

**For our 2023 build season, we will be accepting applications for a limited time:**

**2023 APPLICATION PERIOD BEGINS:** Monday, November 28, 2022

**2023 APPLICATION DEADLINE:** Saturday, December 31, 2021 at 5:00 p.m.

If mailing application, it must be postmarked no earlier than Nov. 28, and no later than Dec. 31.

## Prepare to apply

- Gather all the required **application documents** – see list below.  
All the documents listed below must be collected, copied, and submitted with your application.
- Fully complete the **homeownership program application**, available starting Nov. 28.  
Get an application packet at our November and December public meetings (recommended) or you can download from our website or pick up at the Habitat office by appointment. Complete all sections, sign all authorizations and submit all materials.

## Copy required documents

- Identification documents. Colored copies required – Habitat can copy your original IDs.
  - A **photo identification card** for all household members age 18 or older.  
(Photo ID card should be issued from federal, state or local government agency or entity).
  - Permanent resident card, if applicable.
  - **Social security card** for all household members – including children.
- Income documents. Applicants must provide copies. Do not bring originals.\*  
\*Copies can be made for a minimal charge at the public library, office supply stores or the UPS Store. Habitat cannot return any documents provided with the application and will not copy income documents for you.
  - **Form W-2** wage & tax statement (2021, 2020 and 2019) for all adults in household.
  - **Form 1040** federal tax return (2021, 2020 and 2019) for all adults in household.
    - If missing your W-2s, first contact the employer; if unable to, then contact IRS.
    - To obtain W-2 or tax return transcripts online or via mail, contact national IRS office: [irs.gov](https://www.irs.gov) or 1-800-829-1040 (7 AM to 7 PM).
    - To meet IRS staff in person to request W-2 or tax return transcripts, [schedule an appointment with IRS staff](#). Sioux Falls office: 605-330-4365 (8:30 AM to 4:30 PM).
  - **Paystubs / income verification** for all adult household members. Provide 30 days of consecutive paystubs and/or statements for all other types of income.
    - To obtain proof of income for SSI, SSDI, contact: 1-800-772-1213 or [ssa.gov](https://ssa.gov)
    - To obtain proof of income for child support, contact: DSS office or [dss.sd.gov](https://dss.sd.gov)

## Submit application

- **In person or by mail:** Mitchell Regional Habitat for Humanity  
Attn: Kerri Peters, Executive Director  
PO Box 1331,  
304 N Lawler,  
Mitchell, SD 57301  
(Office hours: by appointment only)

**THIS PAGE INTENTIONALLY LEFT BLANK.  
YOU MAY USE THIS PAGE FOR PROVIDING ADDITIONAL INFORMATION FOR A SPECIFIC SECTION.**

**1. APPLICANT INFORMATION – The applicant(s) are the individuals applying for the opportunity to partner with Habitat for Humanity. The applicants are the individuals responsible for repayment of the home loan(s).**

APPLICANT			CO-APPLICANT		
FIRST Name			FIRST Name		
SECOND or MIDDLE Name(s)			SECOND or MIDDLE Name(s)		
LAST Name			LAST Name		
Social Security Number	Date of Birth (MM/DD/YYYY)	Age	Social Security Number	Date of Birth (MM/DD/YYYY)	Age
-	-		-	-	
Cell Phone Number ( ) -	Home Phone Number ( ) -		Cell Phone Number ( ) -	Home Phone Number ( ) -	
Email Address			Email Address		

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
U.S. citizen or permanent legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. citizen or permanent legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT MAILING ADDRESS		CURRENT MAILING ADDRESS	
Apt# _____ Street _____	Apt# _____ Street _____		
City/State _____ Zip _____	City/State _____ Zip _____		
How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		

**PREVIOUS ADDRESS, if you have lived less than two (2) years at your current address.**

Apt# _____ Street _____	Apt# _____ Street _____
City/State _____ Zip _____	City/State _____ Zip _____
How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent

**CHILDREN and OTHERS** who live with you or the co-applicant now (either part-time or full-time) and plan to live in the Habitat home.

Name of Household Member (Do not list the applicants)	Age	Date of Birth	Male	Female	Relationship to You
_____	_____	____/____/____	<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"/>	_____
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**PLEASE HELP US PROCESS YOUR APPLICATION BY RESPONDING TO THE FOLLOWING QUESTIONS:**

	Applicant	Co-Applicant
Did someone assist you with reading and/or completing this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter or other help needed?	Interpreter or other help needed?
Helper's Name: _____ Relationship to you: _____		
Helper's Phone: (____) _____ - _____ Type of assistance provided: _____		
If interpreter was needed, for what language(s)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERRAL INFORMATION**

	<b>Applicant</b>	<b>Co-Applicant</b>
Have you applied in the past for Mitchell Regional Habitat’s Homeownership Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you attend one of the 2021 public information meetings at the library?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this year’s application drive for our Homeownership Program? Check all that apply:		
<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Social Media	<input type="checkbox"/> Habitat Website
<input type="checkbox"/> Poster	<input type="checkbox"/> TV or Radio	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Referral Agency (please list):	<input type="checkbox"/> Current or Past Habitat Homeowner	<input type="checkbox"/> Employer
	<input type="checkbox"/> Other (please list):	

**2. CURRENT HOUSING AND ASSETS**

<b>Current Landlord / Property Manager – Required Information</b>	<b>Past Landlord – If Applicable</b>
Name: _____	Name: _____
Address: _____	Address: _____
Zip: _____ Phone: (_____) _____ - _____	Zip: _____ Phone: (_____) _____ - _____
<b>Current Housing Type:</b> <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other	<b>Current number of bedrooms:</b> 1 2 3 4 5
<b>Do you receive a housing or rental subsidy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, list the amount of your monthly subsidy:</b> \$ _____	
<b>If you receive a subsidy, what is the source?</b> <input type="checkbox"/> Section 8 Voucher <input type="checkbox"/> Other Program _____	
<b>Current Rent (without subsidy):</b> \$ _____ + Garage (if any) \$ _____ + Lot (if any) \$ _____ = <b>Total Rent:</b> \$ _____	
<b>Have you or co-applicant participated in debt/credit counseling or homebuyer education within past 2 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you or co-applicant ever applied for a home loan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, list most recent year you applied for a loan:</b> _____	
<b>What is keeping you from qualifying for a home loan and/or purchasing a home on the open market? Check all that apply:</b>	
<input type="checkbox"/> Denied for home loan	<input type="checkbox"/> Unable to find adequate or affordable home to purchase
<input type="checkbox"/> Income too low	<input type="checkbox"/> Credit and/or debt issues
<input type="checkbox"/> Qualified for loan, maximum amount \$ _____	<input type="checkbox"/> Other: _____
<b>What issues are you experiencing with your current housing situation? Check all that apply:</b>	
<input type="checkbox"/> Too small/crowding issues	<input type="checkbox"/> Current rent is 30% (or more) of my income
<input type="checkbox"/> Interior/exterior structural issues	<input type="checkbox"/> Health issues related to current housing
<input type="checkbox"/> Safety issues (structural or domestic)	<input type="checkbox"/> Temporary (living with relatives or friends)
<input type="checkbox"/> Plumbing or electrical Issues	<input type="checkbox"/> Heating or cooling issues
<input type="checkbox"/> Larger housing is unaffordable	<input type="checkbox"/> Accessibility issues
<input type="checkbox"/> Transitional housing program	<input type="checkbox"/> Other (describe below)

**Please provide any additional details here:**

If more space is needed, you may use page 2 or a separate piece of paper. Please include your **name** and the **section number** you are answering.

**APPLICANT(S)' ASSETS**

Do you own a home?  Yes  No **If Yes, list your home’s value:** \$ \_\_\_\_\_ **Unpaid loan balance?** \$ \_\_\_\_\_

Do you own land?  Yes  No **If Yes, list your land’s value:** \$ \_\_\_\_\_ **Unpaid loan balance?** \$ \_\_\_\_\_

**APPLICANT(S)' FINANCIAL ACCOUNTS & CASH SAVINGS – List all accounts with banks or financial institutions**

Type of Account (check one)	Name of Bank or Financial Institution	Name(s) on the Account	Last 4 digits of Account #	Current Account Balance
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				\$
<input type="checkbox"/> Other				\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				\$
<input type="checkbox"/> Other				\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				\$
<input type="checkbox"/> Other				\$

In addition to the above account balances, enter the current total of **combined cash** the applicants have saved: \$ \_\_\_\_\_

### 3. EMPLOYMENT INCOME – Applicant(s)

APPLICANT			CO-APPLICANT		
CURRENT PRIMARY EMPLOYER			CURRENT PRIMARY EMPLOYER		
<input type="checkbox"/> Full-Time	Job Title		<input type="checkbox"/> Full-Time	Job Title	
<input type="checkbox"/> Part-Time			<input type="checkbox"/> Part-Time		
Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)	Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)
Hourly Pay Rate	Overtime Pay Rate	Annual Salary	Hourly Pay Rate	Overtime Pay Rate	Annual Salary
\$	\$	\$	\$	\$	\$
Self-Employed?	Work Phone		Self-Employed?	Work Phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No	( )	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	( )	-
CURRENT SECONDARY EMPLOYER – if applicable			CURRENT SECONDARY EMPLOYER – if applicable		
<input type="checkbox"/> Full-Time	Job Title		<input type="checkbox"/> Full-Time	Job Title	
<input type="checkbox"/> Part-Time			<input type="checkbox"/> Part-Time		
Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)	Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)
Hourly Pay Rate	Overtime Pay Rate	Annual Salary	Hourly Pay Rate	Overtime Pay Rate	Annual Salary
\$	\$	\$	\$	\$	\$
Self-Employed?	Work Phone		Self-Employed?	Work Phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No	( )	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	( )	-

**If less than one (1) year at CURRENT PRIMARY EMPLOYER, list previous employment:**

PREVIOUS EMPLOYER			PREVIOUS EMPLOYER		
<input type="checkbox"/> Full-Time	Job Title		<input type="checkbox"/> Full-Time	Job Title	
<input type="checkbox"/> Part-Time			<input type="checkbox"/> Part-Time		
Hourly Pay Rate	Hire Date	Annual Salary	Hourly Pay Rate	Hire Date	Annual Salary
\$		\$	\$		\$

### 4. EMPLOYMENT INCOME – Other Adults in Household [age 18 or older and not a dependent child of either applicant]

HOUSEHOLD MEMBER NAME			HOUSEHOLD MEMBER NAME		
CURRENT PRIMARY EMPLOYER			CURRENT PRIMARY EMPLOYER		
<input type="checkbox"/> Full-Time	Job Title		<input type="checkbox"/> Full-Time	Job Title	
<input type="checkbox"/> Part-Time			<input type="checkbox"/> Part-Time		
Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)	Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)
Hourly Pay Rate	Overtime Pay Rate	Annual Salary	Hourly Pay Rate	Overtime Pay Rate	Annual Salary
\$	\$	\$	\$	\$	\$
CURRENT SECONDARY EMPLOYER – if applicable			CURRENT SECONDARY EMPLOYER – if applicable		
<input type="checkbox"/> Full-Time	Job Title		<input type="checkbox"/> Full-Time	Job Title	
<input type="checkbox"/> Part-Time			<input type="checkbox"/> Part-Time		
Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)	Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)
Hourly Pay Rate	Overtime Pay Rate	Annual Salary	Hourly Pay Rate	Overtime Pay Rate	Annual Salary
\$	\$	\$	\$	\$	\$

**5. OTHER HOUSEHOLD INCOME – From Sources Other Than Employment**

RECIPIENT OF INCOME (Name of Household Member)	MONTHLY AMOUNT	TYPE OF INCOME (SSI, SSDI, Pension, TANF, Section 8, etc.)
	\$	
	\$	
	\$	
	\$	

**6. 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: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, DC 20580 or call 1-877-FTC-HELP (382-4357).

Under ECOA, income from alimony, child support or separate maintenance income need not be revealed unless the applicant wishes to rely on that income in the determination of creditworthiness. However, because Habitat operates a Special-Purpose Credit Program, Habitat is allowed to require information regarding an applicant’s marital status, alimony, child support, separate maintenance income, and the spouse’s financial resources, in order to determine an applicant’s eligibility for the Homeownership Program, and to determine an applicant’s maximum affordable home loan.

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 \_\_\_\_\_  
 Printed Name of Applicant

X \_\_\_\_\_  
 Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

X \_\_\_\_\_  
 Printed Name of Co-Applicant (if any)

X \_\_\_\_\_  
 Signature of Co-Applicant (if any)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

**7. CERTIFICATION OF ZERO INCOME AND/OR UNEMPLOYMENT – For adults in household who did not list any income**

In connection with this homeownership application, I certify that I am a household member age 18 or older, not a child of the applicant or co-applicant, and I collect **zero income**. I certify that I earn no income from any of the following sources: wages, operation of a business, rental income, unemployment, disability, public assistance, child support, social security, veteran's benefits, or income from any other source. I certify that I am currently unemployed and do not receive unemployment benefits.

I certify that the information in this application is true and accurate. I understand that providing false information may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether the applicant's household is eligible for the Habitat for Humanity's Homeownership Program. I understand I must notify Habitat for Humanity if my **zero income** status should change.

X \_\_\_\_\_  
Printed Name of Household Member

X \_\_\_\_\_  
Signature of Household Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

X \_\_\_\_\_  
Printed Name of Household Member

X \_\_\_\_\_  
Signature of Household Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

X \_\_\_\_\_  
Printed Name of Household Member

X \_\_\_\_\_  
Signature of Household Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## 8. WILLINGNESS TO PARTNER WITH MITCHELL REGIONAL HABITAT FOR HUMANITY ("HABITAT")

**It is required that you respond to the following statements:**

	APPLICANT		CO-APPLICANT	
<b>Communication:</b> I understand I must notify Habitat promptly of any future changes, including but not limited to: address or contact information, employment, household income, debts, marital status or household size, and that this requirement continues throughout partnership. I agree to respond promptly to any requests and/or notices from Habitat.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Partnership:</b> If selected for partnership, I am willing to review and sign a partnership agreement. I am willing to complete the required "sweat equity" hours, including homebuyer education and construction hours on Habitat homes, as outlined in Habitat's sweat equity policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Home Choices/Options:</b> If selected for partnership, I understand the home location, style, floor plan, size and timeline are determined solely by Habitat, based upon needs of each household. I understand Habitat is not a custom homebuilder, and my choices and options will be limited.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Home Purchase/ Home Maintenance:</b> If I am selected for partnership and fulfill all requirements of partnership, I understand I will be offered a home to purchase from Habitat. I understand I will be responsible for all maintenance, repairs and upkeep of the home after I take ownership.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Home Loan:</b> I understand that this application for the homeownership program might also serve as a home loan application. I confirm that all information provided is true and accurate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Loan Payments:</b> I understand that Habitat homebuyers must commit to paying a house payment every month, on time, for the required amount, until the loan is paid in full. I understand that nonpayment may negatively impact credit and may result in foreclosure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Savings Requirement:</b> If selected for partnership, I am willing to save or set aside \$1,500 by the time my Habitat home is completed, to pay closing costs associated with the home purchase.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Primary Residence:</b> I understand Habitat homeowners (borrowers) are required to occupy, establish and use the Habitat home as their primary residence at all times while the mortgage loans remain unpaid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 9. DECLARATIONS

**It is required that you respond to the following questions:**

	APPLICANT		CO-APPLICANT	
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 declared bankruptcy 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 upon, voluntary or involuntary, within 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 a co-signer or endorser on a note or loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- f. Have you owned a home in the past?  Yes  No  Yes  No
- g. Have you ever been convicted of a felony?  Yes  No  Yes  No
- h. Are you or anyone in your household a veteran of the U.S. military (active or inactive)?  Yes  No  Yes  No

If “Yes” was checked for any questions above, please provide additional details here:

If more space is needed, you may use page 2 or a separate piece of paper. Please include your **name** and the **section number** you are answering.

## 10. OUTSTANDING LOANS / DEBT – enter \$0 if listed item does not apply

Type of Debt	TO WHOM DO YOU OR THE CO-APPLICANT OWE MONEY?					
	APPLICANT (OR JOINT)			CO-APPLICANT		
	Minimum Monthly Required Payment	Unpaid Balance	Months Remaining	Minimum Monthly Required Payment	Unpaid Balance	Months Remaining
Car Loan(s)	\$	\$		\$	\$	
Student Loan(s)	\$	\$		\$	\$	
Furniture/Appliance Loan	\$	\$		\$	\$	
Medical Debt Payment Plan	\$	\$		\$	\$	
Credit Card(s)	\$	\$		\$	\$	
Collections	\$	\$		\$	\$	
Judgments	\$	\$		\$	\$	
Back-Owed Child Support	\$	\$		\$	\$	
Other Loan:	\$	\$		\$	\$	
Other Debt:	\$	\$		\$	\$	
<b>TOTAL</b>	\$	\$		\$	\$	

## 11. MONTHLY EXPENSES – enter \$0 if listed item does not apply

HOUSING-RELATED EXPENSES	APPLICANT (OR JOINT)	CO-APPLICANT	TOTAL
Rent (without subsidy)	\$	\$	\$
Utilities – Electricity	\$	\$	\$
Utilities – Natural Gas	\$	\$	\$
Utilities – Sewer/Water	\$	\$	\$



Utilities – Cell Phone/Landline	\$	\$	\$
Utilities – Internet Service	\$	\$	\$
Utilities – Garbage Service	\$	\$	\$
Insurance – Car/Auto	\$	\$	\$
Insurance – Renter’s	\$	\$	\$
Court-Ordered Child Support	\$	\$	\$
Other Bill	\$	\$	\$
Other Bill	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

**PLEASE CONTINUE TO NEXT PAGE**

## 12. RIGHT TO RECEIVE COPY OF APPRAISAL

Habitat for Humanity will order an appraisal to determine the property’s value, which becomes the sales price of the Habitat home. Habitat may charge you for this appraisal. Habitat will promptly give you a copy of the appraisal no less than three (3) days prior to closing of the loan, even if the loan does not close. By signing below, I acknowledge I have read and understand this notice.

X _____ Printed Name of Applicant	X _____ Signature of Applicant	____/____/____ Date
X _____ Printed Name of Co-Applicant (if any)	X _____ Signature of Co-Applicant (if any)	____/____/____ Date

## 13. AUTHORIZATION AND RELEASE

I understand that by submitting this application, I am authorizing Mitchell Regional 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 partner and complete sweat equity. I understand this evaluation will include a credit check, employment verification, and may include personal visits.

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. I understand that even if I get selected to partner with Habitat, I can be disqualified or de-selected from the program and forfeit any rights or claims to a Habitat home if I fail to meet my Habitat partnership agreement obligations.

I also understand that Habitat screens all applicants and adult household members 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 and all adult household members to a criminal background check.

X _____ Printed Name of Applicant	X _____ Signature of Applicant	____/____/____ Date
X _____ Printed Name of Co-Applicant (if any)	X _____ Signature of Co-Applicant (if any)	____/____/____ Date

All information you include on this application will be kept confidential, in accordance with the Gramm-Leach-Bliley Act.

PLEASE CONTINUE TO NEXT PAGE

#### 14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES – OPTIONAL

**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**

I do not wish to furnish this information

**Race (applicant may select more than one racial designation):**

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

**Sex:**

- Female
- Male

**Birthdate: (DD/MM/YYYY)**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:**

- Married
- Separated
- Unmarried (single, divorced, widowed)

I do not wish to furnish this information

**Race (applicant may select more than one racial designation):**

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino

**Sex:**

- Female
- Male

**Birthdate: (DD/MM/YYYY)**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:**

- Married
- Separated
- Unmarried (single, divorced, widowed)

**TO BE COMPLETED BY HABITAT STAFF ONLY**

**This information was provided:**

- In a face-to-face interview
- By mail
- By telephone

Interviewer's Name

Interviewer's Signature

Interviewer's Phone Number

Date:

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date application received: \_\_\_\_\_

Date of notice of incomplete application letter: \_\_\_\_\_

Date of informational notice of incompleteness: \_\_\_\_\_

Date of adverse action letter: \_\_\_\_\_

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

Date of partnership agreement: \_\_\_\_\_