



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, national origin, gender identity or expression, age, domestic violence victim status, lawful source of income, marital status, military status, predisposing genetic characteristics, or pregnancy-related condition.

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																																																
Applicant's Name Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No What Tour: ?	Co-Applicant's Name Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No What Tour: ?																																																
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If living at present address for less than two years, complete the following																																																	
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 _____																																																
How should we contact you? <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Call Email Address: _____ Cell Phone #: _____	How should we contact you? <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Call Email Address: _____ Cell Phone #: _____																																																
Mailing Address (If different than Present Address) _____	Mailing Address (If different than Present Address) _____																																																

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: _____

2. 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

☐☐

3. PROPERTY INFORMATION

In the space below, describe the condition of the house or apartment where you live.

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

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

4. EMPLOYMENT INFORMATION

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

5. 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	\$	\$	\$	\$

PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

6. 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?

7. ASSETS

Please indicate all assets below including, but not limited to Bank/Credit Union Accounts, 401K, Retirement Funds etc.

[illegible]

8. DECLARATIONS**Please circle the word that best answers the following questions for you and the co-applicant**

	Applicant	Co-applicant
a. Do you have any outstanding judgments 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 been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. 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 **a** through **e**, or "**no**" to question **f**, please explain below:

Applicant's name _____

Co-applicant's name _____

9. 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 Race (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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/____ Marital status: <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 Race (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 Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/____ Marital status: <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 Date
	Interviewer's phone number

Applicant's Statement
*La declaración de
solicitante*

- _____ A. I authorize Habitat for Humanity of Greater Newburgh, Inc. or designated representative 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 understand the criteria used by Habitat for Humanity of Greater Newburgh in evaluating applications and I agree to abide by their decision.
_____ *Entiendo los criterios utilizados por Habitat for Humanity of Greater Newburgh al evaluar las solicitudes y acepto cumplir con su decisión*
- _____ 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__.

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 (Estado 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)

Proof of citizenship or permanent residency (Birth Certificate, Passport, or Permanent Resident Card) for applicant(s)

Comprobante de ciudadanía o residencia permanente (certificado de nacimiento, pasaporte o tarjeta de residente permanente) del solicitante(s)



OWN A HOME With Habitat for Humanity

Do You Need an Affordable, Decent Home?

When you partner with Habitat for Humanity, homeownership is achievable! Habitat homeowners help build their own homes alongside volunteers and pay an affordable mortgage, building strength, stability, and independence.

Qualified Applicants Are:

In need of better housing • Willing to partner with Habitat • Able to pay an affordable mortgage

Number of People in Household	Minimum Household Income	Maximum Household Income
1	\$21,510	\$55,950
2	\$24,570	\$63,950
3	\$27,630	\$71,950
4	\$30,690	\$79,900
5	\$33,150	\$86,300
6	\$35,610	\$92,700
7	\$38,070	\$99,100
8	\$40,530	\$105,500

Are You Eligible?

- Have you lived in our service area for one year?
- Are you a US citizen or have evidence of permanent residency?
- Do you meet the income guidelines (see chart on left)?
- Are you willing to pay a \$1,500 deposit
- Are you willing to contribute sweat equity (250 hours for single adult family/500 hours for 2+ adult family)?
- Are you willing to attend all homeowner education classes?
- Are you willing to take on a 30 year affordable mortgage?



Habitat
for Humanity®
of Greater Newburgh



Ready to apply? Want to learn more?

Call us – **845-568-6035 x111** (se habla español)

Visit our office – **125 Washington St, Newburgh, NY**

Visit our website – **habitatnewburgh.org**