

Application for Housing

Dear Applicant: Please fill this application as **completely** as possible to determine if you might qualify for the Habitat for Humanity Homeownership Program. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. GENERAL INFORMATION

Applicant	Co-Applicant (having a Co-applicant is optional)
Name _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Middle Initial Last </div>	Name _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Middle Initial Last </div>
Social Security Number: _____	Social Security Number: _____
Date of Birth _____ Phone: _____	Date of Birth _____ Phone: _____
Legal marital Status (check one)	Legal marital Status (check one)
<input type="checkbox"/> Married	<input type="checkbox"/> Married
<input type="checkbox"/> Unmarried (includes: single, divorced, widow)	<input type="checkbox"/> Unmarried (includes: single, divorced, widow)
<input type="checkbox"/> Separated (married)	<input type="checkbox"/> Separated (married)

DEPENDENTS (people who will live with you – Do NOT include co-applicant)

Name	Date of Birth	Gender	Name	Date of Birth	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number in Household _____

Applicant Present Address	Co-applicant Present Address
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Number of years at this address _____	Number of years at this address _____
Please include your current living situation:	Please include your current living situation:
<input type="checkbox"/> Private Rental	<input type="checkbox"/> Private Rental
<input type="checkbox"/> Public Housing (example: Section 8)	<input type="checkbox"/> Public Housing (example: Section 8)
<input type="checkbox"/> With Friends or Family	<input type="checkbox"/> With Friends or Family
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Previous Address (If lived elsewhere in the past 2 years)	Previous Address (If lived elsewhere in the past 2 years)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Number of years at this address _____	Number of years at this address _____

2. EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Current employer: 1 _____ Address: _____ Start Date: _____ Position: _____ Paid: ____ Weekly ____ Bi-weekly ____ Monthly Hours per week _____ Pay per hour \$ _____ Gross Monthly Income (before taxes): \$ _____	Current employer: 1 _____ Address: _____ Start Date: _____ Position: _____ Paid: ____ Weekly ____ Bi-weekly ____ Monthly Hours per week _____ Pay per hour \$ _____ Gross Monthly Income (before taxes) : \$ _____
Current employer: 2 _____ Address : _____ Start Date: _____ Position: _____ Paid: ____ Weekly ____ Bi-weekly ____ Monthly Hours per week _____ Pay per hour \$ _____ Gross Monthly Income (before taxes): \$ _____	Current employer: 2 _____ Address: _____ Start Date: _____ Position: _____ Paid: ____ Weekly ____ Bi-weekly ____ Monthly Hours per week _____ Pay per hour \$ _____ Gross Monthly Income (before taxes): \$ _____

If employed in the current position (s) for less than 1 year, complete the following:

Previous employer 1 _____ Start date : _____ End date: _____ Gross Monthly Income (before taxes): \$ _____	Previous employer 1 _____ Start date : _____ End date: _____ Gross Monthly Income (before taxes) : \$ _____
Previous employer 2 _____ Start date : _____ End date: _____ Gross Monthly Income (before taxes) \$ _____	Previous employer 2 _____ Start date : _____ End date: _____ Gross Monthly Income (before taxes): \$ _____

3. TOTAL MONTHLY INCOME & COMBINED MONTHLY EXPENSES

Gross Monthly Income	Applicant	Co-Applicant	Income of others in Household	Monthly Expenses	
Employment Income	\$	\$	\$	Rent	\$
Social Security	\$	\$	\$	Utilities	\$
SSI	\$	\$	\$	Car Payments	\$
Disability	\$	\$	\$	Insurance	\$
Child Support *	\$	\$	\$	Child Care	\$
Alimony *	\$	\$	\$	Credit Card	\$
Other	\$	\$	\$	Student Loans	\$
Other	\$	\$	\$	Child Support / Alimony	\$
TOTAL INCOME	\$	\$	\$	TOTAL EXPENSES	\$

* Reporting income received from Child Support or Alimony is optional. You may choose not to provide this information

4. ASSETS

List Checking and Savings Accounts Below For All Members of Your Household

Name(s) on account	Bank or Credit Union	Checking or Savings	Balance
			\$
			\$
			\$
			\$

5. PRESENT HOUSING CONDITIONS

Number of bedrooms where you are living at this moment (please circle) 1 2 3 4
 Bathrooms_____ Kitchen_____ Living room_____ Dining room_____ Other (please describe)_____

Monthly Rent \$_____ What utilities are included? (gas, electricity, cable, etc.)_____

Name of Landlord _____ Phone _____

Landlord's Address _____

6. DECLARATIONS

Please check the box that best answers the following questions for you and the Co-Applicant

If you answered “**yes**” to any question **a** through **i**, please explain on a separate sheet of paper.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Do you have any debt because of a court decision against you?	Yes	No	Yes	No
b. Have you been declared bankrupt within the past three (3) years?	Yes	No	Yes	No
c. Have you had property foreclosed on or deed in place of foreclosure in the past three (3) years?	Yes	No	Yes	No
d. Are you currently involved in a lawsuit?	Yes	No	Yes	No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in place of foreclosure, or judgement?	Yes	No	Yes	No
f. Are you currently delinquent or in default on any federal debt (student loans or IRS) or any other loan financial obligation or loan guarantee?	Yes	No	Yes	No
g. Are you paying alimony or child support or separate maintenance?	Yes	No	Yes	No
h. Are you a co-signer or endorser on any loan?	Yes	No	Yes	No
i. Do you own a house or property outside the United States?	Yes	No	Yes	No
j. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No

7. WILLINGNESS TO PARTNER

To be considered for a Habitat house or condominium, you and your family must be willing to complete 200 hours of "sweat equity", depending on number of adults in the family, including helping to build your house and the houses of others, It may include clearing the lot, painting, helping with construction, working in the Habitat office, or other approved activities.

Applicant

Co-applicant

***I am willing to complete the required sweat equity hours.**

Yes No

Yes No

***You must also be willing to live in BRIDGEPORT in the neighborhoods where Habitat is building.**

Applicant

Co-applicant

Yes No

Yes No

8. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing **Habitat for Humanity of Coastal Fairfield County** 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 includes employment verification, a credit report check, a sex offender registry check, a criminal record check, and a personal visit. 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, even if I have already been selected to purchase a Habitat house or condominium. I may be disqualified from the program and forfeit any rights or claims to a Habitat house or condominium. The original or copy of this application will be retained for at least three years by **Habitat for Humanity of Coastal Fairfield County** even if the application is not approved.

I authorize Habitat for Humanity CFC to contact the Landlord for references regarding my compliances as a tenant Yes ___ No ___

Applicant Signature X _____ Date _____

Co-Applicant Signature X _____ Date _____

Have you (or co-applicant) served in the military? Yes ___ No ___ (If yes, a DD Form 214 will be later required)

Any accessibility special needs? Yes ___ No ___ (If yes, please explain)

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.

HABITAT FOR HUMANITY OF COASTAL FAIRFIELD COUNTY, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, SEXUAL ORIENTATION, COLOR, AGE, HANDICAP, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, FAMILY STATUS OR BECAUSE ALL OR PART OF THE INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM THAT WILL PRODUCE INCOME FOR THE LONG TERM.



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, family status, or national origin



Habitat for Humanity of Coastal Fairfield County, Inc.

Privacy Statement and Notice

At **Habitat for Humanity of Coastal Fairfield County**, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

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, our affiliates, or others; and
- Information we receive from a consumer reporting agency.

Habitat for Humanity of Coastal Fairfield County employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations or governments.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call **Habitat for Humanity of Coastal Fairfield County, Inc. at 203-3332642**.



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 or 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 1 Bowling Green, New York, NY 10004 for the Northeast Region 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 _____ X _____
Signature Signature

X _____ X _____
Print Name Print Name

Date: _____ Date: _____



FAMILY SELECTION CRITERIA

Need:

- Present living conditions are inadequate
- Paying more than 30% of your income towards rent
- You are unable to obtain adequate housing through conventional means

Ability to pay:

- Must be able to keep current with the monthly payments
- Should have enough money to cover property taxes, property insurance, utilities, water and sewage
- Keep up with the maintenance of owning a home (snow removal, landscaping, regular maintenance)
- Should have a minimum credit score of 600

Families who earn enough money to qualify for a conventional mortgage from a bank are not qualified for a Habitat house.

INCOME GUIDELINES FOR THE BRIDGEPORT AREA According to the U.S Department of Housing and Urban Development Guidelines (HUD)

Household Size	Minimum Household Income	Maximum Household Income
2 People	\$45,000	\$49,260
3 People	\$45,000	\$55,440
4 People	\$45,000	\$61,560
5 People	\$45,000	\$66,540
6 People	\$45,000	\$71,460

Willingness to participate:

Habitat families are required to partner with us and complete all hours of “sweat equity” prior purchasing their home. Sweat Equity includes but is not limited to time spend building homes, volunteering at the Restore, participating in homebuyer educational programs, and attending community events.

The Sweat Equity hours are to be completed by all adult who are 18 years of age or older and will be living in the Habitat home, an exception will be made for 18 to 22 year old full time students.

- 1 Adult: 200 hours (50 hours can be donated by family & friends)
- 2 Adults: 400 hours (100 hours can be donated by family & friends)
- 3 + Adults: 500 hours (50 hours can be donated by family & friends)

Habitat for Humanity Coastal Fairfield County does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, color, age, medical condition, physical or mental disability, pregnancy, veteran status, marital status, gender identity or expression or any other category protected by law, or because all or part of the income is derived from any public assistance program that will produce income for the long term.

APPLICATION PROCESS

Incomplete applications will NOT be processed and will be DENIED.

Application fee \$25.00 – Money order pay to the order of HFHCFC

REQUIRED DOCUMENTS

STEP 1

APPLICANT, CO-APPLICANT & EMPLOYED FAMILY MEMBER 18 YEARS OF AGE OR OLDER:

1. 1041 Tax Returns and W-2 forms for the last 2 years. Transcript of your tax returns can be obtained at no cost online at **www.irs.org** or by calling the IRS office **1 800 829-1040**.
2. Four (4) CONSECUTIVE pay stubs.

APPLICANT & CO-APPLICANT:

1. Proof of any other income (SSI, Social Security, Retirement, Child Support)
2. Last two (2) recent bank statements.
3. Last three (3) rent receipts or copies of cancelled checks (front & back).
4. Photo ID: Copy of a DMV driver's license or a DMV Identification.
5. Proof of Immigration Status: U.S. citizens must provide a copy of a valid passport or a certified copy of a U.S. birth certificate or copy of naturalization certificate.
Permanent and non-permanent residents will need to provide a copy of valid documents.

STEP 2 - Once your application is reviewed and you meet **income requirements**, we will request a credit check, and a sex offender's report on each applicant and co-applicant.

STEP 3 – If all reports are satisfactory, the Homeownership Program Coordinator will arrange a home visit. Two members of the Family Services Committee will visit your home and all the family members who will be living in the Habitat for Humanity house will need to be present.

STEP 4 – If we determine you have need and are willing to partner with us, a volunteer work day will be scheduled. At the end of the work day, a review form will be completed by the applicant and the project manager. If necessary a 2nd volunteer work day will be arranged and a 2nd review form will be completed by the applicant and the supervisor.

STEP 5 – After all of the above steps are completed, your application will be given to the Director of Family Services and the CEO for final approval.

STEP 6 – Upon approval into the program, you will sign an Acceptance Letter and that's when you can begin working on your Sweat Equity hours.

Don't lose hope. The selection process takes time.

Be patient. We will contact you by mail.

Applicant & Co-Applicant Application Checklist

Please use this checklist; it will help you insure that all necessary documents are included in your application and attach with your application.

DO NOT send any ORIGINAL documents they will not be returned.

- ☐ Application is signed by applicant and co-applicant.
- ☐ Submit a \$25.00 money order for the application fee payable to HFHCFC.
- ☐ Copies of the last 2 years of the 1040 tax returns from each employed family member who will be living in the home.
- ☐ Copies of the last 2 years of the W-2 forms for each employed family member who will be living in the home.
- ☐ Four (4) CONSECUTIVE pay stubs for each employed family member who will be living in the home.
- ☐ Verification of employment for applicant and co-applicant. Your employer filled out the form and mailed it to HFHCFC
- ☐ Proof of any other income (SSI, Social Security, Retirement, Child Support).
- ☐ Last two (2) months of bank statements.
- ☐ Your landlord filled out the form and mailed it to HFHCFC.
- ☐ Copies of the last three (3) rent receipts or copies of cancelled checks (front & back).
- ☐ Copy of a legal photo ID (driver's license or DMV non-driver ID).

Citizenship & Immigration Status (Provide One)

- ☐ Copy Valid Passport
- ☐ Copy U.S. Birth Certificate
- ☐ Copy Naturalization
- ☐ Copy Current Green Card





Rental Verification

Ref:

Applicant Name (s): _____

Property Address: _____

Dear Landlord:

The above named person has applied for housing through the Habitat for Humanity of Coastal Fairfield County Inc. Homeownership Program. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated. Please use the attached envelope to mail this form to:

Habitat for Humanity CFC, Inc.
1542 Barnum Avenue
Bridgeport, CT 06610

Thank you for your assistance

Sincerely,

Family Selection Committee

Applicant's payment history (circle one) Pays on time Occasionally Pays Late Frequently Pays late

Rental period (give dates): From _____ to _____

Amount of monthly rent: \$ _____

Any further comments: _____

Signature: _____ Date: _____

Name: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by law. The completed form is to be transmitted directly to Habitat for Humanity of Coastal Fairfield County Inc. and is not transmitted through the applicant or any other party.





Employment Verification

Regarding: Applicant's Name: _____

Address: _____

City, State, ZIP: _____

I authorize the release of the following to Habitat for Humanity CFC, Inc. for use in determining eligibility for the Habitat Homeownership Program.

Applicant signature

Date

Dear Employer please provide this information and mail it to:

Habitat for Humanity CFC, Inc.
1542 Barnum Avenue-
Bridgeport, CT 06610

Company name: _____ Type of business: _____

Company address: _____ Phone: _____

City, state, ZIP: _____

Date of employment: _____ Present position: _____

Current wages:

Amount: weekly \$ _____ Hourly \$ _____

Schedule hours per week: _____

Earnings: \$ _____ per calendar year \$ _____ Last calendar year

Does this person regularly receive overtime or bonuses? _____ Yes _____ No

If yes, average number of overtime hours per month: _____

If yes, bonus type, payment schedule and average amount: \$ _____

Additional comments: _____

Signature: _____ Date: _____

Name _____ Title: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by law. The completed form is to be transmitted directly to Habitat for Humanity of Coastal Fairfield County Inc. and is not transmitted through the applicant or any other party.



14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

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 (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 (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	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Interviewer's name (print or type)
	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Interviewer's signature <div style="float: right; width: 150px; border-bottom: 1px solid black; height: 30px; margin-top: 5px;"></div> Date
	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> Interviewer's phone number

NEED TAX RETURN INFORMATION OR TRANSCRIPTS?

We offer 3 Easy Options



1

Online — Go to **www.irs.gov** and click on *Order a Tax Return or Account Transcript*.



2

Call — **800 908-9946** and follow the voice prompts.



3

Mail — **IRS Form 4506-T (or Form 4506-T-EZ), Request for Transcript of Tax Return**. IRS forms are available online at **www.irs.gov** or by calling **800 829-3676**.

These transcripts are mailed to your home address, free of charge.

Allow 5 to 10 business days for delivery.

You can order an exact copy of a previously filed and processed tax return, including attachments and Form W-2, by completing **Form 4506, Request for Copy of Tax Return**. Mail the completed form with \$57 for each tax year requested to the address in the instructions. Make your check or money order payable to the United States Treasury. Generally copies are available for the current year and the past six years. Either spouse can submit and sign Form 4506 to request copies of jointly filed tax returns. Allow 60 calendar days to receive your copies.



Taxpayer Assistance Center

MORTGAGE FRAUD IS INVESTIGATED BY THE FBI



Mortgage Fraud is investigated by the Federal Bureau of Investigation and is punishable by up to 30 years in federal prison or \$1,000,000 fine, or both. It is illegal for a person to make any false statement regarding income, assets, debt, or matters of identification, or to willfully overvalue any land or property, in a loan and credit application for the purpose of influencing in any way the action of a financial institution.