



PO Box 5265
Kingsport, Tennessee 37663
Phone: 423-239-7689
Fax: 423-239-4953
Website: www.holstonhabitat.org
E-mail: info@holstonhabitat.org

Dear Applicant,

Enclosed is an application for Holston Habitat for Humanity's homeownership program. Please include with your completed application any of the following documents that apply to you. If you do not include ALL of your required documents your application will take longer to process:

- | Included | N/A | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. A copy of your payroll stubs for the last 2 months or a letter from your employer detailing your gross pay for the last 2 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. A copy of your two most recent IRS 1040 income tax returns. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. A benefit statement outlining the amount of Social Security you receive. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A benefit statement outlining the amount of SSI you receive. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. A benefit statement outlining the amount of Families First you receive. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. A statement outlining any other income you receive that you would like to have included in our financial analysis. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. A copy of your Divorce Decree <i>(for applicants who are divorced)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Proof of denial for a conventional home loan <i>(for applicants who have applied and been denied for a mortgage through a bank or other financial institution)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. One of the following verifications of legal residency: <ul style="list-style-type: none">a. A copy of your driver's license <i>(or state issued ID)</i> AND a copy of your Social Security card <i>(or certified copy of birth certificate)</i>.b. A copy of your U.S. Passport <i>(or U.S. Passport Card)</i>.c. A copy of your Permanent Resident Card <i>(or Alien Registration Receipt Card)</i>. |

Once completed, return your application to us at P.O. Box 5265, Kingsport, TN 37663. Your returned application packet will require more than one stamp. Please check with the Post Office to ensure proper postage is paid or the Holston Habitat for Humanity office may not receive your application.

If you would like help filling out your application, or if you have any questions, please call us at 423-239-7689. Please also contact us if your address or phone number changes while you are going through the application process.

Sincerely,

Alanna Leonberg
Homeowner Services Manager

PAGE
LEFT
BLANK



HOLSTON HABITAT FOR HUMANITY

Application for Housing

Phone: (423) 239-7689 Fax: (423) 239-4953

E-mail: info@holstonhabitat.org

Website: www.holstonhabitat.org

Please return this application to:

Holston Habitat for Humanity

PO Box 5265

Kingsport, TN 37663

Dear Applicant: Please complete this application so that we can determine if you qualify for homeownership through Holston Habitat for Humanity. Please fill out the application as completely and accurately as possible. All information kept will be kept confidential.

A. APPLICANT INFORMATION

Present Address:

Home Phone:

City, State & Zip Code:

Cell Phone:

Email Address:

Work Phone:

Applicant

Co-Applicant

Applicant's Full Legal Name:

Co-Applicant's Full Legal Name:

Name you go by:

Name you go by:

Social Security Number _____ - _____ - _____

Social Security Number _____ - _____ - _____

Date of Birth _____

Date of Birth _____

Driver's License Number _____

Driver's License Number _____

Married Separated Unmarried
(single, widowed, and divorced)

Married Separated Unmarried
(single, widowed, and divorced)

Children living at home who would live in your Habitat house:

Name	Date of Birth	Male	Female	Social Security Number
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____

Others living with you who would live in your Habitat house:

Name	Date of Birth	Male	Female	Social Security Number
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____ - _____ - _____

How long have you lived in the Tri-Cities area? _____

Desired house location (please circle):

Bristol Elizabethton Johnson City Kingsport Other _____

B. EMPLOYMENT INFORMATION

Applicant

Co-Applicant

Name and Address of Current Employer:

 Business Phone:

 How long have you worked for this company? _____

 Income BEFORE taxes:
 \$ _____ per (circle one) week 2 weeks month

Name and Address of Current Employer:

 Business Phone:

 How long have you worked for this company? _____

 Income BEFORE taxes:
 \$ _____ per (circle one) week 2 weeks month

Name and Address of Last Employer:

 Business Phone:

Name and Address of Last Employer:

 Business Phone:

C. OTHER MONTHLY INCOME (Do not list the same money twice)

Who receives this:	SSI/Disability	Social Security	Families First	Other (amount & type of income)
	\$ _____	\$ _____	\$ _____	\$ _____ Type: _____
	\$ _____	\$ _____	\$ _____	\$ _____ Type: _____
	\$ _____	\$ _____	\$ _____	\$ _____ Type: _____
	\$ _____	\$ _____	\$ _____	\$ _____ Type: _____
	\$ _____	\$ _____	\$ _____	\$ _____ Type: _____

If you receive child support, alimony or separate maintenance do you want this included in Habitat's financial analysis? Yes No

List additional household members over 18 who receive income:

Name	Age	Amount	Name	Age	Amount
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

List Checking and Savings Accounts Below:

Name and Address of Bank, Savings & Loan, or Credit Union: Account Number _____ Balance \$ _____	Other Savings: Account Number _____ Balance \$ _____
--	--

Car (#1) Make and Year _____ **Car (#2)** Make and Year _____

List Other Assets including Retirement Plans, Stocks, Bonds, Other Bank Accounts, etc.:

Asset Description	Current Value	Income from Asset
_____	\$ _____	\$ _____ per _____
_____	\$ _____	\$ _____ per _____

**The following disclosures, notices, and authorization and release forms must be completed and returned to Holston Habitat for Humanity in order for your application to be processed.*



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:

Southeast Region
Federal Trade Commission
Suite 1500
225 Peachtree Street, NE
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.

Applicant Signature

Co-Applicant Signature

Print Name

Print Name

Date

Date

NAME _____

NAME _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Boxes 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 race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, 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"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify) _____ _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	<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"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify) _____ _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To Be Completed 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)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Interviewer's Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Interviewer's Signature	Date
	Interviewer's Signature	Date	
Interviewer's Phone Number			



PO Box 5265
Kingsport, Tennessee 37663
Phone: 423-239-7689
Fax: 423-239-4953
Website: www.holstonhabitat.org
E-mail: info@holstonhabitat.org

Authorization and Release—Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

1. Verification of my past and/or present employment
2. References from my past and/or present landlords
3. Information regarding past and/or present criminal or public law violations, including sex offender registry checks
4. Verification of public assistance

This authorization is executed with full knowledge and understanding that Holston Habitat for Humanity and/or its agents will take measures to protect the aforementioned information from unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the business, duties or responsibilities of Holston Habitat for Humanity.

I RELEASE the aforementioned persons, corporators, agencies, associations, and institutions, as well as their employees, agents, and representatives from any and all liability or damages resulting from any decision made by Holston Habitat for Humanity and/or any of its agents on account of compliance or any attempts at compliance with this authorization.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twenty four (24) months from the date it is signed.

Date

Street Address (not P.O. Box)

Print name of Applicant

City State Zip

Signature of Applicant

Area Code Telephone Number

Social Security Number

Date of Birth



PO Box 5265
Kingsport, Tennessee 37663
Phone: 423-239-7689
Fax: 423-239-4953
Website: www.holstonhabitat.org
E-mail: info@holstonhabitat.org

Authorization and Release—Co-Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

1. Verification of my past and/or present employment
2. References from my past and/or present landlords
3. Information regarding past and/or present criminal or public law violations, including sex offender registry checks
4. Verification of public assistance

This authorization is executed with full knowledge and understanding that Holston Habitat for Humanity and/or its agents will take measures to protect the aforementioned information from unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the business, duties or responsibilities of Holston Habitat for Humanity.

I RELEASE the aforementioned persons, corporators, agencies, associations, and institutions, as well as their employees, agents, and representatives from any and all liability or damages resulting from any decision made by Holston Habitat for Humanity and/or any of its agents on account of compliance or any attempts at compliance with this authorization.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twenty four (24) months from the date it is signed.

Date

Street Address (not P.O. Box)

Print name of Co-Applicant

City State Zip

Signature of Co-Applicant

Area Code Telephone Number

Social Security Number

Date of Birth

**The following disclosures and notices are yours to keep. Please detach these remaining pages and retain for your records.*



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:

Southeast Region
Federal Trade Commission
Suite 1500
225 Peachtree Street, NE
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.

PRIVACY STATEMENT

Holston Habitat for Humanity recognizes that privacy and confidentiality are important to our applicants, prospective homeowners, tenants, and homeowners.

While collecting, storing, and retrieving applicant, prospective homeowner, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications, law enforcement checks and payment history – internal controls are maintained to ensure security and confidentiality. We collect nonpublic personal information about you from the following sources:

- Information we receive from you verbally, on applications and on other forms;
- Information through your transactions with us and third parties; and
- Information we receive from consumer-reporting agencies.

We may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as accountants, auditors, and mortgage servicing agents;
- Closing attorneys and title companies;
- Insurance providers;
- Consumer-reporting and/or credit-reporting agencies; and
- Nonprofit organizations and government agencies for grant purposes.

WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION ABOUT YOU WITH ANYONE FOR ANY PURPOSE THAT IS NOT SPECIFICALLY PERMITTED BY LAW.

Holston Habitat for Humanity's employees and volunteers are subject to a privacy 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. Holston Habitat for Humanity does not share personal information with marketing companies.

RIGHT TO RECEIVE COPY OF APPRAISAL

Holston Habitat for Humanity may order an appraisal or other property valuation to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.