



MARCH 2020- APPLICATION SUBMISSION STEPS

DEADLINE MARCH 31ST, 2020 at 4:00 PM

Steps to purchase a quality, affordable home through Richmond Metropolitan Habitat for Humanity.

1. **Visit our website:** www.richmondhabitat.org, click on the "Homeownership" tab.
 - a. **Pre-Application Packet** – Review program requirements.
 - b. **Available Properties List** – See properties & property specific qualifications.
(**Please note properties list will not be available until March 2020**)
2. **Visit Properties:** Before applying we ask that you physically visit each property before making your top three selections on your application. (**Please note properties list will not be available until March 2020**)
3. **Complete the Application:** Please carefully fill out all parts of the application completely. Incomplete information could result in your application being denied. (**Please note the application will not be available until March 2020**)
4. **Gather Phase 1 Documents:** Make copies of all applicable documents using the **Phase 1** checklist on the following page.
5. **Program Fee:** A \$30 check or money order for the program fee must be submitted in order for your application to be considered for each the applicant and co-applicant. Dependents are not subject to a program fee.

Make check or money orders payable to - RMHFH

6. **Submit the Complete Application Package:** Once steps 1-5 are completed, your application is ready to submit. Applications will be accepted March 1st through March 31st at 4:00pm. The completed application, Phase 1 documents (copies only) and program fee may be submitted by mail or in person at:

2281-A Dabney Rd. Richmond, VA 23230

7. **Next Steps:** Once we have received your application, you will be notified of its status by mail within 2 weeks. Qualified applicants will receive a letter requesting Phase 2 documents. Phase 2 documents are due two weeks from the date of the letter & must be received by the deadline for consideration. We strongly recommend making copies of all Phase 2 documentation prior to receiving your status letter.

Required Document Checklist

Homeownership Program Application, Required Documents

1st Phase Documentation

****Submit most recent copies of documents below with your completed application****
****Originals will not be accepted****

- Paystub(s) from last 30 days prior application submission for all household members over 18.
- Most recent 2 years tax returns and corresponding W2's/1099's. (2017 accepted only if 2019 has not been filed, 2019 will be required after April 15th, 2020)
- Most recent Retirement, SSI letter and/or Disability award letter, if applicable.
- Most recent court order for child support. (supporting document examples: bank statement or pay card history showing regular payments)
- Current lease or most recent lease held in the past two years.
- Payday and/or title loan statements.
- \$30 money order for one Applicant or \$60 for Co-Applicants.



The below documents will be requested in a letter by mail if you qualify for the next phase in the process.

2nd Phase Documentation

Applicants who meet the income, credit and background qualification criteria will be notified via mail and will have 2 weeks to submit all applicable items below.

- Employment Verification form (Copy of form mailed with Phase 2 letter)
- Landlord Verification form (Copy of form mailed with Phase 2 letter)
- Certificate of Zero Income form (Copy of form mailed with Phase 2 letter, if applicable)
- Last 6 months' bank statements for all checking and savings accounts
- Driver's License, State ID or Passport
- Copy Social Security Card for all household members
- Birth certificate(s) and/or permanent resident cards for all household members
- Divorce Decree, if applicable
- SNAP benefit award letter, if applicable
- Certificate of Release or Discharge (DD214), Veterans only





March 2020 Homeownership Program Application

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, age, marital status, or national origin.



1. APPLICANT INFORMATION

Applicant's Name (First, Middle, Last)	Co-applicant's Name (First, Middle, Last)
Social Security #: _____ Male Female <input type="checkbox"/> <input type="checkbox"/>	Social Security #: _____ Male Female <input type="checkbox"/> <input type="checkbox"/>
Age: _____ Birth Date: _____	Age: _____ Birth Date: _____
Phone: Cell _____ Home _____	Phone: Cell _____ Home _____
E-Mail _____	E-Mail _____
<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)
Are you a first-time home owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a first-time home owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependents and others who will live with you	Dependents and others who will live with you
Name: _____ Relationship: _____ Birth Date: _____ Male Female <input type="checkbox"/> <input type="checkbox"/>	Name: _____ Relationship: _____ Birth Date: _____ 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"/>
Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Street: _____	Street: _____
City: _____	City: _____
State, Zip: _____ Move-in Date: _____	State, Zip: _____ Move-in Date: _____
Previous Address (if less than 2 years at current address)	Previous Address (if less than 2 years at current address)
Move-in Date _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Move-in Date _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Street: _____	Street: _____
State, Zip: _____ Move-Out Date: _____	State, Zip: _____ Move-Out Date: _____

Properties: Visit Each Property & rank your top 3 choices. See website for home specific qualifications and details.

- Chesterfield County:** ___ 10601 Buena Vista Blvd. Richmond, VA 23237 ___ 3307 Main St. Petersburg, VA 23803 (Ettrick)
- Henrico County:** ___ Highland Springs/Laburnum Corridor ___ 408 Dakar Dr. Sandston, VA 23150
- City of Richmond:** ___ 1402 Talbert St. Richmond, VA 23224 ___ 3111 1st Ave. Richmond, VA 23222 (Attached Home)
- ___ 6211 Warwick Rd. Richmond, VA 23225 ___ 600 Block E. 15th St. Richmond, VA 23224

2. WILLINGNESS TO PARTNER

In order to be considered for a Richmond Habitat home, you and your family (aged 14 and older) 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 ReStore or other approved non-construction activities.

I WILL COMPLETE THE REQUIRED 350 SWEAT EQUITY HOURS. Applicant Yes No Co-Applicant Yes No

If you are approved for a Richmond Habitat home, we ask that you be willing to join in programs to learn and practice budgeting, home repair, and maintenance.

I WILL ATTEND THE MEETINGS REQUIRED BY RICHMOND HABITAT. Applicant Yes No Co-Applicant Yes No

3. PRESENT HOUSING CONDITIONS

How many bedrooms that are truly bedrooms does your current home have? _____

Please check other rooms in your home:

Kitchen Living Room Bathrooms (How many? _____) Dining Room Storage

Other rooms in your current home: _____

What is your monthly rent? _____ Are utilities included? Yes No

Name of Landlord _____

Address _____

Public Housing? Yes No Section 8 Voucher? Yes No Public Housing Application Pending? Yes No

Please check boxes below that describe *the condition* of the house or apartment where you live.

- Substandard or unsafe conditions (ex. structural issues, crime, electrical problems, mold, no heat, ect.)
- Overcrowded living conditions (determined by number of persons, ages and genders)
- You would be homeless if not for friends, family, or temporary housing
- Cost burdened – paying 30% or more for rent + utilities
- Cannot qualify for a traditional mortgage
- In need of handicap accessibility List accommodation needed: _____

For boxes checked above, please explain below or on an attached sheet of paper.

Richmond Metropolitan Habitat for Humanity aims to partner with families truly in need of a housing solution. Why do you feel you *need* a Richmond Habitat home? What motivated you to apply?

4. APPLICANT EMPLOYMENT INFORMATION

Current Employer				Dates Employed
Address				Hourly Wage (before taxes)
City	State	Zip	Hours per Week	
Type of Business	Position	Supervisor's Name	Business Phone	
<i>If working at present job for less than one year OR have a second job, complete the following.</i>				
Former Employer or Second Employer (circle one, if applicable)				Dates Employed
Address				Hourly Wage (before taxes)
City	State	Zip	Hours per Week	
Type of Business	Position	Supervisor's Name	Business Phone	

CO-APPLICANT EMPLOYMENT INFORMATION (if applicable)

Current Employer				Dates Employed
Address				Hourly Wage (before taxes)
City	State	Zip	Hours per Week	
Type of Business	Position	Supervisor's Name	Business Phone	
<i>If working at present job for less than one year OR have a second job, complete the following.</i>				
Former Employer or Second Employer (circle one, if applicable)				Dates Employed
Address				Hourly Wage (before taxes)
City	State	Zip	Hours per Week	
Type of Business	Position	Supervisor's Name	Business Phone	

5. MONTHLY INCOME

	* APPLICANT	* CO-APPLICANT	** OTHERS IN HOUSEHOLD	** OTHERS IN HOUSEHOLD	
			Name: _____	Name: _____	Please send supporting documentation for income listed, examples below.
<i>Hourly Wage (before taxes)</i>					Last 30 days paycheck stubs
<i>TANF</i>					Most recent benefit award letter(s) for income listed: Food Stamps, SSI, Social Security, Disability, Retirement, and Investments. For Divorce /Alimony and Child Support please provide documentation showing the order amount and proof of receipt monthly. Examples of documents to show regular receipt of this income type; bank statements &/or pay card transaction history.
<i>Food Stamps</i>					
<i>Social Security</i>					
<i>SSI</i>					
<i>Disability</i>					
<i>Spousal Support</i>					
<i>Child Support</i>					
<i>Other:</i>					
<i>Other:</i>					
<i>TOTALS</i>					

NOTES: * APPLICANT and CO-APPLICANT: Must list all income received by or on behalf of dependents.

** OTHERS IN HOUSEHOLD: Must list all income received by all family members who are 18 and older.

Please use separate sheet of paper if there are more than 2 individuals age 18 and over.

6. SOURCE OF DOWN PAYMENT AND START-UP COSTS

Explain where you will get the money to pay the down payment, first year's homeowner's insurance premium, first month's mortgage, and start-up expenses such as water, sewer, electric, telephone, gas, utility connection fees, etc. These costs will be \$2,000 or more. If you expect to borrow money to pay these costs, explain how and from whom.

7. ASSETS

Applicant:			Co-applicant:		
Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Boat	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Washer	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Dryer	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	Car	<input type="checkbox"/>	<input type="checkbox"/>
Make and Year			Make and Year		

Applicants for Richmond Metropolitan’s Habitat for Humanity Homeownership program must provide information regarding their assets. Please declare your families’ assets in the following categories and calculate a total value. *Include all assets of all household members.*

Type of asset	Value of asset
1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts use the current balance. For checking accounts use the average 6-month balance.	
2. Cash values of revocable trusts available to the applicant.	
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g. broker fees) that would be incurred in selling the asset. Under HOME, equity in the family’s primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.	
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, and money market accounts.	
5. Individual retirement and Keogh accounts (even though withdrawal would result in penalty).	
6. Retirement and pension funds.	
7. Cash value of life insurance policies available to the individual before death (e.g. surrender value of a whole life or universal life policy).	
8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.	
9. Lump-sum or one-time receipts, such a inheritances, capital gains, lottery winnings, victim’s restitution, insurance settlements and other amounts not intended as periodic payments.	
10. Mortgages or deeds of trust held by an applicant.	
Total assets	

Exclusions: The following are not included as assets.

1. Necessary personal property, excepted as noted in number 8 of inclusions, such as clothing, furniture, cars and vehicles equipped for a person with disabilities.
2. Interest in Indian trust lands.
3. Assets not affectively owned by the applicant. That is, when assets are held in an individual’s name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on the income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not fully accessible to and that provide no income to the applicant.
6. Assets that are part of an active business. “Business” does not include rental of properties that are held as an investment and not a main occupation

8. CHECKING AND SAVINGS ACCOUNT INFORMATION

Applicant:

Do you have a checking account and if so, what bank?

Do you have a savings account and if so, what bank?

Do you have other assets in your name? (including land, bonds, trusts, stocks, CDs, treasury bills, etc) Please list and give their value.

Co-Applicant:

Do you have a checking account and if so, what bank?

Do you have a savings account and if so, what bank?

Do you have other assets in your name? (including land, bonds, trusts, stocks, CDs, treasury bills, etc) Please list and give their value.

9. DECLARATIONS

	<i>Applicant</i>	<i>Co-Applicant</i>
a. Do you have any debt 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 declared bankruptcy which was discharged within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you had a foreclosure or given title or deed in lieu thereof in the past 7 years?	<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 judgments? (This action would include such loans as mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, financial obligation, bond, or loan guarantee. If "Yes," please provide details, including date, name, and address of Lender, FHA, or VA case number, if any, and reason for the action).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you presently delinquent or in default of any federal debt of any other loan, mortgage, financial obligation bond, or loan guarantee? If "Yes," give details as described in the preceding question.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you obligated to pay spousal maintenance or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-maker or endorser on a note?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Have you had an ownership interest in a property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What type of property did you own? Principle residence (PR), second home (SH), or investment property (IP)?		
b. How did you hold title to the home? Solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?		
k. Are you aware that your home will be in a residential zone & not in a business zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Are you a US 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, please explain below or on an attached sheet of paper. Please do not explain i, k, and n.

10. INITIAL SAVINGS AND SPENDING PLAN

FIXED EXPENSES

	<u>\$\$</u>	<u>week, month, or year</u>
1. Rent	_____	_____
2. Electric	_____	_____
3. Gas/Oil	_____	_____
4. Water/Sewage	_____	_____
5. Home Phone	_____	_____
6. Cell Phone	_____	_____
7. Internet	_____	_____
8. Cable TV	_____	_____
9. Trash pick-up	_____	_____
10. Medical Insurance	_____	_____
11. Auto Insurance	_____	_____
12. Life Insurance	_____	_____
13. Renters Insurance	_____	_____
14. Child Support/Alimony	_____	_____
15. Child Care	_____	_____
16. Other _____	_____	_____

DEBT PAYMENTS

1. Car Payment	_____	_____
2. Installment Loan	_____	_____
3. Credit Card Payment	_____	_____
4. Credit Card Payment	_____	_____
5. Credit Card Payment	_____	_____
6. Car Title Loan(s)	_____	_____
7. Payday Loan(s)	_____	_____
8. Medical Bill Payment(s)	_____	_____
9. Other	_____	_____
10. Other	_____	_____

FLEXIBLE EXPENSES

1. Savings	_____	_____
2. Groceries	_____	_____
3. Lunch (work/school)	_____	_____
4. Eating Out	_____	_____
5. Entertainment/Hobbies	_____	_____
6. Laundry/Drycleaning	_____	_____
7. Cleaning Supplies	_____	_____
8. Clothing	_____	_____
9. Gasoline/Bus/Taxi	_____	_____
10. News Paper/Magazines	_____	_____
11. Alcohol/Cigarettes	_____	_____
12. Church/Charity	_____	_____
13. Tuition/Books	_____	_____
14. Barber/Beauty Shop	_____	_____
15. Auto Maintenance	_____	_____
16. Doctor/Dentist	_____	_____
17. Pets	_____	_____
18. Parking/Tolls	_____	_____
19. Lottery/Bingo	_____	_____
20. Lawn Care	_____	_____
21. House Maintenance/Repairs	_____	_____
22. Other	_____	_____
23. Other	_____	_____

11. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Richmond Metropolitan Habitat for Humanity, Inc. (RMHFH) to evaluate my actual need for a Richmond Habitat house, my ability to repay a loan and other expenses of homeownership, and my willingness to be a partner family. I understand that the evaluation of this Application will include credit checks and verifications, and thus I hereby authorize you to access my credit report, to check and verify my credit, employment and rental history, and to answer any questions from others about your credit experience with me.

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 purchase a Richmond Metropolitan Habitat for Humanity house, I may be disqualified from the program. Richmond Metropolitan Habitat for Humanity will retain the original or a copy of this application even if the application is not approved.

I also understand that Richmond Metropolitan Habitat for Humanity, Inc. screens all potential staff (whether paid or unpaid), board members and applicant families on the national sex offender registry, and that by completing this application, I am submitting myself and all persons, 18 years and older, listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons, 18 years and older, listed on the first page of the application to a national criminal background check.

Applicant Signature	Date	Co-applicant Signature	Date
X _____		X _____	

Please provide Social Security numbers for all members of the household who are 18 years and older:

First, Middle and Last Name	Social Security Number	Signature of Individual
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

Application Received and Reviewed:

_____	_____	_____
Richmond Metropolitan Habitat for Humanity Staff	NMLS #	Date

12. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Applicant's Name _____ *Co-applicant's Name* _____

Please Read This Statement Before Completing the Boxes Below:

The following information is *requested* by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You *are not required* to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race or nation of origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the appropriate box below. (Lender must review the material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for).

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/National Origin:	Race/National Origin:
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian	<input type="checkbox"/> American Indian or Alaskan Native AND Caucasian
<input type="checkbox"/> Asian AND Caucasian	<input type="checkbox"/> Asian AND Caucasian
<input type="checkbox"/> Black/African American AND Caucasian	<input type="checkbox"/> Black/African American AND Caucasian
<input type="checkbox"/> American Indian or Alaskan Native AND Black/African American	<input type="checkbox"/> American Indian or Alaskan Native AND Black/African American
<input type="checkbox"/> Other (Specify _____)	<input type="checkbox"/> Other (Specify _____)
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex:	Sex:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Date: ____/____/____	Birth Date: ____/____/____
Marital Status:	Marital Status:
<input type="checkbox"/> Married	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
<input type="checkbox"/> Unmarried (Includes single, divorced, widowed)	<input type="checkbox"/> Unmarried (Includes single, divorced, widowed)

To Be Completed Only by the Person Conducting the Interview

<p><i>This application was taken by:</i></p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p><i>Interviewer's Name (print or type)</i></p> <hr/> <p><i>Interviewer's Signature</i> <i>Date</i></p> <hr/> <p><i>Interviewer's Phone Number</i></p>
--	--

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, 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: East Central Region -- 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 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 _____

Print Name: _____

Date: _____

X _____

Print Name: _____

Date: _____