



**HABITAT FOR HUMANITY IN THE ROANOKE VALLEY
APPLICATION FOR HOUSING
3435 Melrose Avenue, SW PO Box 6627 Roanoke, VA
24017
540-344-0747**



Modified 2/19
Date _____

VA relay number- 7111

All qualified applicants will receive consideration for homeownership without regard to race, color, religion, sex, familial status, disability, national origin or any other protected status. Special accommodations are available upon request. All information will be kept confidential.

1. APPLICANT INFORMATION

Applicant

Co-Applicant

Name _____

Name _____

Address _____

Address _____

_____ zip _____

_____ zip _____

S.S.# _____

S.S.# _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

May we communicate with you by email? Yes No

May we communicate with you by email? Yes N

Birth date: ___/___/___

Birth date: ___/___/___

Do you ___ own or ___ rent?

Do you ___ own or ___ rent?

How long at this address? _____

How long at this address? _____

If less than 2 years, former address: _____

If less than 2 years, former address: _____

Landlord's name, address, and phone: _____

Landlord's name, address, and phone: _____

_____ zip _____

_____ zip _____

Are you **married** **unmarried** **separated**
(circle one)

Are you **married** **unmarried** **separated**
(circle one)

People who will live in your household, including yourself: (Use another paper if necessary to list all household members)

Name	Sex	Age	Birthdate
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____

Relationship to Applicant (A) or Co-Applicant (C)

2. WILLINGNESS TO PARTNER

Have you read HFH’s information brochure to learn Habitat’s qualification requirements?

Yes, I have read and discussed HFH’s requirements.

No, I am unsure about HFH’s requirements and want to discuss them with Habitat staff.

To be considered for a Habitat home, you and your family must be willing to fulfill these minimum Partnership requirements: 200 hours for applicant; 100 for each additional adult in household; 50 hours for each 16-18 year old, and 25 hours for each 14-15 year old. Willingness to partner means learning skills, building your home and the homes of others, attending the required educational classes, working to create safe and attractive neighborhoods, and participating in other approved activities.

The members of my household are willing to partner with Habitat.

Applicant: yes no

Co-Applicant: yes no

Other Members: yes no

Are you or any member of your household included on a sexual offender list? _____

Have you or other members of your household been convicted of a crime? _____

Are you enrolled in RRHA’s Self-Sufficiency program (through Public Housing)? **Yes** **No**

3. NEED--PRESENT HOUSING CONDITIONS

Please explain why you need Habitat housing. Use another piece of paper if necessary.

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

4. ABILITY TO REPAY THE MORTGAGE LOAN

EMPLOYMENT INFORMATION—if employed, include copy of last 60-days total income

Applicant
1. Name and Address of Current Employer

Co-Applicant
1. Name and Address of Current Employer

_____ zip _____

_____ zip _____

Monthly (Gross) Wage: _____

Monthly (Gross) Wage: _____

Work Phone _____

Work Phone _____

Can Habitat call you at work? _____

Can Habitat call you at work? _____

2. Second job Current Employer and Address

2. Second job Current Employer and Address

_____ zip _____

_____ zip _____

Monthly (Gross) Wage: _____

Monthly (Gross) Wage: _____

Work Phone _____

Work Phone _____

Can Habitat call you at work? _____

Can Habitat call you at work? _____

If working at current job less than one year, complete the following:

Name and Address of Last Employer

Name and Address of Last Employer

Monthly (Gross) Wage: _____

Monthly (Gross) Wage: _____

Work Phone _____

Work Phone _____

List all household members including yourself who receive income, such as SSI, Disability, child support, TANF, SNAP, part-time jobs, etc. and include proof of payment.

Name	Age	Monthly Income	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Are you, the Co-Applicant, or any members of your household a U.S. Military Veteran?

Yes _____ Name of Veteran _____ No _____

6. Are you, the Co-Applicant, or any members of your household covered by medical insurance? List name of person insured and type of insurance below:

7. MONTHLY INCOME

	Applicant	Co-Applicant	Others in household
Gross Wages--Include last 60 days income stubs or <u>copies</u>			
Social Security-provide copy of awards letter			
SSI-provide copy of awards letter			
Disability-provide copy of awards letter			
Child Support-include copy of court order and proof of payments			
Alimony-include copy of order and proof of payments			
Other Income			
=TOTAL GROSS INCOME			
TANF			
SNAP			

7 (a). MONTHLY HOUSING EXPENSES

Include <u>copy</u> of receipt or bills	Applicant	Co-Applicant
Rent (You will need past 12-months successful rent history)		
Renter Insurance		
Electricity		
Natural Gas		
Water		
Total Housing Expenses		

	Applicant	Co-Applicant
Medical Bills		
Is Rent Subsidized?	Yes	No
Student Loans		
Garnishments		
Dept/Furniture Store		
Rent to Own		
Credit Cards		
Alimony/Child Support		
Other		
Total Debt Payments		

List checking and savings accounts below and include a copy of monthly statements.

8. ASSETS-include last 3 months statements of ALL accounts held by Applicant and Co-Applicant

Applicant:

Co-Applicant:

Name of Bank, Savings & Loan, or Credit Union	Name of Bank, Savings & Loan, or Credit Union
Acct. No. Balance \$	Acct. No. Balance \$
Name of Bank, Savings & Loan, or Credit Union	Name of Bank, Savings & Loan, or Credit Union
Acct. No. Balance \$	Acct. No. Balance \$

Do you or the co-applicant own property? _____ Location: _____ Assessed value: _____

Do you, the co-applicant or a member of your household have cash or other bank accounts, valuables such as jewelry, cars or coins that you have not listed on this application?

9. ALIMONY and CHILD SUPPORT

List Alimony and/or Child Support that you receive regularly

10. DEBT

To whom do you and/or the Co-Applicant owe money? Include copies of these bills.

Applicant		Co-Applicant	
Name of Company/Person		Name of Company/Person	
Monthly Payment	Unpaid Balance	Monthly Payment	Unpaid Balance
Months Left to Pay		Months Left to Pay	
Name of Company/Person		Name of Company/Person	
Monthly Payment	Unpaid Balance	Monthly Payment	Unpaid Balance
Months Left to Pay		Months Left to Pay	
Name of Company/Person		Name of Company/Person	
Monthly Payment	Unpaid Balance	Monthly Payment	Unpaid Balance
Months Left to Pay		Months Left to Pay	
Name of Company/Person		Name of Company/Person	
Monthly Payment	Unpaid Balance	Monthly Payment	Unpaid Balance
Months Left to Pay		Months Left to Pay	

11. Declarations

	Applicant	Co-Applicant
a. Do you have any debt (collections, judgments, or liens) because of a court decision against you?	___yes ___no	___yes ___no
b. Do you have any debts on which you are not making payments?	___yes ___no	___yes ___no
c. Have you had a bankruptcy discharged or property foreclosed within the past 2 years?	___yes ___no	___yes ___no
d. Are you currently involved in a lawsuit?	___yes ___no	___yes ___no
e. Do you owe alimony or child support?	___yes ___no	___yes ___no
f. Are you a U.S Citizen or permanent resident? (Must show proof)	___yes ___no	___yes ___no
g. Have you been convicted of a crime?	___yes ___no	___yes ___no
h. Have you been evicted from housing in the last 2 years?	___yes ___no	___yes ___no
i. Have you ever signed for another person's debt or loan?	___yes ___no	___yes ___no
j. Do you have the ability and willingness to maintain at least \$200 in a savings account for emergencies?	___yes ___no	___yes ___no

Please include with this application: *please note that the Habitat office does not make copies*****

___ **Copy of last 2 years Tax Returns (the most recent) and W-2s for each working member.**

___ **Last 60 days pay stubs, or copies, for each applicant and other household members.**

___ **Copies of all monthly income/monthly bills listed in item 6, 6(a), and 7 on page 4, and eligibility letters for SSI, TANF, Food Stamps, etc.**

___ **Copy of Social Security card, birth certificate, US-issued passport, green card or other proof of permanent residency(copy both sides of card); proof of date of birth; address and PHOTO ID.**

___ **Signed permission for criminal background and sexual offender checks for all household members 18 and over (page 7 of application).**

___ **Last 3 months checking and savings statements from all acc'ts for each member of the household.**

___ **Savings account statements showing minimum \$200 daily balance for last 6 consecutive months.**

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 the willingness of my household to partner with Habitat. I understand that the evaluation will include personal and home visits, credit checks over the life of the loan, sexual offender and criminal background checks on all household members 18 and over, employment and housing verification and other information. I have answered all the questions truthfully and completely. I understand that if I have not answered the questions truthfully and completely, my application may be denied, and that even if I have already been selected to purchase 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.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Permission to Conduct Criminal Background and Sexual Offender Checks

Each Applicant and Co-Applicant will be screened for criminal history in the sex offender national database and nationwide criminal history records.

Each individual must give permission for the background checks. If no approval is given, the application will be denied and a notice of denial will be sent.

Habitat will inquire to determine if the information contained in the report is consistent with Habitat's business necessity and may consider several factors, including one of more of the following:

Nature of the conviction and whether children were involved.

Time elapsed since the offense.

Extent to which the offense may affect the person's fitness.

Habitat reserves the right to recheck status at any time during the homebuilding process.

I give permission for Habitat to conduct a criminal background check on me:

Applicant _____

Date _____

Co-Applicant _____

Date _____



Authorization Letter

I/we hereby give permission and authorize any bank, employer, physician, school, utility company, retail store, savings and loan association, insurance company or any other individual, agency or financial institution to disclose to Habitat for Humanity in the Roanoke Valley, Inc. (HFHRV) and/or its designated agent information regarding my past, present or potential situation. This includes property ownership and rentals, bank accounts, cash value of insurance policies, payment for services/merchandise, and all income, as well as any additional information necessary to establish my eligibility for assistance under the HFHRV Homeownership Program.

I understand that this information will be used solely for the purpose of reviewing my eligibility for assistance.

Applicant Signature _____

Printed Name _____

Address _____

Date _____

Co-Applicant Signature _____

Printed Name _____

Address _____

Date _____



Habitat for Humanity in the Roanoke Valley, Inc.

Privacy Statement and Notice

[TO BE PROVIDED BY AFFILIATE WITH THE LOAN APPLICATION, ANNUALLY TO CURRENT HOMEOWNERS (“CUSTOMERS”), AND TO APPLICANTS WHOSE CREDIT WAS DENIED (“CONSUMERS”) IF PERSONAL INFORMATION IS SHARED WITH NON-AFFILIATED THIRD PARTIES AND DOES NOT FALL UNDER AN EXCEPTION]

At Habitat for Humanity in the Roanoke Valley, Inc., we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, income, place of employment, household make-up;
- Information about your transactions with us, our affiliates, or others such as your loan balance, escrow balance, payment history; and
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history.

Habitat for Humanity in the Roanoke Valley, Inc. employees and volunteers are subject to a written 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. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents
- Nonprofit organizations or governments
- Service providers such as insurance agents

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity in the Roanoke Valley, Inc. at (540) 344-0747 or visit the office at 3435 Melrose Avenue, Roanoke, VA 24017.

Homeowner Applicant Voluntary Information

Anti-Discrimination Record Keeping

Habitat for Humanity in the Roanoke Valley, Inc.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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. 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 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="radio"/> I do not wish to furnish this information.	<input type="radio"/> I do not wish to furnish this information.
Race (you may select more than one race) <ul style="list-style-type: none"> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Native <input type="radio"/> Black/African American <input type="radio"/> White <input type="radio"/> Asian 	Race (you may select more than one race) <ul style="list-style-type: none"> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Native <input type="radio"/> Black/African American <input type="radio"/> White <input type="radio"/> Asian
Ethnicity: <ul style="list-style-type: none"> <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic 	Ethnicity: <ul style="list-style-type: none"> <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic
Sex: <ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Female 	Sex: <ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Female
Birthdate ____/____/____	Birthdate ____/____/____
Marital Status: <ul style="list-style-type: none"> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (single, divorced, widowed) 	Marital Status: <ul style="list-style-type: none"> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (single, divorced, widowed)

Completed by Affiliate

This application was taken by <ul style="list-style-type: none"> <input type="radio"/> Face to face interview <input type="radio"/> Mail <input type="radio"/> Telephone 	Received by Jean A. Darby Family Services Coordinator
	540-344-0747 Signature _____ Date _____



PO Box 6627
Roanoke, VA 24017
540-344-0747
(Fax) 540-343-1492
www.habitat-roanoke.org

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

*East Central Region
Federal Trade Commission
1111 Superior Avenue, Suite 200
Cleveland OH 44114-2507*

<https://www.ftc.gov/about-ftc/bureaus-offices/regional-offices/east-central-region>

For Consumer Complaints contact the consumer Response Center

By phone: toll free 877-FTC-HELP (382-4357); 9:00 am to 8:00 pm Eastern Time, Monday through Friday;

By mail: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave, NW, Washington, DC 20580; or through the Internet, using the online [complaint form](#).

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: _____





- The Electronic Signatures in Global and National Commerce (“E-Sign”) Act is a federal law that authorizes the use of electronic records and electronic signatures in certain circumstance when specific conditions are met. Affiliates should also consult their applicable state laws. Most (but not all) states have adopted the Uniform Electronic Transactions Act (“UETA”), which has similar requirements to the federal E-Sign Act.
- This form is intended to comply with the disclosure requirements of the E-Sign Act, 15 U.S.C. § 7001(c)(1). Before sending applications and other legally required disclosures electronically (e.g., Adverse Action Notices), Affiliates must provide notice and receive consent as indicated below.
- Affiliates MUST also comply with ALL other provisions of the E-SIGN Act, such as (i) verifying electronic delivery, (ii) record retention, and (iii) data security. See 15 U.S.C. §§ 7001 et seq. See also American Bankers Association Trainings: HFIH Privacy for Customer Contact Personnel (E-Sign Overview) and HFIH Legal Advisorv: Mortgage Rules and Regulations.
 - THE DATA SECURITY PROVISIONS OF THE E-SIGN ACT INCLUDE A REQUIREMENT THAT ANY COMMUNICATIONS CONTAINING PERSONALLY IDENTIFIABLE INFORMATION (PII) MUST BE SENT IN AN ENCRYPTED MANNER. ADDITIONALLY, ALL DOCUMENTS CONTAINING PII MUST BE SECURELY STORED AND SAFEGUARDED.

E-SIGN ACT DISCLOSURE AND AGREEMENT

Date:

Dear _____ :

We are pleased to offer you the opportunity to receive information about your account electronically. If you would like to receive correspondence and notices from us electronically, instead of paper copies through the mail, please review this notice and provide your consent.

1. **Scope of Communications to Be Provided in Electronic Form.** When you use a product or service to which this disclosure applies, you agree that we may provide you with any communications in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic communications and transactions includes, but is not limited to:
- All legal and regulatory disclosures and communications associated with the product or service available through Habitat for Humanity in the Roanoke Valley, Inc. (HFHRV)
 - Notices or disclosures about a change in the terms of your account or associated payment feature and responses to claims.
 - Privacy policies and notices.

2. **Method of Providing Communications to You in Electronic Form.** All communications that we provide to you in electronic form will be provided either (1) via e-mail, (2) by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or (3) to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose.
3. **How to Withdraw Consent.** You may withdraw your consent to receive communications in electronic form by contacting us at jad@habitat-roanoke.org. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.
4. **How to Update Your Records.** It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this E-Sign Act disclosure and your account, and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at jad@habitat-roanoke.org or PO box 6627 Roanoke, VA 24017
5. **Hardware and Software Requirements.** In order to access, view, and retain electronic communications that we make available to you, you must have:
 - an Internet browser that supports 128 bit encryption;
 - sufficient electronic storage capacity on your computer's hard drive or other data storage unit;
 - an e-mail account with an Internet service provider and e-mail software in order to participate in our electronic communications programs;
 - a personal computer (for PC's: Pentium 120 MHz or higher; for Macintosh, Power Mac 9500, Power PC 604 processor 120-MHz Base or higher), operating system and telecommunications connections to the Internet capable of receiving, accessing, displaying, and either printing or storing communications received from us in electronic form via a plain text-formatted e-mail or by access to our web site using one of the browsers specified above;
 - Adobe Reader version 8.0 or higher.
6. **Requesting Paper Copies.** We will not send you a paper copy of any communication, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made within a reasonable time after we first provided the electronic communication to you. To request a paper copy, contact us at jad@habitat-roanoke.org or PO Box 6627 Roanoke, VA 24017. We may charge you a reasonable service charge for the delivery of paper copies of any communication provided to you electronically pursuant to this authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.
7. **Communications in Writing.** All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure and any other communication that is important to you.
8. **Federal Law.** You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

9. **Termination/Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.
10. **Consent.** By signing below you agree that you have read, understand, and agree to the E-Sign Act . You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that your computer satisfies the hardware and software requirements specified above and that you have provided us with a current e-mail address at which we may send electronic communications to you.

Sincerely,

Jean Darby, Family Services Director

Acknowledged and Agreed to by:

Name: _____

Date: _____

SELECTION TIMELINE DISCLOSURE-2019

Dear _____:

Thank you for your interest in Habitat for Humanity.

We received your application dated _____ on _____.

_____ You have submitted all requested information. We are now ready to order Employment Verifications for all working household members and Landlord confirmation of last 12 months successful rent payments, and schedule a home visit to determine your Need for housing. We will keep you informed of our progress by mail or, if you have given us written permission, by email.

_____ Your application lacks information. Please provide the following within 30 days, by _____. If all requested information is not provided before this deadline, your application will be closed and you will be notified by mail, or, if you have given us written permission, by email of this action within 3 days. If this happens, you are welcome to apply again in 6 months.

Habitat is currently holding an open application season. When you have provided all requested income and other application information, the employment and landlord verifications are in, and the home visit has been made to determine need, we will have enough information to make a decision, and the Family Services Committee (FSC) will submit your application to the Habitat board for approval or denial within 30 days.

Applicants will be notified by mail of approval or denial within 3 days of the board's decision.

Individual orientation for new partner families will be scheduled during the week after approval.

Denied applicants are encouraged to reapply after 6 months, provided the cause of denial has been cured.

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Appraisal Disclosure Notice

If you are approved as a Habitat partner, at the completion of your new home, Habitat will order an independent appraisal of your property to determine the fair market value, and you are entitled to receive a copy of the appraisal free of charge. The cost of the appraisal will be wrapped into the total cost of your house.

I understand this policy _____ **Date** _____