# Habitat for Humanity® of Greater Newburgh

Habitat for Humanity of Greater Newburgh 125 Washington Street, Newburgh, NY 12550 Office: (845) 568-6035 Ext. 111 Fax: (845) 568-5632

# 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, 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. APPLICANT INFORMATION					
Applicant			Co-applican	•	
Applicant's Name Veter		□ NO What Tour:?	Co-Applicant's Name Ve	teran□ Yes	□ NO What Tour?
Social Security Number Date of	Birth		Social Security Number Date	of Birth	
Married Separated Unmarried (Incl.	. single, divorce	d, widowed)	Married Separated Unmarried (I	ncl. single, divorce	ed, widowed)
Dependents and others who will live with you (r	not listed by co	o-applicant)	Dependents and others who will live with you (r	otlisted by co-ap	oplicant)
Name	DOB Ma	le Female	Name	DOB Ma	ale Female
	🛛			[	
	D			[	
				[	
	□			[	
Present address (street, city, state, ZIP code)	□ Owr	n 🗆 Rent	Present address (street, city, state, ZIP code	<b>e)</b> □ Ow	n 🗆 Rent
Number of years			Number of years		
		ss for less th	an two years, complete the following		
Last address (street, city, state, ZIP code)	🗆 Own	🗆 Rent	Last address (street, city, state, ZIP code)		n 🗆 Rent
Number of years			Number of years		
How should we contact you? Email Text Message Phone Call			How should we contact you? Email	Text Message	Phone Call
Email Address:			Email Address:		
Cell Phone #:			Cell Phone #:		
Mailing Address (If different than Present Add	Mailing Address (If different than Present Address) Mailing Address (If different than Present Address)				
Date received:			Date of selection committee approval:		
Date of notice of incomplete application let	ter:		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
	Co-applicant		
4. PRESENT HOUSING C	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 □ Othe	er (please describe)		
If you rent your residence, what is your monthly rent payment? \$/ mor (Please supply a copy of your lease or a copy of a money order receipt or canceled ren			Per Month
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					
lf you own your residence, what	isyour monthl	y mortgage payment? \$/ month	Unpaid balance \$		
Doyouownland? 🗌 No	□Yes	Monthly payment \$	Unpaid balance \$		

6. EMPLOYMENT INFORMATION					
Applicant	Applicant Co-applicant				
Name and address of <b>CURRENT</b> employer Date of Employment Name and addre		Name and address of CURRENT employer	Date of Employment		
	Monthly (gross) wages \$		Monthly (gross) wages \$		
Typeofbusiness	Business phone	Typeof business	Business phone		
If working at cu	rrent job less than one ye	ear, complete the following information			
Name and address of LAST employer	Yearson this job	Name and address of <b>LAST</b> employer	Yearsonthisjob		
	Monthly (gross) wages \$		Monthly (gross) wages \$		
Typeofbusiness	Business phone	Typeof business	Business phone		

## 7. MONTHLY INCOME

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. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you get the money to make the house deposit (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. DECLARATIONS				
	Please circle the word that best answers the following questions	for you and	the co-appli	cant	
		Appli	icant	Co-apj	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 in the 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 resident?	□ Yes	□ No	🗆 Yes	□ No
lf yo	If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.				

#### 11. AUTHORIZATION AND RELEASE

I hereby authorize the release to **Habitat for Humanity of Greater Newburgh** or designated representative of Habitat Newburgh all banking information requested relating to my pre-approval application.

Sincerely,

X\_\_\_\_\_ Applicant signature

Co-applicant signature

Date

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 loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

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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. 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.

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Applicant signature

Date

Date

X \_\_\_\_\_ Co-applicant signature

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 markyour additional comments with "A" for applicant or "C" for co-applicant.

#### 12. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

**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, noron 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
□ I do not wish to furnish this information	□ 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 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 ☐ Non-Hispanic or Latino	□ Hispanic or Latino □ Non-Hispanic or Latino
Sex:	Sex:
	Platitude /
Birthdate://	Birthdate://
Marital status:	Marital status:
□ Married	□ Married
□ Separated	□ Separated
Unmarried (Incl.single, divorced, widowed)	Unmarried (Incl.single, divorced, widowed)

To be comple	To be completed only by the person conducting the interview			
This application was taken by:	Interviewer's name (print or type)			
□ Face-to-face interview	Interviewer's signature	Date		
🗆 Bymail				
□ By telephone	Interviewer's phone number			



Signatures: *Firmas:* 



# Applicant's Statement La declaración de solicitante

- A. I authorize Habitat for Humanity of Greater Newburgh, Inc. to verify all credit, employment, and mortgage information and all other matters included in my application.
  Yo autorizo al Hábitat para La Humanidad de Greater Newburgh, Inc. para verificar toda información del crédito, empleo, e hipotecaria y todos otros asuntos incluidos en mi aplicación.
- B. I authorize my creditors, employers, and mortgage holders to release any oral or written information requested of them by Habitat for Humanity of Greater Newburgh, Inc. Yo autorizo a mis acreedores de deudas, mis empleadores, y los titulares de las hipotecas para proveer cualquier información oral o escrita que Hábitat Para La Humanidad de Greater Newburgh, Inc. pide de ellos.
- C. I acknowledge that I am familiar with, and agree to abide by, the procedure and requirement for disposition of Habitat for Humanity of Greater Newburgh, Inc. as set forth in the By-laws, Guidelines and Invitation to Purchase.

Yo reconozco que estoy familiarizado con, y me comprometo a cumplir con, el procedimiento y el requisito por la disposición de Hábitat Para La Humanidad de Greater Newburgh, Inc., como se establece en Los Estatutos, Las Pautas, y La Invitación para comprar.

D. If chosen as a partner family and successfully complete the homeownership program requirements and become eligible to purchase a home, I agree to own and occupy said property as my primary residence after the completion of the rehabilitation/newly built construction on the property, as evidenced by the issuance of a permanent Certificate of Occupancy by the Building Inspector of the City of Newburgh.

Si soy elegido como una familia asociada y exitosamente completo los requisitos del programa de vivienda y soy elegible para comprar una casa, me comprometo a poseer y ocupar la propiedad antes mencionado como mi residencia primaria después de la terminación de la rehabilitación o el edificio de nueva construcción en la propiedad, como se evidencia por la emisión de un Certificado de Tenencia permanente por el Inspector de edificios de la Ciudad de Newburgh.

E. I certify that the information and assurances in this application are given voluntarily and that all such information is complete, accurate, and correct to the best of my knowledge. I understand that providing false information will result in automatic disqualification. Yo certifico que la información y las certezas en esta aplicación se dan voluntariamente y que toda de esta información es completa, exacta, y correcta a lo mejor de mi conocimiento. Yo entiendo que seré descalificado automáticamente si proporciono información falsa.

X Applicant/Solicitante	<u>X</u> Co-applicant/Co-So	licitante
Dated at Newburgh, New York this	day of	20
Fechado en Newburgh, New York este	día de	20





Why do you want to own a house? Explain. ¿Por qué quieres tener una casa? *Explique. (Blank Page Attached)* 





#### **APPLICANT CHECKLIST**

To avoid delays and ensure that your application is complete, be sure to attach copies of all of the following documents to your application. *Para evitar demoras y garantizar que su solicitud está completa, asegúrese* 

de adjuntar las copias de los siguientes documentos con su aplicación.

 <b>Copy of most recent signed Tax Return(s) - 3 years</b> (Federal Tax returns 1040, 1040A or 1040EZ), If tax returns are not available or you do not file taxes, contact IRS for tax transcript. Schedule C needed if self employed <i>Copia de Forma de Devolución de Impuestos Recientes -3 años</i> ( <i>Declaraciones de impuestos federales 1040, 1040A o 1040EZ</i> ), si no hay impuestos o no presentar impuestos, póngase en contacto con IRS para transcripción de impuestos. Schedule C necesitan si self empleado
 <b>Copy of most recent W-2(s)/1099 - 3 years</b> If you can not locate your W2, contact your employer or get a transcript from the IRS Copia de la Forma W-2 Recientes/1099 – 3 años Si no puede localizar su W2, póngase en contacto con su empleador o obtener una transcripción del IRS
 <b>Current Paycheck Stubs - 3 months</b> Tabulario del Cheque de Nomina de Salario – 3 meses
 Proof of any other income received by Applicant or Household Member (Alimony, Child care, SSI, Disability, or Section 8 etc.) * <i>Applicants may choose whether or not to include child support for consideration</i> *
Prueba de cualquier otro ingreso recibido por el solicitante o miembro del hogar (alimentos, cuidado de niño, SSI, discapacidad o sección 8 etcetera.) <b>* Los solicitantes pueden elegir si o no</b> incluir manutención para la consideración
 Proof of assets (Bank Statements (Checking and Savings), IRA, 401K, CD, Investments,
<b>etc.)</b> Prueba de activos (Estada de cuenta bancaria (cuenta de cheques y cuenta de ahorros), IRA, 401K, CD, Inversiones, etc.)
 Proof of Marriage, Divorce and/or Legal Separation (Copy of Marriage Certificate,
<b>Divorce Decree or Legal Separation papers)</b> Prueba de matrimonio, divorcio o separación legal (copia de papeles del certificado de matrimonio, divorcio y/o separación legal)
 <b>State Driver's License/Non Driver's ID</b> – Applicants Licencia de conducir/Tarjeta de Identificación sin poder conducir – de los aplicantes
 Social Security Card (ALL ADULTs) Tarjeta de Seguridad Social (TODOS LOS ADULTOS)
 \$50.00 Non-refundable Application Fee. (This fee is charged only if/when a credit report is obtained) Una Inscripción de \$50.00 no reembolsable
 Where did you hear about the Habitat homeownership program ¿Cómo se enteró acerca del programa de propiedad de vivienda de Hábitat?