



P.O. Box 1067
Bemidji, MN 56619
218-751-4649
Fax 218-444-3105

habitat@paulbunyan.net
www.habitatbemidji.org

APPLICATION PACKET & GUIDELINES

Northwoods Habitat for Humanity prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, interpretation, etc.) should contact us at 218-751-4649 to request accommodation. Northwoods Habitat for Humanity is an equal opportunity provider and employer.



So you're interested in purchasing a Habitat Home!

We're glad you are thinking about applying for a Habitat home. One wonderful aspect of Habitat for Humanity is that it builds more than houses--it builds decent homes, in decent communities in which people can live and grow into all that God intended.

What is Habitat for Humanity?

Habitat for Humanity International is a non-profit, ecumenical, Christian housing ministry. Habitat for Humanity seeks to eliminate poverty housing and homelessness from the world and to make decent shelter a matter of conscience and action. Habitat invites people from all walks of life to work together in partnership to help build houses with families in need. Habitat, together with families and volunteers, has built thousands of houses around the world, providing over a million people in more than 2000 communities with safe, decent, affordable shelter. Habitat for Humanity was founded in 1976 by Millard Fuller and his wife Linda Fuller.

How does Habitat work?

Volunteers from many walks of life make gifts to Habitat to provide the initial capital. Houses are then built or refurbished for people who do not qualify for conventional bank loans. Most labor is done by volunteers and by the families themselves. Many individuals and businesses contribute time and materials. **When the house is completed, it is sold to the family at the appraised price. Sometimes there are other lending options available for higher income families and the loan is held by another entity. House payments go into a revolving fund to help build houses for other families in need. In addition to the payments, each homeowner is responsible for the utilities, maintenance, and other standard housing expenses.**

How are Habitat Families Selected?

1. HOUSING NEED

- You must be in need of decent, affordable housing due to one of the following:
 - sub-standard housing conditions
 - health/safety issues/over-crowding
 - housing debt burden (pay more than 30% for housing)
 - failure to meet physical needs of family member(s)
 - subsidized housing
 - unable to secure conventional or other home financing

2. ABILITY TO PAY

- You have an adequate and verifiable income
- Your income falls within Family Selection Guidelines (see next page)
- Your debt-to-income ratio is not too high
- Your credit history is acceptable
- Your income is enough to make ALL monthly payments:
 - Mortgage
 - Property taxes
 - Homeowners insurance
 - All other bills (vehicle payments, insurance, loans, credit cards, day care, etc.)

3. WILLINGNESS TO PARTNER with Habitat for Humanity and the Community

- Agree to complete SWEAT EQUITY hours (300 hours per adult in the household, 125 construction)
 - Work on own house
 - Work on other Habitat houses
 - Attend & Participate in Habitat activities
- Agree to complete Home Stretch Program prior to purchase of the home (online or in person)
- Agree to work with Habitat Board Members, Staff and Volunteers on various projects
- Agree to make payments IN FULL and ON TIME
- Agree to submit Federal Tax Return and income related documents ANNUALLY
- Agree to keep inside and outside of house clean and in good repair
- Make and/or pay for all repairs
- Keep the yard neat
- Keep lawn mowed in summer and sidewalks clear in winter

- Agree to respect the neighbors and the neighborhood
- Agree to be a good ambassador for Habitat for Humanity by supporting its programs after purchase

MEDIAN INCOME FOR BELTRAMI AND CLEARWATER COUNTY IS \$85,800

| | AT LEAST | LESS THAN |
|--------------|----------|-----------|
| Single | 32100 | 62650 |
| Two People | 36650 | 71600 |
| Three People | 41250 | 80550 |
| Four People | 45800 | 89450 |
| Five People | 49500 | 96650 |
| Six People | 53150 | 103800 |

Amounts are based on HUD's Section 8 Income limits for very low income (50%) to low income (80%), subject to HUD changes.

Income/Debt Worksheet

I. INCOME:

1. Number of people in household Adults _____ Children _____
2. Gross Annual income from all sources (before taxes) \$ _____
(include income from employment, self employment,
SSI, SSDI, MFIP, Child Support, Alimony, etc.)

Gross Annual income falls within appropriate guidelines?
(See Income Chart)

_____ YES _____ NO
If YES, please continue below.

II. DEBT-TO-INCOME RATIO (Acceptable Debt) :

1. TOTAL MONTHLY Gross Income (Annual ÷ by 12.) \$ _____
2. MONTHLY payments: (beyond 6 months)
- Credit Cards/revolving loans \$ _____
- Vehicle Payments \$ _____
- Child Support / Alimony \$ _____
- Day Care \$ _____
- Other Loans & Payments (include Student Loans) \$ _____
- TOTAL MONTHLY DEBT:** (enter below *) \$ _____ *
3. 25% of TOTAL MONTHLY Gross Income (enter below**) \$ _____ **
(multiply monthly gross income #1 above by .25)

| |
|---|
| TOTAL MONTHLY DEBT \$ _____ * |
| must be LESS than |
| 25% of TOTAL MONTHLY Gross Income \$ _____ ** |
| Is * lower than ** ? _____ YES _____ NO |

STOP. DO YOU QUALIFY?

***IF YOU answered YES, PLEASE COMPLETE THE HABITAT APPLICATION
and RETURN THIS WORKSHEET WITH THE APPLICATION & ATTACHMENTS***

Application Checklist

If you have questions regarding the application and/or documentation for the application, please call 218-751-4649.

Your application is considered complete when **ALL** applicable information is **SUBMITTED** to Habitat:

- ___ Cover letter that explains your situation and why you need a Habitat home
- ___ Completed Income/Debt Worksheet
- ___ Completed Application [page 1 through 10, signed by applicant(s)]
- ___ 3 letters of support (personal, professional and relative references **listed on application**)
- ___ Federal Income Tax Return for the most recent year filed including w-2's, 1099's, etc.
- ___ Last 3 month's pay stubs for all household income;
- ___ Original Social Security Award letter and most recent cost of living award letter
- ___ Copy of driver's license or state ID for all applicants
- ___ Denial letter or proof of denial for a home loan from a lender (bank, USDA Rural Dev.)
- ___ Signed Borrower's Certification & Authorization (release of information for Employer, Bank, Public Assistance, Criminal Background Check, Credit Report, etc.)
- ___ Completed Household Information Worksheet
- ___ Data Privacy Notice (sign the bottom)
- ___ ECOA Notice (sign the bottom)

Please submit this checklist with your application. Ideally, you will make an appointment to go over the application with staff to ensure all documents are submitted and your application is complete.

Application

Habitat Homeownership Program

PO Box 1067
 Bemidji, MN 56619
 218-751-4649
 habitat@paulbunyan.net



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, handicap, familial status or national origin.

Dear Applicant: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy. Please do not hesitate to contact us if you have questions.

- Type of credit**
- I am applying for **individual credit**.
 - I am applying for **joint credit**. Total number of borrowers: _____
 - Each borrower intends to apply for joint credit. **Your initials:** _____

1A. APPLICANT INFORMATION

| Applicant | Co-applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|---|------|-----|------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|
| Applicant's name: _____ Alternative and former names: _____ _____ | Co-applicant's name: _____ Alternative and former names: _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) | Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependents and others who will live with you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | 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"/> | Dependents and others who will live with you (not listed by co-applicant): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | 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"/> |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/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"/> |

3. PRESENT HOUSING CONDITIONS

Currently, are you: Renting Rent-free Own

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

Other rooms in the place where you are currently living: Kitchen Bathroom Living room Diningroom

Other (please describe): _____

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

If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?
 \$ _____/month Unpaid balance \$ _____

Do you own land other than your residence? No Yes
 Monthly payment (including taxes, insurance, etc.)
 \$ _____

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.
Note: A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION

| Applicant | | Co-applicant | |
|---|-----------------------------|---|---|
| <input type="checkbox"/> Does not apply. | | <input type="checkbox"/> Does not apply. | |
| Name and address of CURRENT employer: | Start date (mm/dd/yyyy): | Name and address of CURRENT employer: | Start date (mm/dd/yyyy): |
| | Annual (gross) wages: \$ | | Annual (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 PREVIOUS employer: | Years on this job: | Name and address of PREVIOUS employer: | Years on this job: |
| | Annual (gross) wages: \$ | | Annual (gross) wages: \$ |
| Type of business: | Business phone: | Type of business: | Business phone: |
| <input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____ | | | PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements. |

6. MONTHLY INCOME

| Income source | Applicant | Co-applicant (if appl.) | Others in household | Total |
|-----------------------------------|-----------|-------------------------|---------------------|-----------|
| Salary/wages (gross) | \$ | \$ | \$ | \$ |
| TANF | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child support | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| Disability | \$ | \$ | \$ | \$ |
| Housing voucher (e.g., Section 8) | \$ | \$ | \$ | \$ |
| Unemployment benefits | \$ | \$ | \$ | \$ |
| VA compensation | \$ | \$ | \$ | \$ |
| Retirement (e.g., pension) | \$ | \$ | \$ | \$ |
| Military entitlements | \$ | \$ | \$ | \$ |
| Other: _____ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

| Name | Income source | Monthly income | Date of birth |
|------|---------------|----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. 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 gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

| Type of asset: bank account, auto, etc. (name of bank, savings and loan, credit union), retirement account, etc. (not land) | Address | City, state | ZIP | Account number | Current balance/ value/vested amount (if applicable) |
|---|---------|-------------|-----|----------------|--|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

9. LIABILITIES AND EXPENSES

| TO WHOM DO YOU OWE MONEY? | Applicant | | | Co-applicant | | |
|--|-----------|-----------------|----------------|--------------------|-----------------|----------------|
| | Account | Monthly payment | Unpaid balance | Months left to pay | Monthly payment | Unpaid balance |
| Auto loan | \$ | \$ | | \$ | \$ | |
| Installment (e.g., boat, personal loan) | \$ | \$ | | \$ | \$ | |
| Lease (e.g., furniture, appliances — includes rent-to-own) | \$ | \$ | | \$ | \$ | |
| Alimony/separate maintenance | \$ | \$ | | \$ | \$ | |
| Child support | \$ | \$ | | \$ | \$ | |
| Revolving (e.g., credit cards) | \$ | \$ | | \$ | \$ | |
| Student loan debt | \$ | \$ | | \$ | \$ | |
| Open 30 days (balance paid monthly, e.g., travel card) | \$ | \$ | | \$ | \$ | |
| Medical debt | \$ | \$ | | \$ | \$ | |
| Other | \$ | \$ | | \$ | \$ | |
| Other | \$ | \$ | | \$ | \$ | |
| Total | \$ | \$ | | \$ | \$ | |

MONTHLY EXPENSES

| Account | Applicant | Co-applicant | Total |
|---------------------------------------|-----------|--------------|-------|
| Rent | \$ | \$ | \$ |
| Utilities (electricity, water, gas) | \$ | \$ | \$ |
| Insurance (rental, car, health, etc.) | \$ | \$ | \$ |
| Child care | \$ | \$ | \$ |
| Internet service | \$ | \$ | \$ |
| Cell phone | \$ | \$ | \$ |

| | | | |
|--|-----------|-----------|-----------|
| Land line | \$ | \$ | \$ |
| Business expenses | \$ | \$ | \$ |
| Union dues | \$ | \$ | \$ |
| Transportation expense (gas, bus pass, vehicle upkeep, etc.) | \$ | \$ | \$ |
| Food and essential supplies | \$ | \$ | \$ |
| Entertainment | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

10. DECLARATIONS

| Please check the box beside the word that best answers the following questions for you and the co-applicant. | Applicant | Co-applicant |
|--|--|--|
| a. Are there 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? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Have you had any property foreclosed upon in the past seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you party to a lawsuit in which you potentially have any personal financial liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years? | <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 a co-signer or guarantor on any debt of loan that is not disclosed on this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. 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 |
| Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper. | | |

11. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, 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** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

| Applicant | Co-applicant |
|---|---|
| <p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p> | <p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p> |
| <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p> | <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p> |
| <p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p> | <p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p> |

To be completed only by the person conducting the interview

| | | |
|---|---|--|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the sex of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the race of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type) <hr/> Interviewer's signature | Interviewer's phone number <hr/> Date |



Borrower's Certification & Authorization

Certification

The Undersigned Certify the Following:

I/We have applied for a mortgage loan from Northwoods Habitat for Humanity.

In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or documents, nor did we omit any pertinent information.

I/We understand and agree that Northwoods Habitat for Humanity reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and or the financial institution.

I/We fully understand that it is a federal crime punishable by fine or imprisonment or both, to knowingly and make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, and Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Northwoods Habitat for Humanity. As part of the application process Northwoods Habitat for Humanity and the mortgage guaranty insurer(if any) may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Northwoods Habitat for Humanity and to any investor to whom Northwoods Habitat for Humanity may sell my mortgage, and the mortgage guaranty insurer(if any) and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, bank, money market and similar account balances, credit history and copies of income tax returns.
3. Northwoods Habitat for Humanity or any investor that purchases the mortgage or the mortgage guaranty insurer (if any) may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Northwoods Habitat for Humanity, the investor that purchased the mortgage or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any): Northwoods Habitat for Humanity

Notice to borrowers : This is a notice to you required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right to access financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

Borrowers Signature _____ Date _____

Social Security Number _____

Borrowers Signature _____ Date _____

Social Security Number _____



Privacy Notice

Combined Privacy Notice and Tennessean Warning

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read the disclosures and acknowledgements outlined below carefully.

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Habitat for Humanity program and to help Habitat for Humanity manage the program.

Depending on the type of assistance being provided, either grant or loan assistance, different disclosures apply. For grant assistance, your name and address are private data. For loan assistance, your name and address are public data. Regardless of whether you receive grant or loan assistance, the amount of assistance you receive is public data.

With both grant and loan assistance, all other data we create or collect from you, including financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals under Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both the public data and the private data may be shared with nonaffiliated third parties as permitted by law, including Habitat for Humanity of Minnesota, the Federal Home Loan Bank and Minnesota Housing Finance Agency (MHFA) and staff whose jobs require them to see it in connection with our normal operating practices.

Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Under the Privacy Act of 1974, you may refuse to provide your Social Security Number (SSN) and it will not affect your eligibility for assistance. Disclosure of your SSN for the purpose of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

| | | |
|------------------|-----------|------|
| Beneficiary Name | Signature | Date |
|------------------|-----------|------|

| | | |
|------------------|-----------|------|
| Beneficiary Name | Signature | Date |
|------------------|-----------|------|



EQUAL CREDIT OPORTUNITY ACT NOTICE

This 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, Midwest Regional office at:

John C. Kluczynski, Federal Building, 230 S Dearborn Street #3030, Chicago, IL 60604

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: _____