APPLICATION FOR HOUSING

Habitat for Humanity® in the Roanoke Valley
3435 Melrose Avenue NW, PO Box 6627, Roanoke, VA 24017
540-344-0747 or **www.habitat-roanoke.org**
VA Relay Number - 7111

EQUAL HOUSING OPPORTUNITY

APPLICATION DEADLINE: Friday, September 18, 2026

APPLICATION FEE OF $35.00 DUE AT SUBMISSION

HOMEBUYER APPLICANT CHECKLIST

IMPORTANT: *Use this checklist to ensure you have included all the documents requested below. These documents, along with your completed application, will be used to determine your eligibility and program acceptance.*

- ☐ **Completed Application** – including:
  - Monthly Income and Housing Expenses (p.4)
  - Debt (p.5)
  - Declarations (p.6)
  - Signed Criminal Background & Sexual Offender Check Permission (p.7)
  - Signed Authorization Letter permitting credit check
  - Application Fee of $35. Must be paid by Money Order only. Make payable to **Habitat for Humanity in the Roanoke Valley**.
- ☐ Last 3 months of **pay stubs**.
- ☐ Last 3 months of **bank statements** (checking and savings).
- ☐ **Proof of household income received**, such as award letters (e.g., SNAP, TANF, SSI, SSD, military or retirement benefits, etc.).
- ☐ **Proof of child support, alimony**, or other court ordered payments made/received for the last 6 months, if you choose to submit it. *Alimony / Child support documents are not required.*
- ☐ **Photo ID listing address and date of birth for all adults in the household.**
- ☐ Photocopies of the **social security cards for all household members.**
- ☐ Photocopies **of birth certificates or proof of permanent legal residency** for all household members.
- ☐ Proof of on-time payment for **rent and utilities for the last 12 months.**
- ☐ **Most recent 2 years' tax returns and W2s.**

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September 18, 2026

Date _____

All qualified applicants 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		
Address		Same address as applicant? **Y** **N**
Sex	**F____ M____**	**F____ M____**
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Soc. Sec. #		
Marital Status	**Married** _____ **Unmarried** _____	**Married** _____ **Unmarried** _____
Phone	*Indicate type of phone and provide number* **Cell** _____ **Home**____	*Indicate type of phone and provide number* **Cell** _____ **Home**____
Email		
	Are you a U.S. Citizen or permanent resident? *(Provide proof of documentation)*	
	Y___ N___	**Y___ N___**

2. HOUSEHOLD INFORMATION

	APPLICANT	CO-APPLICANT
Do you own or rent? *Check one*	**Rent** _____ **Own**_____	**Rent** _____ **Own**_____
Provide landlord's name, address & phone		
What is your monthly rent?	$	$
Is your rent subsidized?	**Y___ N___**	**Y___ N___**
How long have you lived at this address?		

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If less than 2 years, provide former address		

2. HOUSEHOLD INFORMATION, cont'd.

*Identify **ALL** people who will live in your household (incl. self). Use additional paper if necessary.*

Name	Veteran ?	Sex	Age	Birthdate	Relationship to Applicant or Co-Applicant
1.	Y N	F M			
2.	Y N	F M			
3.	Y N	F M			
4.	Y N	F M			
5.	Y N	F M			
6.	Y N	F M			
7.	Y N	F M			
8.	Y N	F M			

What is the **total number of people currently in your household?** *Circle your answer*

1 2 3 4 5 6 7 8 _____

Are you enrolled in **RRHA's Self-Sufficiency program** (through Public Housing)? **Y__ N__**

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3. CURRENT HOUSING NEED

How many bedrooms do you have now? *(Circle your answer)*

1 2 3 4 5

Identify your current housing need? *(Check all that apply)*

Structural damage *(Walls, floors, bathrooms, stairs, doors)*	☐	**Lack of accessibility** *(can't access stairs, bathroom or bedroom)*	☐
Lack of operable plumbing or heating	☐	**Residence poses a health hazard**	☐
Leaky roof and/or ceiling(s)	☐	**Residence is a safety risk to my children**	☐
Mold / mildew puts my family at risk	☐	**Overcrowding**	☐
Cost burdened *(can't afford my rent)*	☐	**Other:** _____	☐

-- Application continues on the next page --

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3. CURRENT HOUSING NEED

Please provide a **detailed description** of your **current housing need**. (*Use more paper if needed)*

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3. CURRENT HOUSING NEED

Why do you want to buy a Habitat house? *(Use more paper if needed)*

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4. EMPLOYMENT INFORMATION

To apply, applicants must have 2 or more years of employment history.

	APPLICANT	CO-APPLICANT
Current Employer #1		
Dates of Employment	Start Date _____ End Date _____	Start Date _____ End Date _____
Position Title		
Hourly Wage or Bi-Weekly Salary	$	$
Avg. Hrs Worked per Pay Period		
Work Phone		

	APPLICANT	CO-APPLICANT
Current Employer #2		
Dates of Employment	Start Date _____ End Date _____	Start Date _____ End Date _____
Position Title		
Hourly Wage or Bi-Weekly Salary	$	$
Avg. Hrs Worked per Pay Period		
Work Phone		

If you worked at your current job ***less* than two years,** complete the following:

	APPLICANT	CO-APPLICANT
Previous Employer		
Dates of Employment	Start Date _____ End Date _____	Start Date _____ End Date _____
Work Phone		
Hourly Wage or Bi-Weekly Salary	$	$

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5. FINANCIAL INFORMATION

List ALL household members, including yourself, who receive income such as: SSI, Disability, TANF, SNAP, retirement benefits, etc. *(Must include proof; use additional paper if necessary)*

Name	Age	Monthly Income	Source
1.		$	
2.		$	
3.		$	
4.		$	
5.		$	
6.		$	

Would you like us to consider any **Alimony** and/or **Child Support** you receive regularly as part of your monthly income?

_____

_____

_____

_____

_____

_____

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6. IDENTIFICATION OF ASSETS

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 $
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? Y__ N___

Location:_____ Assessed value:_____

Do you, the Co-Applicant or a member of your household **have cash, other bank accounts, or life insurance policies with cash values** you have not listed on this application?

Y__ N___

-- Application continues on the next page –

7. 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:	

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8. DECLARATIONS

	APPLICANT	CO-APPLICANT
1. Do you have any debt (collections, judgments, or liens) because of a court decision against you?	**Y___ N___**	**Y___ N___**
2. Do you have any debts on which you are not making payments?	**Y___ N___**	**Y___ N___**
3. Have you had a bankruptcy discharged or property foreclosed within the past 2 years?	**Y___ N___**	**Y___ N___**
4. Have you ever signed for another person's debt or loan?	**Y___ N___**	**Y___ N___**
5. Do you have the ability and willingness to maintain at least $500 in a savings account for emergencies?	**Y___ N___**	**Y___ N___**
6. Do you owe alimony or child support?	**Y___ N___**	**Y___ N___**
7. Have you been evicted from housing in the last 2 years?	**Y___ N___**	**Y___ N___**
8. Are you currently involved in a lawsuit?	**Y___ N___**	**Y___ N___**
9. Have you or other members of your household been convicted of a crime?	**Y___ N___**	**Y___ N___**
10. Are you or any member of your household included on a sexual offender list?	**Y___ N___**	**Y___ N___**

I <u>give permission</u> for Habitat to conduct a review of my credit history as part of my application to the Homebuyer Program.

Applicant_____ **Date**_____

Co-Applicant_____ **Date**_____

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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 home building process.

I <u>give permission</u> for Habitat to conduct a criminal background check on me:

Applicant_____ **Date**_____

Co-Applicant_____ **Date**_____

-- Application continues on the next page –

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AUTHORIZATION LETTER

I/we hereby give permission and authorize any bank, employer, physician, school, utility company, retail store, savings and loan association, insurance company, credit reporting agency 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_____

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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.*

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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**
o I do not wish to furnish this information. Race (you may select more than one race) o American Indian or Alaska Native o Native Hawaiian or other Pacific Native o Black/African American o White o Asian Ethnicity: o Hispanic o Non-Hispanic Sex: o Male o Female Birthdate _____/_____/_____ Marital Status: o Married o Separated o Unmarried (single, divorced, widowed)	o I do not wish to furnish this information. Race (you may select more than one race) o American Indian or Alaska Native o Native Hawaiian or other Pacific Native o Black/African American o White o Asian Ethnicity: o Hispanic o Non-Hispanic Sex: o Male o Female Birthdate _____/_____/_____ Marital Status: o Married o Separated o Unmarried (single, divorced, widowed)

This application was received by:	**Joyce R. Williams, Family Services Director** Signature Date

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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 do not need to disclose income from alimony, child support or separation maintenance if you choose not to.

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: _____

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AUTHORIZATION TO EXCHANGE ELECTRONIC MESSAGES

- The Electronic Signatures in Global and National Commerce (E-SIGN) Act is a federal law which authorizes the use of electronic records and electronic signatures in certain circumstance when specific conditions are met.
- 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 E-SIGN, 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; IIFIII Privacy for Customer Contact Personnel (E-Sign Overview) and IIFIII Legal Advisory: Mortgage Rules and Regulations.**

  THE DATA SECURITY PROVISIONS OF THE E-SIGN ACT INCLUDE A REQUREIMENT 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: *(write your name(s) here)* _____

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**. 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 describe below. *Your consent to receive electronic communications and transactions includes, but is not limited to:*
   - All legal and regulatory disclosures and communications associated with Habitat for Humanity in the Roanoke Valley, Inc. (HFHRV);
   - Notices or disclosures about a change in the terms of your account;
   - And all associated 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 website 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 website 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 joyce@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 joyce@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 website 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 joyce@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 communication 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,

Joyce R. Williams, Family Services Director

Acknowledged and Agreed to by:

Signatures:

APPLICANT: _____

CO-APPLICANT: _____

DATE: _____

THIS INFORMATION IS CURRENT AS OF THE DATE OF THIS TEMPLATE. THIS TEMPLATE DOES NOT CONSTITUE LEGAL ADVICE. PLEASE NOE THAT LAWS VARY FROM STATE TO STATE. IT IS IMNPORTANT TO CHECK WITH YOUR LOCAL ATTORNEY REGARDING STATE LAW AND OBTAIN LEGAL ADVICE REGARDING YOUR SPECIFIC AFFILIATE.

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/we, _____,

_____,

understand this policy.

Date_____

APPLICATION DEADLINE:
September 18, 2026