



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

# Application

## Habitat Homeownership Program



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. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
<b>Applicant's Name</b> <span style="float: right;">Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">What Tour:?</span>	<b>Co-Applicant's Name</b> <span style="float: right;">Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">What Tour:?</span>																																																
Social Security Number _____ Date of Birth _____  <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security Number _____ Date of Birth _____  <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
<b>Dependents and others who will live with you (not listed by co-applicant)</b>																																																	
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<b>If living at present address for less than two years, complete the following</b>																																																	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent  Number of years _____	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent  Number of years _____																																																
<b>How should we contact you?</b> <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Call  <b>Email Address:</b> _____  <b>Cell Phone #:</b> _____	<b>How should we contact you?</b> <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Call  <b>Email Address:</b> _____  <b>Cell Phone #:</b> _____																																																
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Date received: \_\_\_\_\_  
 Date of notice of incomplete application letter: \_\_\_\_\_  
 Date of adverse action letter: \_\_\_\_\_

Date of selection committee approval: \_\_\_\_\_  
 Date of board approval: \_\_\_\_\_  
 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 <input type="checkbox"/>	No <input type="checkbox"/>
	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

### 4. PRESENT HOUSING 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     Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ / month      Utilities \$ \_\_\_\_\_ Per 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: \_\_\_\_\_

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

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

Do you own land?    No       Yes      Monthly payment \$ \_\_\_\_\_    Unpaid balance \$ \_\_\_\_\_

### 6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of <b>CURRENT</b> employer	Date of Employment	Name and address of <b>CURRENT</b> employer	Date of Employment
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information</b>			
Name and address of <b>LAST</b> employer	Year on this job	Name and address of <b>LAST</b> employer	Year on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone





Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**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, 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
<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> ____/____/____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> ____/____/____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by:  <input type="checkbox"/> Face-to-face interview  <input type="checkbox"/> By mail  <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature <span style="float: right;">Date</span>
	Interviewer's phone number

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.*

Signatures:

*Firmas:*

X \_\_\_\_\_  
Applicant/Solicitante

X \_\_\_\_\_  
Co-applicant/Co-Solicitante

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.*

\_\_\_\_\_ **Copy of most recent signed Tax Return(s) - 3 years**

(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

*Copia de Forma de Devolución de Impuestos Recientes -3 años*

*(Declaraciones de impuestos federales 1040, 1040A o 1040EZ), si no hay impuestos o no presentar impuestos, póngase en contacto con IRS para transcripción de impuestos. Schedule C necesitan si self empleado*

\_\_\_\_\_ **Copy of most recent W-2(s)/1099 - 3 years**

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*

\_\_\_\_\_ **Current Paycheck Stubs - 3 months**

*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.) \*Applicants may choose whether or not to include child support for consideration\***

*Prueba de cualquier otro ingreso recibido por el solicitante o miembro del hogar (alimentos, cuidado de niño, SSI, discapacidad o sección 8 etcetera.) \* Los solicitantes pueden elegir si o no incluir manutención para la consideración*

\_\_\_\_\_ **Proof of assets (Bank Statements (Checking and Savings), IRA, 401K, CD, Investments, etc.)**

*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, Divorce Decree or Legal Separation papers)**

*Prueba de matrimonio, divorcio o separación legal (copia de papeles del certificado de matrimonio, divorcio y/o separación legal)*

\_\_\_\_\_ **State Driver's License/Non Driver's ID – 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?*

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