

Dear Applicant:

Thank you for your interest in applying for the Habitat for Humanity of the Eastern Bighorns (HFHEB) Homeownership Program. Habitat's mission is to work in partnership with hardworking families in Sheridan County to provide simple, decent and affordable housing. HFHEB is an equal opportunity lender.

Enclosed is information for your review and an application. **The application and accompanying documentation must be received or postmarked during the months of April and October.**

You must provide the application fee and all applicable documents as stated in the forms attached. Failure to comply with providing these documents may result in disqualification from the selection process. Applicants are encouraged to supplement their application with letters of support from employers, community organizations, landlords, friends and family.

Please complete the application and return in person, by mail or email to:

Habitat for Humanity of the Eastern Bighorns
1981 Double Eagle Drive, Suite C
P.O. Box 6196
Sheridan, WY 82801
christine@sheridanhabitat.org

If you have questions or need assistance, please contact us at 307-672-3848 or
christine@sheridanhabitat.org

Sincerely,

Habitat for Humanity of the Eastern Bighorns

Eligibility Requirements and Conditions

Habitat for Humanity of the Eastern Bighorns is a non-profit organization which utilizes family members along with volunteers, to build homes which are sold with a no-interest mortgage that includes property taxes and insurance. Monthly payments are approximately \$500-\$700. This is an estimate only and actual expenses may vary.

In order to become a Habitat homeowner, an applicant must:

- Meet all of the eligibility requirements and conditions listed below.
- Provide all the required supporting documentation (Additional Documentation Requirements)
- Complete an application for housing
- Be selected as the family partner
- Meet the financial requirements
- Complete all sweat equity requirements
- Demonstrate a willingness to partner

If you are interested in owning a Habitat home and you believe that you meet the following eligibility requirements and conditions, you are encouraged to complete an application. If you need assistance completing an application, please call (307) 672-3848 or email christine@sheridanhabitat.org. All information gathered is considered confidential and will be used only for the family selection process.

If you are able to answer “Yes” to the following statements, you are invited to complete this application for the Habitat for Humanity Homeownership program:

- I/We meet the minimum annual/monthly income requirement.
- I/We have lived in the service area for at least the last 12 months.
- I/We acknowledge that in order to qualify for a Habitat home, I/We must be a U.S. citizen or have Legal Permanent Resident status.
- I/We understand the Sweat Equity requirements and am/are willing to partner with Habitat for Humanity of the Eastern Bighorns.
- I/We understand that I/We must pay a down payment of \$3,000.00 towards our home.
- I/We are responsible for paying our bills and I/We have not filed for bankruptcy in the past seven years.
- I/We understand that I/We am/are applying for a homeownership program offered by Habitat for Humanity of the Eastern Bighorns. I/We am/are prepared to make monthly mortgage payments.

Habitat for Humanity Homeownership Program – HUD Income Requirements

<u>Number in Home</u>	<u>Annual Income Range</u>	<u>Monthly Income Range</u>
1	\$16,750 – \$44,650	\$1,395 - \$3,720
2	\$19,150 – \$51,000	\$1,595 - \$4,250
3	\$21,550 – \$57,400	\$1,795 - \$4,783
4	\$25,750 – \$63,750	\$2,145 - \$5,320
5	\$30,170 – \$68,850	\$2,514 - \$5,737
6	\$34,590 – \$73,950	\$2,882 - \$6,162
7	\$39,010 – \$79,050	\$3,250 - \$6,587
8	\$43,430 – \$84,150	\$3,619 - \$7,012

Additional Documentation Requirements

Along with a completed and signed application, please include the following information and documentation for both the Applicant and Co-Applicant:

- Copies of your last three months' pay stubs for all employment
- If applicable, submit a copy of the most recent verification of public assistance (Award letters, food stamps, SSDI, TANF, SNAP, WIC, POWER, LIEAP, etc.).
- Previous 2 years federal Tax returns and W-2's (This year's and last year's). To obtain copies, call 1-800-829-1040 and request a free copy of past tax returns.
- For all that apply, submit a copy of the most recent:
 - Bank account statements for all accounts (checking, saving, etc.).
 - Current rental or lease agreement OR provide a copy of your most recent rent payment receipt
 - Home and cell phone bills
 - Electric and gas bills OR credit reference from electric and gas companies
 - All other statements including credit cards, medical bills, car loans, student loans, debt in collections, child support statements, alimony statements, copy of marriage license or divorce decree (if applicable).
- Letter sharing your story and how a Habitat home would change your life.
- We require a \$30 nonrefundable application fee.

Please remember! Submit the original application and photocopies of all other documentation. If you have applied previously, you must resubmit all documentation. Failure to comply with providing these documents indicate an unwillingness to partner and will result in disqualification from the Homeownership Program.

Credit Report Authorization and Release

Authorization is hereby granted to Habitat for Humanity of the Eastern Bighorns to obtain a standard factual date credit report through a credit reporting agency chosen by Habitat for Humanity of the Eastern Bighorns.

My signature below authorizes the release to the credit reporting agency a copy of the credit application and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary, to obtain any information regarding the above-mentioned information.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Habitat for Humanity of the Eastern Bighorns and any credit reporting organization harmless in so mailing the copy requested.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

_____	_____	_____	_____
Borrower's Signature	Date	Borrower's Signature	Date

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, 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 FTC Regional Office for the Northwest region, or located at:

**Federal Trade Commission
600 Pennsylvania Ave., NW
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 _____
Print Name: _____
Date: _____

X _____
Print Name: _____
Date: _____



APPLICATION for HOUSING

Mail completed application to:

HFHEB

P.O. Box 6196

Sheridan, WY 82801

Equal Housing Opportunity

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: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant				Co-Applicant			
Applicant's Name				Co-Applicant's Name			
Social Security Number	Age			Social Security Number	Age		
Email Address	Date of Birth			Email Address	Date of Birth		
Home Phone No.:	Cell Phone No.:			Home Phone No.:	Cell Phone No.:		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			
Dependents & others who will live with you (not listed by co-applicant)				Dependents & others who will live with you (not listed by applicant)			
Name	Age	Male	Female	Name	Age	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Age	Male	Female	Name	Age	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Age	Male	Female	Name	Age	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Age	Male	Female	Name	Age	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Age	Male	Female	Name	Age	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of Years: _____				Number of Years: _____			

If living at present address for less than two (2) years, complete the following.

Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years: _____	Number of Years: _____

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date application completed: _____	Date Letter Sent: _____
More information requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Home Visit: _____
Date application completed: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, 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, ReStore and other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Applicant ☐ Yes ☐ No
Co-Applicant ☐ Yes ☐ No

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms 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.

(Please supply a copy of your lease or a copy of a money order receipt or cancelled 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? ☐ Yes ☐ No (If yes, please describe, including location) _____

Is there a mortgage on the land? ☐ Yes ☐ No Monthly payment \$ _____/month. Unpaid balance \$ _____.

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name & Address of Current Employer	Years on this Job	Name & Address of Current Employer	Years on this Job
	Monthly Gross Wages \$ _____		Monthly Gross Wages \$ _____
Type of Business	Business Phone	Type of Business	Business Phone
If working at present job for less than one (1) year, complete the information.			
Name & Address of Previous Employer	Years on this Job	Name & Address of Previous Employer	Years on this Job
	Monthly Gross Wages \$ _____		Monthly Gross Wages \$ _____
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	2 Others in Household	Monthly Bills	Monthly Amount
1 Base Employment Income	\$	\$	\$	Rent	\$
Alimony				Utilities	
SNAP (Food Assistance)				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

1 Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

2 List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3 Please attach copies of last month's bills.

8. SOURCE OF DOWNPAYMENT AND CLOSINGS COSTS

Where will you be getting the money to pay the down payment and closing costs (for example savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

9. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan or Credit Union Account No.: _____ Balance \$ _____	Name and Address of Bank, Savings & Loan or Credit Union Account No.: _____ Balance \$ _____
Name and Address of Bank, Savings & Loan or Credit Union Account No.: _____ Balance \$ _____	Name and Address of Bank, Savings & Loan or Credit Union Account No.: _____ Balance \$ _____
Name and Address of Bank, Savings & Loan or Credit Union Account No.: _____ Balance \$ _____	Name and Address of Bank, Savings & Loan or Credit Union Account No.: _____ Balance \$ _____

Do you own a: <table style="margin-left: 20px;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you own a: <table style="margin-left: 20px;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No																				
<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>																				
Yes	No																				
<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>																				

10. DEBT

To Whom Do You and the Co-Applicant Owe Money?

Car	Monthly Payment \$ _____ Mos. Left to pay:	Unpaid Balance \$ _____ Mos. Left to pay:	Name and Address of Company	Monthly Payment \$ _____ Mos. Left to pay:	Unpaid Balance \$ _____ Mos. Left to pay:
Furniture	Monthly Payment \$ _____ Mos. Left to pay:	Unpaid Balance \$ _____ Mos. Left to pay:	Name and Address of Company	Monthly Payment \$ _____ Mos. Left to pay:	Unpaid Balance \$ _____ Mos. Left to pay:
Credit Card	Monthly Payment \$ _____ Mos. Left to pay:	Unpaid Balance \$ _____ Mos. Left to pay:	Alimony Job-Related Expenses (Child Care, Union Dues, Etc.)	\$ _____/month \$ _____/month \$ _____/month	
Medical	Monthly Payment \$ _____ Mos. Left to pay:	Unpaid Balance \$ _____ Mos. Left to pay:	Column 2 Subtotal of Payments Column 1 Subtotal of Payments Total Monthly Expenses	\$ _____/month \$ _____/month \$ _____/month	

11. DECLARATIONS

Please Check the Box that Best Answers the Following Questions for You and the Co-Applicant.

	Applicant	Co-Applicant
a. Do you have any debt 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 7 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 7 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

Answering "yes" to these questions does not automatically disqualify you. However, if you answered "yes" to any of the questions a through e, please explain why on a separate sheet of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand 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 understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry. By completing this application, I am submitting to such an inquiry.

Applicant Signature

Date

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 mark your additional comments with "A" for Applicant or "C" for Co-Applicant.

Applicant's Name: _____

Co-Applicant's Name: _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read the 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 the 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 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. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic 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/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic 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 review <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type)
	Interviewer's Signature Date
	Interviewer's Phone Number