# West Georgia Habitat for Humanity® Prospective Homebuyer Application Checklist

Thank you for your interest in becoming a Habitat Homebuyer. Please note that you are applying for a <a href="https://example.com/home-loan">home loan</a> through West Ga Habitat for Humanity. The loan application is for a 3 bedroom, 2 bath Clayton manufactured home that will be placed on Avalon Drive in Carrollton.

All West Ga Habitat for Humanity homebuyers pay a 20-year mortgage loan with no interest. The expected homeowner payment may be \$800-900/mth. This includes the cost of the home, homeowner's insurance and property tax. That amount DOES NOT include any utility bills such as power, water, sewer, cable, etc.

The West Ga Habitat for Humanity Homebuyer Program consists of the following requirements:

- 1. **Residency Requirement** You must be a legal US Resident (citizen or permanent resident status). You must have lived or worked in either Carroll or Haralson counties for 12 months consecutively prior to applying.
- 2. Ability to Pay You must have steady financial income that is 30-60% of the median household income for those counties to repay the loan. Based on the number of people that will be living in the home that income range is listed below:

# of people	1	2	3	4	5	6	7	8
Minimum	\$34,000	\$34,000	\$34,000	\$34,000	\$35,140	\$40,050	\$42,800	\$45,550
Maximum	\$42,900	\$49,020	\$55,140	\$61,260	\$66,180	\$71,100	\$76,020	\$80,880

- The Habitat home cannot cost more than 30% of your income.
- Your debt-to-income ratio, for debts that will take 10 mths or longer to repay, cannot be more than 43% of your income and that includes the homeowner payment.
- You cannot have more than \$2000 in nonmedical collections or charge-offs on your credit report.
- You cannot have filed bankruptcy within the last three years and bankruptcy must have been discharged for two years before application. Any liens or judgements would have to be cleared prior to closing on the home.
- 3. Willingness to Partner Applicant understands they will complete sweat equity hours in homeowner education workshops, financial education and other tasks.
- Provide application information in a timely, honest manner
- Participate in the home visit and keep all appointments
- Pay the down payment and closing costs & avoid new consumer debt
- Notify the affiliate if there are changes in income or contact information
- 4. **Need for Adequate Housing** Physical condition of current living situation, cost burden, safety, overcrowding, etc
- 5. **Sex Offender Registry and Criminal Background Check** All applicants sign a release on the application form submitting to review of sex offender registry and criminal background check.



- 1. REQUEST YOUR FREE EQUIFAX REPORT at https://www.annualcreditreport.com
  Make sure you are on this site before ordering your report as it is the only free official
  site. You will need to verify information online to access the report and be prepared
  to print ALL the pages or save it to a thumb drive you give to Habitat. If you cannot
  access it online, call 1-877-322-8228 and verify over the phone. It can take more than
  15 days by phone. Full Equifax credit report is required with the application.
- 2. Complete all parts of the application by printing clearly and providing all requested information. Include both a primary and secondary phone number so we can reach you.
- 3. Provide a photocopy of the first two pages of your 2022 U.S. Tax Return, your two most recent pay stubs and any other proof of verifiable income such as SSI/Disability, TANF, child support, unemployment compensation, etc.
- 4. Provide the most recent photocopy of all bills reflected on your application showing company names and payments due.
- 5. Provide a photocopy of your birth certificate.
- 6. Include the full copy of your entire Equifax credit report requested above.
- 7. Return the application packet <u>as soon as it is complete</u> to allow time for review and to obtain missing documents if needed. Applications can be mailed to West Ga Habitat for Humanity, PO Box 85, Carrollton, GA 30112 or if you prefer to deliver your application packet, please contact Jennifer at 678.390.6932 to arrange a day/time to drop-off the packet.
- 8. Completed applications MUST BE RECEIVED by Jennifer by 5:00 pm on Wednesday, January 31, 2024, to be considered. You are strongly encouraged to complete and return applications as soon as possible as applications will be processed as they are received. All late or incomplete applications will be denied.

It is important the application is filled out completely and as accurately as possible. If you have any questions during the application process or are having difficulty obtaining your credit report, please contact Jennifer at 678.390.6932 or email jennifer@westgahabitat.org. She is here to help you with the process of applying.



Date received: \_

Date of notice of incomplete application letter:

Date of adverse action letter:

West Georgia Habitat for Humanity PO Box 85, Carrollton, GA 30112 (678) 390-6932

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We are pledged to the letter and spirit of U.S. policy for the qual housing opportunity throughout the nation. We ipport an affirmative advertising and marketing there are no barriers to obtaining housing because gion, sex, handicap, familial status or national origin.

Application		encourage and su program in which
Habitat Homeownership Program	EQUAL HOUSING OPPORTUNITY	of race, color, relig

Dear Applicant: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy. Type of credit ☐ I am applying for **individual credit**. ☐ I am applying for **joint credit**. Total number of borrowers: ☐ Each borrower intends to apply for joint credit. **Your initials: 1A. APPLICANT INFORMATION Applicant** Co-applicant Applicant's name: Co-applicant's name: Alternative and former names: Alternative and former names: Social Security number \_\_\_\_\_ Social Security number \_\_\_\_\_ Home phone ( ) Home phone ( ) Cell phone (\_\_\_)\_\_\_ Cell phone ( ) Work phone (\_\_\_\_)\_\_\_ Work phone ( ) Age \_\_\_\_\_ Date of birth (mm/dd/yyyy)\_\_\_\_\_ Age \_\_\_\_\_ Date of birth (mm/dd/yyyy)\_\_\_\_\_  $\ \square$  Married  $\ \square$  Separated  $\ \square$  Unmarried (single, divorced, widowed, civil union, ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) **Dependents** and others who will live with you: Dependents and others who will live with you (not listed by co-applicant): Name Male Female Name Age Male Female П Present address (street, city, state, ZIP code): ☐ Own ☐ Rent Present address (street, city, state, ZIP code): ☐ Own ☐ Rent Number of years: \_\_\_\_\_ Number of years: If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years: Previous address(es) (street, city, state, ZIP code): ☐ Own ☐ Rent Previous address(es) (street, city, state, ZIP code): ☐ Own ☐ Rent Number of years: Number of years: \_\_\_\_ FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Date of selection committee approval:

Date of board approval: \_\_\_\_

Date of partnership agreement:

1B. MILITARY SERVIC	CE					
Did you (or your deceased spouse) serve, or are you currently serving, in the United States (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard						
If yes, check all that apply:	,					
□ Currently serving on active duty with projected expiration date of service/tour/(mm/dd/yyyy)						
□ Currently retired, discharged, or separated from service						
☐ Only period of service was as a non-activated member of the Reserve or National	Guard					
☐ Surviving spouse						
Is anyone else in your household serving, or did they serve, in the United States Armed For	rces? ☐ Yes ☐ No					
If yes, check all that apply:						
☐ Currently serving on active duty with projected expiration date of service/tour	/ / (mm/dd/yyyy)					
☐ Currently retired, discharged, or separated from service						
☐ Only period of service was as a non-activated member of the Reserve or National	Guard					
2. WILLINGNESS TO PAR	TNER					
To be considered for the Habitat homeownership program, you and your	ING TO COMPLETE THE REQUIRED					
ů i	QUITY HOURS:					
equity" hours, which may include hours spent helping to build your home and	Yes No					
the homes of others, attending homeownership classes, and/or other approved activities.  Applicant Co-applica	nt 🗆 🗆					
арргочец асцічнесь.						
3. PRESENT HOUSING CONI	DITIONS					
Currently, are you: ☐ Renting ☐ Rent-free ☐ Own	Smoke					
Number of bedrooms (please circle): 1 2 3 4 5						
Other rooms in the place where you are currently living: $\square$ Kitchen $\square$ Bath	room   Living room   Diningroom					
Other (please describe):	_					
In the space below, describe the condition of the house or apartment where you live. W	ny do you need a Habitat nome?					
If you rent your current residence, please supply a copy of your lease at bank statement or canceled rent check to e						
Name, address and phone number of current landlord:						
4. PROPERTY INFORMAT	TION					
☐ I do not own any real estate (move to Section 5).						
If you own your residence, what is your monthly mortgage payment (including taxes,	Do you own land other than your residence?  No Yes					
insurance, etc.)?  \$/month Unpaid balance \$	Monthly payment (including taxes, insurance, etc.) \$					
·	<u> </u>					
If you wish your property to be considered for building your Habitat home, please attach the <b>Note:</b> A separate approval process will apply with respect to any such requests, as each pathrough the Habitat program.						

5. EMPLOYMENT INFORMATION					
Applicant	Co-applicant				
☐ Does not apply.	□ Do	es not apply.			
Name and address of <b>CURRENT</b> employer:	Start date (mm/dd/yyyy):	Name and address of <b>CURRENT</b> employer:		Start date (mm/dd/yyyy):	
	Annual (gross) wages: \$			Annual (gross) wages: \$	
Type of business:	Business phone:	Type of business:		Business phone:	
If working at o	current job less than one y	ear, complete the following inform	ation.		
Name and address of <b>PREVIOUS</b> employer:	Years on this job:	Name and address of <b>PREVIOUS</b> e	mployer:	Years on this job:	
	Annual (gross) wages:			Annual (gross) wages:	
Type of business:	Business phone:	Type of business:		Business phone:	
☐ Check if you are the business owner or are ☐ I have an ownership share of less than 2 Monthly income (or loss) \$	wnership share of 25% or more.	applicants wil	rE: Self-employed I be required to provide cuments such as tax nancial statements.		

6. MONTHLY INCOME					
Income source	Applicant	Co-applicant	Others in household	Total	
Salary/wages (gross)	\$	\$	\$	\$	
TANF	\$	\$	\$	\$	
Alimony	\$	\$	\$	\$	
Child support	\$	\$	\$	\$	
Social Security	\$	\$	\$	\$	
SSI	\$	\$	\$	\$	
Disability	\$	\$	\$	\$	
Housing voucher (e.g., Section 8)	\$	\$	\$	\$	
Unemployment benefits	\$	\$	\$	\$	
VA compensation	\$	\$	\$	\$	
Retirement (e.g., pension)	\$	\$	\$	\$	
Military entitlements	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
Total	\$	\$	\$	\$	

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE						
Name	Income source	Monthly income	Date of birth			

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS
Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

		8. ASSETS			
Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
		_		_	\$

9. LIABILITIES AND EXPENSES						
TO WHOM DO YOU OWE MONEY?		Applicant		Co-applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$		\$	\$	
Installment (e.g., boat, personal loan)	\$	\$		\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g., credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES						
Account Applicant Co-applicant Total						
Rent	\$	\$	\$			
Utilities (electricity, water, gas)	\$	\$	\$			
Insurance (rental, car, health, etc.)	\$	\$	\$			
Child care	\$	\$	\$			
Internet service	\$	\$	\$			
Cell phone	\$	\$	\$			

Land line	\$	\$		\$	
Business expenses	\$	\$		\$	
Union dues	\$	\$		\$	
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$		\$	
Food and essential supplies	\$	\$		\$	
Entertainment	\$	\$		\$	
Other	\$	\$		\$	
Other	\$	\$		\$	
Total	\$	\$		\$	
10. DECLARATIONS					
Please check the box beside the word that best answers the following questions for you and the co-applicant.				ant	Co-applicant
1	·				

10. DECLARATIONS		
Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there any outstanding judgments because of a court decision against you?	☐ Yes ☐ No	☐ Yes ☐ No
b. Have you declared bankruptcy within the past seven years?  If YES, identify the type(s) of bankruptcy:   Chapter 7   Chapter 11   Chapter 12   Chapter 13	☐ Yes ☐ No	☐ Yes ☐ No
c. Have you had any property foreclosed upon in the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	☐ Yes ☐ No	☐ Yes ☐ No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	☐ Yes ☐ No	☐ Yes ☐ No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	☐ Yes ☐ No	☐ Yes ☐ No
h. Are you a U.S. citizen or permanent resident?	☐ Yes ☐ No	☐ Yes ☐ No
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper	er.	

### 11. AUTHORIZATION, AGREEMENT AND RELEASE

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 an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants 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.

Applicant signature	Date	Co-applicant signature	Date
х		X	

**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.

#### 12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

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

#### 13. DEMOGRAPHIC INFORMATION

#### PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant		Co-applicant	
Ethnicity (check one or more):  Hispanic or Latino  Mexican Puerto Rican Cuban  Other Hispanic or Latino –  Origin: For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.  Not Hispanic or Latino  I do not wish to provide this information		Ethnicity (check one or more):  Hispanic or Latino  Mexican Puerto Rican Cuban  Other Hispanic or Latino –  Origin: For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.  Not Hispanic or Latino  I do not wish to provide this information	
Sex:  ☐ Female ☐ Male ☐ I do not wish to provide this information		Sex:  ☐ Female ☐ Male ☐ I do not wish to provide this information	
Race (check one or more):  American Indian or Alaska Native —  Name of enrolled or principal tribe:		Race (check one or more):  American Indian or Alaska Native —  Name of enrolled or principal tribe:	
Asian   Asian Indian Chinese Filipino   Japanese Korean Vietnamese   Other Asian — race: For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.   Black or African American Native Hawaiian or Other Pacific Islander   Native Hawaiian Guamanian or Chamorro Samoan   Other Pacific Islander — race: For example: Fijian, Tongan, and so on.   White I do not wish to provide this information		Asian  Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — race:	
To b  Was the ethnicity of the Borrower collected on the borrower col	the basis of visual observation or sur	rname?	Interviewer's phone number
media w/video component)  ☐ By mail ☐ By telephone	Interviewer's signature		Date

14. UNMARRIED ADDENDUM			
FOR BORROWER SELECTING THE UNMARRIED STATUS			
Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.			
If you selected "Unmarried" in Section 1:  Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse?   No  Yes			
If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.			
☐ Civil union ☐ Domestic partnership ☐ Registered reciprocal beneficiary relationship			

☐ Other (explain): \_\_\_

State: \_\_\_\_

## **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 the **Southeast Region**, **225 Peachtree St. NE, Suite 1500, Atlanta GA 30303,** 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.

X
Print name:
Date: