



Brunswick County Habitat for Humanity  
 4578 Long Beach Road  
 Southport, NC 28461  
 (910) 454-0007

# 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>	<b>Co-applicant's name</b>																																																
Social Security number: _____	Social Security number _____																																																
Email Address: _____	Email Address: _____																																																
Phone: _____ Age: _____	Home phone _____ Age _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<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</b> (not listed by co-applicant)	<b>Dependents and others who will live with you</b> (not listed by co-applicant)																																																
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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: _____																																																
<b>If you have lived at your 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	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
_____	_____																																																
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2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	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:**

	Yes	No
Applicant	<input type="checkbox"/>	<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         Diningroom

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 canceled rent check.)

Name, address and phone number of your 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 \$ \_\_\_\_\_

**If you wish your property to be considered for building your Habitat home, please attach land documentation.**

**6. EMPLOYMENT INFORMATION**

<b>Applicant</b>		<b>Co-applicant</b>	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	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	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

**Alimony, child support and/or separate maintenance income need not be revealed if the applicant or co-applicant chooses not to have it considered for repaying this loan.**

**7. MONTHLY INCOME**

<b>Income source</b>	<b>Applicant</b>	<b>Co-applicant</b>	<b>Others in household</b>	<b>Total</b>
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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

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

**8. 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 parents)?

If you borrow the money, whom will you borrow it from, and how will you pay it back?

**9. ASSETS**

Name of bank, savings and loan, credit union, etc. Non-liquid assets - Land	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

**10. DEBT**

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card -	\$	\$		\$	\$	
Credit card -	\$	\$		\$	\$	
Credit card -	\$	\$		\$	\$	
Medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>Total</b>	\$	\$		\$	\$	

**MONTHLY EXPENSES**

<b>Account</b>	<b>Applicant</b>	<b>Co-applicant</b>	<b>Total</b>
Rent	\$	\$	\$
Utilities – Electric/Gas/Sewer/Water	\$	\$	\$
Trash	\$	\$	\$
Childcare	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Auto Expenses – Insurance/Gas	\$	\$	\$
Household Items – Groceries	\$	\$	\$
Prescriptions	\$	\$	\$
Insurance Outside of Payroll Deductions	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

**11. DECLARATIONS**

**Please check the box beside the word that best answers the following questions for you and the co-applicant**

	<b>Applicant</b>	<b>Co-applicant</b>
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 or deed in lieu of foreclosure 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. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. 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 h, or "no" to question i, please explain on a separate piece of paper to be returned with this application.*

**12. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Brunswick County 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.

I understand that the evaluation will include, but not limited to the following: 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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Brunswick County Habitat for Humanity even if the application is not approved.

I also understand that Brunswick County 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
X _____	_____	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.

**13. RIGHT TO RECEIVE COPY OF APPRAISAL**

This is to notify you that if you are approved to purchase a home through Brunswick County Habitat for Humanity, we may order an appraisal in connection with your loan 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 \_\_\_\_\_

**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 <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 (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 (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



## EQUAL CREDIT OPPORTUNITY ACT (ECOA) Notice

The attached ECOA notice should be provided to all applicants with the application for the Habitat homeownership program in order to communicate the right to require certain income information from applicants for the Habitat program.

**Purpose and background:** Because Habitat for Humanity homeownership and loan programs qualify as Special Purpose Credit Programs under the Equal Credit Opportunity Act, Habitat can request and consider certain information about income that other lenders may not be allowed to request and consider in connection with their loan programs without providing certain disclosures and options for the applicant to decline to provide that information. Although federal law allows Special Purpose Credit Programs to request and consider this information to determine eligibility for their programs, the law does not explicitly provide an exemption from the disclosure.

Accordingly, in order to avoid any confusion by Habitat applicants about their rights and obligations to provide this information, we recommend that Habitat affiliates provide the customary disclosure together with the explanation for Habitat's right to consider that information in evaluating applications for the Habitat program. Please see the attached sample ECOA notice.

**Affiliate instructions:** The Habitat affiliate needs to fill in the address for the FTC regional office for the region in which the affiliate is located. To find the appropriate regional office for the FTC, please check the FTC website: [ftc.gov/about-ftc/bureaus-offices/regional-offices](https://ftc.gov/about-ftc/bureaus-offices/regional-offices).

Provide two copies of the ECOA notice to the applicant with the application.

Each applicant and co-applicant, if any, should sign and date the ECOA notice to acknowledge receipt, and return the signed copy to Habitat with the written application.

FOR AFFILIATE USE ONLY

## 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 [FTC Regional Office for the Southeast region, 600 Pennsylvania Ave, NW Washington, DC 20580 address for region in which the affiliate operates (see instructions for link)] 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 \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_