Other (please describe)	Habitat office, attending homeownership classes or other approved activities.	Co-applicant \square
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:	4. PRESENT HOUSING CONDIT	IONS
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:	Number of bedrooms (please circle) 1 2 3 4 5	
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:	Other rooms in the place where you are currently living:	
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:	☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room	
(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:	☐ Other (please describe)	
(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:		
(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?		
	(Please supply a copy of your lease or a copy of a money order receipt or cancele	ed 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?	,	
In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?		
In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?		
In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?		
	In the space below, describe the condition of the house or apartment where you liv	ve. Why do you need a Habitat home?

5. PROPERTY INFORMATION

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

Monthly payment \$_____ Unpaid balance \$_

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

Do you own land? ☐ No

☐ Yes

6. 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 \$
Type of business	Business phone	Type of business	Business phone
If working at curren	t job less than one ye	ar, complete the following information	
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 \$
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	\$	\$		S	

PLEASE NOTE:	HOUSEHOLD MEME	BERS WHOSE INCOME IS L	STED ABOVE	
Self-employed applicants may be	Name	Income source	Monthly income	Date of birth
required to provide				
additional documentation such				
as tax returns and				
financial statements.				

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			
Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY? <u>APPLICANT</u> CO-APPLICANT Monthly Unpaid Months Monthly Unpaid Months left to pay left to pay Account payment balance payment balance \$ \$ \$ \$ Other motor vehicle Boat \$ \$ \$ \$ Furniture, appliance, 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						
		Appl	icant	Co-app	olicant		
a.	Do you have any outstanding judgments because of a court decision against you?	☐ Yes	□ No	☐ Yes	□ No		
b.	Have you been declared bankrupt 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 directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	☐ Yes	□ No	☐ Yes	□ No		
f.	Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	☐ Yes	□ No	☐ Yes	□ No		
g.	Are you paying alimony or child support or separate maintenance?	☐ Yes	□ No	☐ Yes	□ No		
h.	Are you a co-signer or endorser on any loan?	☐ Yes	□ No	☐ Yes	□ No		
i.	Are you a U.S. citizen or permanent resident?	☐ Yes	□ No	☐ Yes	□ No		
If y	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 East St. Tammany 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 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 even if the application is not approved.

I also understand that East St. Tammany 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.

Date

Applicant signature

Applicant's name ___

X	X
PLEASE NOTE: If more space is needed to complete any part of the this application. Please mark your additional comments with "A" for	nis application, please use a separate sheet of paper and attach it to applicant or "C" for co-applicant.
13. RIGHT TO RECEIV	E COPY OF APPRAISAL
This is to notify you that we may order an appraisal in connection we completion of the appraisal, we will promptly provide a copy to you,	, , , , , , , , , , , , , , , , , , , ,

Co-applicant signature

Co-applicant's name ____

Date

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

Appli	icant	Co-applicant		
\square I do not wish to furnish this info	ormation	☐ I do not wish to furnish this information		
Race (applicant may select more	than one racial designation):	Race (applicant may select more	than one racial designation):	
☐ American Indian or Alaska Nativ	ve	☐ American Indian or Alaska Nati	ive	
□Native Hawaiian or other Pacific		□Native Hawaiian or other Pacific	;	
□Islander Black/African-American		☐Islander Black/African-American	1	
□White		□White		
□Asian		□Asian		
Ethnicity: Hispanic or Latino	n-Hispanic or Latino	Ethnicity: Hispanic or Latino	on-Hispanic or Latino	
Sex:		Sex:		
Female Male		Female Male		
Birthdate:		Birthdate:		
/				
Marital status: ☐ Married ☐ Separated ☐ U	Jnmarried (single, divorced, widowed)	Marital status: ☐ Married ☐ Separated ☐ U	Inmarried (single, divorced, widowed)	
	To be completed only by the per	rson conducting the interview		
This application was taken by: ☐ Face-to-face interview ☐ By mail	Interviewer's name (print or type)			
☐ By telephone	Interviewer's signature		Date	
	Interviewer's phone number			



AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant	Social Security No
Address:	Date of Birth:
Co-Applicant	Social Security No
Address:	Date of Birth
To Resource Bank and others whom i	t may concern:
•	information to East St. Tammany Habitat for Humanity, Inc. for the , credit, and/or character references with regard to our application fo
Applicant Signature	Date:
Co-Applicant Signature	
	Date:

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 southwest region, 1999 Bryan Street, suite 2150, Dallas Texas 75201-6608 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:		



P.O. Box 2952 Slidell, LA 70459

Comp	leted & signed application packet (Make sure you have completed the section
	for why you need a Habitat home!)
	Driver's License or I.D.
	Last year's W-2 form and tax return (financial statements if you are self-employed.)
	2 recent pay stubs, SSI letter, award letter, etc.
	Recent rent receipts (cancelled checks, money orders) or statement from landlord.
	Last month's gas, water, and electric bills.
	Last month's telephone bill.
	Last month's cable bill.
	Proof of paid insurance premiums (car, life, health).
	Current credit card statements showing balance due and last payment info.
	Proof of current automobile payments.
	Any and all other current bills (medical, loans, etc.)
	Checking and Savings account statements for the last 3 months.

IMPORTANT

We will NOT have a copy machine available, so please make sure you bring copies of all documents. Any originals turned in will not be returned to you.