

APPLICATION FOR HOME OWNERSHIP INTRODUCTION

Complete the following pages if you desire to be considered for home ownership through the Wisconsin Rapids Area Habitat for Humanity (WRAHFH). WRAHFH is a non-profit, Christian-based organization that seeks to make decent housing a matter of conscience and action. Through commitment, sharing, and personal dedication, a family can receive adequate housing that meets their needs. No government funding is involved because the home is built through a combination of purchased materials, donations, and labor volunteers who have a strong desire to improve the living conditions of a deserving family. Consider the following items as you complete this application:

- The house you are applying for will be a modest structure to meet basic needs.
- The house will be sold with a zero percent (0%) interest mortgage.
- A Family Selection Committee will review this application.
- Family selection will take place depending on land and building site availability.
- Each adult family member is required to provide 250 hours of unpaid labor toward building a WRAHFH house. This "sweat equity" helps you build ownership in your house.

The following items are considered as the family is selected:

- 1. Applicant's current housing need: This is not limited to, but may include structural conditions, plumbing, heating, overcrowding, etc. The applicant cannot own a home.
- 2. Applicant's financial need: The family is not eligible for a conventional mortgage through a private lending institution.
- 3. Applicant has a steady income to make monthly mortgage payments.
- 4. Applicant's willingness to actively participate in building their house and help other families build their homes.
- 5. Applicant's demonstration of dependability, responsibility, care and concern for the maintenance of a home, and the ability to work well with others.
- 6. Applicant's residency: Primary consideration will be given to families who have been living in the Wisconsin Rapids area for at least two years.

Please complete the application as accurately and completely as you can. The information you provide is necessary to determine your eligibility for the WRAHFH house program. If you are unsure about any of the questions, please contact the representative listed below. He/she will help you through the process. When the application is completed, mail it to:

Wisconsin Rapids Area Habitat for Humanity PO Box 1134 Wisconsin Rapids, WI 54495-1134.

Representative: Larry Turba Phone Number: 715-570-1001



Wisconsin Rapids Area Habitat for Humanity PO Box 1134, Wisconsin Rapids, WI 54495-1134 715-422-1925

Application

EQUAL HOUSIN

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 Homeownership Program

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.APPLICA	N T I N F O R M AT I O N	
Applicant		Co - applicant	
Applicant's name		Co-applicant's name	
Social Security number Home phone	Age	Social Security number Home	phone Age
☐ Married ☐ Separated ☐ Unmarried (Incl. single	e, divorced, widowed)	☐ Married ☐ Separated ☐ 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 M	Male Female	Name	Age Male Female
			0 0
			0 0
Present address (street, city, state, ZIP code))wn □ Rent	Present address (street, city, state, ZIP code)	□ Own □ Rent
Number of years		Number of years	
If living at present a	ddress for less t	han two years, complete the following	
Last address (street, city, state, ZIP code) ☐ ○	own □ Rent	Last address (street, city, state, ZIP code)	□ Own □ Rent
Number of years		Number of years	
Trained of yours		Trainisor or youro	
2.FOROFFIC	EUSEONLY - D	O N O T W R I T E I N T H I S S PA C E	

Date received: _____ Date of selection committee approval: _____ Date of notice of incomplete application letter: _____ Date of partnership agreement: _____

3.WILLINGNESSTOPARTNER

To be considered for Habitat homeownership, yo building your home and the homes of others is c					
the Habitat office, attending homeownership of	classes or other approved	activities.		Yes	No
I AM WILLING TO COMPLETE THE F	REQUIRED SWEAT-EQUITY	/ HOURS:	Applicant		
			Co-applicant		
	4.PRESENTHO	DUSINGC			
Number of bedrooms (please circle) 1	2 3 4 5				
Other rooms in the place where you are cu	rrently living:				
□Kitchen □ Bathroom □ Living room	☐ Dining room ☐	Other (please	describe)		
If you rent your residence, what is your month copy of your lease or a copy of a money order	-		bly a		
Name, address and phone number of current lar	ndlord:				
In the space below, describe the condition of the space below, describe the space below, describe the space below, describe the space below, describe the space below the space below.	5.PROPER	TYINFOR	M AT I O N		
Do you own land? ☐ No ☐Yes	Monthly payment \$		Unpaid b	palance \$	
If you wish your property to be considered			•		
	6.EMPLOYME	NTINFORM	MATION		
Applicant			Co	- applicant	
Name and address of CURRENT employer	Years on this job	Name and a	ddress of CURREN	IT employer	Years on this job
	Monthly (gross) wages \$				Monthly (gross) wages
Type of business	Business phone	Type of bus	siness		Business phone
If working	l g at current job less than o	ne year, comp	lete the following i	nformation	
Name and address of LAST employer	Years on this job	Name and	address of LAST 6	employer	Years on this job
	Monthly (gross) wages \$				Monthly (gross) wages \$
Type of business	Business phone	Type of bus	siness		Business phone

7.MONTHLYINCOME

Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not chose to have it considered for repaying this loan.

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	\$	\$	\$	\$

	Household members whose income is listed above					
PLEASE NOTE:	Name	Income source	Monthly income	Date of birth		
Self-employed applicants may be required to provide						
additional documentation such as tax returns and financial statements.						

8.SOURCEOFDOWNPAYMENTANDCLOSINGCOSTS

Where will you get the money to make the down payment (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			ve 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, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

	Monthl	y 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.DEC	LARATIONS				
	Please circle the word that best answers the following questions for you and the co - applicant						
				Appli	cant	Co - ap	plicant
a.	Do you have any outstanding judgments bed	cause of a court deci	sion against you?	☐ Yes	□ No	☐ Yes	□ No
b.	Have you been declared bankrupt within the	ne past seven years	?	☐ Yes	□ No	☐ Yes	□ No
c.	Have you had property foreclosed on in the	e past seven years?)	☐ Yes	□ No	☐ Yes	□ No
d.	Are you currently involved in a lawsuit?			□ Yes	□ No	☐ Yes	□ No
e.	Are you paying alimony or child support?			☐ Yes	□ No	☐ Yes	□ No
f.	Are you a U.S. citizen or permanent reside	nt?		☐ Yes	□ No	☐ Yes	□ No
If y	ou answered " yes " to any question a through	n e , or " no " to ques	tion f , please expla	ain on a sepa	arate piece o	of paper.	
		12.AUTHORIZ	ATIONANDRE	LEASE			
I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the no-interest 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 i I have already been selected to receive a Habitat home, I may be disqualified from the program. 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 Habitat for Humanity screens all applicant families 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.							
App	olicant signature	Date	Co-applicant sign	nature		Date	

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.

Applicant's name	Co-applicant's name
Applicant's name	Co-applicant s name

13.INFORMATIONFORGOVERNMENTMONITORINGPURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX 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 ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant		Co - applicant		
Race (applicant may select more than one racial designation): ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander		☐ I do not wish to furnish this information Race (applicant may select more than one racial designation): ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American		
□ White		White		
☐ Asian		☐ Asian		
Ethnicity:		Ethnicity:		
☐ Hispanic or Latino ☐ Non-Hispanic or Latino	atino	☐ Hispanic or Latino ☐ Non-Hispanic or Latino		
Sex:		Sex:		
☐ Female ☐ Male		□ Female □ Male		
Birthdate: / /		Birthdate://		
Marital status: ☐ Married ☐ Separated		Marital status: ☐ Married ☐ Separated		
☐ Unmarried (Incl. single, divorced, widowed)		☐ Unmarried (Incl. single, divorced, widowed)		
To be comple	eted only by the per	son conducting the interview		
	Interviewer's nan			
This application was taken by:				
☐ Face-to-face interview Interviewer's sign		nature Date		
☐ By mail				
☐ By telephone Interviewer's photographic Inter		one number		



Privacy Notice to Habitat for Humanity Homebuyers

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms
- · Information about your transactions with us
- Information we receive from consumer reporting agencies
- Information we receive from you during interviews

We may disclose the following kinds of nonpublic information about you, such as:

- Information from your application such as name, address, social security number, income, age, assets, family size, ethnicity, other information from the application
- Information about your transactions with us, such as payment history or amounts due us
- Information we receive from reporting agencies, such as credit history
- Information gathered from interviews with us, such as family size

We may disclose nonpublic personal information about you to the following types of third parties in connection with our normal operating practices:

- Financial service providers such as mortgage servicing agents or banks providing loan funding
- · Nonprofit organizations, public sector agencies, or governments

We may also disclose nonpublic information about you to nonaffiliated third parties as permitted by law, in connection with our normal operating practices.

We do not disclose any nonpublic personal information about you to anyone, except as permitted by law. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client Signature	Date
Client Signature	Date

Wisconsin Rapids Area Habitat for Humanity

P.O. Box 1134 Wisconsin Rapids, WI 54495-1134 Phone: 715-422-1925

Authorization Agreement

I hereby authorize Wisconsin Rapids Area Habitat for Humanity to verify my past and present employment earnings, bank accounts, stock holdings, and any other asset balances that are needed to process my application. I further authorize Wisconsin Rapids Area Habitat for Humanity to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will serve as authorization.

The information obtained is only Habitat home.	used in the processing of my application for a
Borrower	Date
Co-Borrower	Date



Wisconsin Rapids Area Habitat for Humanity

Addendum to Application for Home Ownership

I understand that my family members and I are expected to provide a minimum of 250 hours per adult of "sweat equity" to the construction process of the Habitat Home. Failure to provide adequate sweat equity may result in a "non-compliant" condition, and the home may not be transferred to the applicant(s).

I shall occupy the property as my principle full-time residence. I will not use the property as a recreational or vacation home, nor rent the property or any portion of the property to any other person, nor use more than 15% of the area of the residence in a business or trade.

I am a citizen of the United States of America or have a legal immigration status. I understand that my Social Security Number (SSN) or Taxpayer Identification Number (TIN), as well as other information, is subject to verification.

I understand that a criminal background check will be performed. I understand that if I have been convicted of a drug offense within the last 4 years or have been convicted as sexual offender, I may be ineligible for the program. Parole violators are ineligible for the program.

I also understand that Habitat for Humanity screens all potential staff, board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons 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 listed on the first page of the application to a criminal background check and if I have been convicted of a drug offense within the last 4 years or have been convicted as sexual offender, I may be ineligible for the program. Parole violators are ineligible for the program.

I declare that all information provided to WRAHFH on the application for home ownership is true and correct. I understand that knowingly providing false information will make me ineligible for the program. I understand that I have a continuing obligation to update and supplement the information provided herein if any of the information should change.

Applicant	Date
Co-Applicant	Date