

APPLICATION PACKET

2019-2020 HOMES

APPLY NOW TO BUILD & BUY A HOME WITH HABITAT



Habitat
for Humanity[®]
of Hardin County
Kentucky

**PLEASE READ ENTIRE APPLICATION PACKAGE &
ATTACH ALL REQUIRED DOCUMENTATION**

Thank you for considering becoming a homeowner through Hardin County Habitat for Humanity's (HCHF) Homeownership Program. Our plan is to select five families for the 2019-2020 build cycle. You are currently applying for the opportunity to build & own one of these five homes. It is important to note that you are not applying for a specific home or address, but the opportunity to own one of our affordable homes. We will work with those homeowners who qualify and are selected to develop a specific plan for their home.

HCHF's application approval process is built around 3 policies:

1. **The Ability to Pay** – Habitat homes are not free, but come with an affordable mortgage with estimated monthly payments not to exceed 30% of your gross monthly income. **There will also be a fee of \$1,200* to be put into escrow.** (*This may increase based upon insurance selected by family.)
2. **Willingness to Partner** – Our Homeownership Program is a hand UP partnership. Each approved applicant agrees to:
 - a. **Provide 250 hours of Sweat Equity on their homes, the homes of others and other opportunities to assist the work of HCHF.**
 - b. **Participate in a 10-week financial literacy course.**
 - c. **Keep HCHF informed with your current information.**
 - d. **Live where HCHF has available properties.**
 - e. **Other activities necessary to fulfill the HCHF partnership.**
3. **Need for Adequate Shelter** – HCHF believes that everyone deserves a decent place to live. To that end we prioritize the need for adequate housing. A need for adequate housing can range from overcrowding or cost burdened to substandard housing conditions. During stage 2 of the selection process members of the family selection committee will schedule a meeting to do a housing evaluation with you.

IF THIS SOUNDS LIKE A PROGRAM THAT INTERESTS YOU...

LET'S GET STARTED!

STEP 1: REVIEW THE HOUSEHOLD INCOME GUIDELINES

INCOME GUIDELINES TO QUALIFY FOR A HCHF HOME

Family Size	Maximum Monthly Gross Income
1	\$2,153
2	\$2,460
3	\$2,768
4	\$3,075
5	\$3,321
6	\$3,567
7	\$3,813
8	\$4,059

Step 2: REVIEW THE FOLLOWING HCHF POLICIES

NOTE: HCHF policies will not allow the approval of an application for any of the following:

1. **Bankruptcy within the last 18 months** (must be 18 months from date of discharge).
2. **\$3,000 or more in uncollected past due, bad debt.** Example: If a credit card has a \$3,000 balance and payments are current; this is not considered a “bad” debt. However, if the credit card is in default and is in collection this would be considered a “bad” debt.
3. **Applicant does not currently reside in Hardin County, KY.**
4. **Applicant is not a first-time home buyer.**

STEP 3: GATHER THE FOLLOWING DOCUMENTATION AND COMPLETE THE ATTACHED APPLICATION.

NOTE: The following information is needed for EACH person in the household age 18 and over.

- SIX consecutive paystubs.
- A signed copy of the most recent years Federal Income Tax Return: Form 1040 for each person in household who is required to file a tax return.
- Public assistance records stating the current monthly amount received (K-TAP, Social Security, SSI, Disability, etc.) for any person receiving such assistance.
- Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not choose to have it considered for repaying this loan. If you elect to have it considered for repaying the loan you must submit a 12-month payment history.
- If you are currently paying child support, include a 12-month payment history.
- Copy of utility bills for previous month.
- 3 Months of statements for all bank accounts.
- Current statement for any savings account.
- Current statement for retirement accounts such as 401K, IRA, stocks, life insurance, mutual funds, etc.
- Current statements for all outstanding debts (credit card debt, auto payments, furniture store bills, etc.)
- If you have any “bad” debts reported or listed on your credit report under \$3,000, you will need to provide a current statement and a written payment plan to bring the debt current. **HCHF policies will not allow the approval of an application with over \$3,000 in uncollected, past-due debt.**
- Open judgments or liens must be paid and/or released before your application can be approved.
- Copies of the following for the applicant and co-applicant:
 - Driver’s License, State Issued ID or Passport

STEP 4: RETURN YOUR COMPLETED APPLICATION AND ALL DOCUMENTATION TO THE HCHFH OFFICE.

Mail or hand-deliver completed Applications to:

Hardin County Habitat for Humanity
1205 N. Dixie Avenue, Suite 104
Elizabethtown, KY 42701

Note: If you drop off the application at the Habitat Office, we will not be able to review your information/application while you wait or make copies of information.

APPLICATIONS ARE NOT ACCEPTED BY EMAIL OR FAX

IF YOU HAVE ANY QUESTIONS: Contact the Habitat Office with any questions at (270) 360-9900 or by email at info@hardincohabitat.org.

NEXT STEPS AFTER APPLICATION PACKET IS TURNED IN:

Habitat will respond by mail within 30 days of receiving your application with one of the following:

- 1. INTERVIEW NOTIFICATION** – You are ready to proceed to the Home interview stage (final stage) of the Application process. We will discuss your current need for housing during the home interview.
- 2. INCOMPLETE NOTICE** – Requesting additional or missing information that is required before review of your application can be completed.
- 3. NOTICE OF ADVERSE ACTION-** Application has been denied with the details of the reason(s) so that you may be able to remedy any issues and reapply at a later date.



Hardin County Habitat for Humanity
 1205 N. Dixie Avenue, Suite 104
 Elizabethtown, KY 42701
 (270) 360-9900

Application

Habitat Homeownership Program



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, disability, age, familial status, sexual orientation, gender identity, or national origin.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's name	Co-applicant's name
Social Security number Home phone Age	Social Security number Home phone Age
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by applicant)
Name Age Male Female	Name Age Male Female
_____ ____ <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"/>
_____ ____ <input type="checkbox"/> <input type="checkbox"/>	_____ ____ <input type="checkbox"/> <input type="checkbox"/>
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____
If living at present address for less than two years, complete the following	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____
 Date of notice of incomplete application letter: _____
 Date of adverse action letter: _____

Date of selection committee approval: _____
 Date of board approval: _____
 Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending financial literacy classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

Kitchen Bathroom Living room Dining room

Other (please describe) _____

What is your monthly rent payment? \$ _____/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

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

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

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

PLEASE NOTE:

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

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

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

10. DEBT

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

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

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

	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 seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you an employee or board member or related to an employee or board member of this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through i, or "no" to question j, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Homeownership Program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature

Date

Co-applicant signature

Date

X _____ X _____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ Co-applicant's name _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview			
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">Interviewer's signature</td> <td style="width: 20%; border: none; text-align: right;">Date</td> </tr> </table>	Interviewer's signature	Date
Interviewer's signature	Date		
	Interviewer's phone number		

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at [FTC Regional Office for the Midwest region, 55 West Monroe St., Suite 1825, Chicago, IL 60603] or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Hardin County Habitat for Humanity Privacy Statement and Notice

At Hardin County Habitat for Humanity, 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, 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 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, assets & income;
- Information about your transactions with us or others such as your loan balance and payment history.

Hardin County Habitat for Humanity 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, government entities, or other subsidy & grant providers.

If you prefer that we do not disclose non-public personal information about you to non-affiliated 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 non-affiliated third parties, you may call Hardin County Habitat for Humanity at (270) 360-9900.



**EQUAL HOUSING
OPPORTUNITY**

We do business in accordance with the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

It is illegal to discriminate against any person because of race, color, national origin, sex, religion, disability, familial status, age, sexual orientation, gender identity, or marital status.

- In the sale or rental of housing or residential lots
- In advertising the sale or rental of housing
- In the financing of housing
- In the provision of real estate brokerage services
- In the appraisal of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

**1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)**

**U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal
Opportunity
Washington, D.C. 20410**