

## Application Checklist

Please note that the application is not complete until everything below can be checked as completed or included.  
**Please sign the application where indicated and include copies of all documentation requested.**

- Identification card (government issued with photo) and Social Security cards\*
- Three (3) recent rent receipts and utility bills (within last four months.)
- Copies of documents verifying other income (Social Security, Disability, Food Stamps, Child Support, etc.) \*
- Income tax statements for the previous **2** years (all pages of form 1040) \*
- Four (4) of your **MOST recent** consecutive pay stubs\*
- Three (3) recent bank statements from **ALL** accounts/assets (within the last four months)
- If married but separated, you must provide legal separation papers.
- Signatures on pages 4, 5 and 6.

\*For each adult 18 years and older.

## How did you hear about Habitat?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Family _____ | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Flyer _____  |  |

## Applicant

|                                    |                                    |                                 |
|------------------------------------|------------------------------------|---------------------------------|
| _____<br>Name of applicant         | _____<br>Date of Birth             | _____<br>Social Security Number |
| _____<br>Street Address            | _____<br>City, State, Zip Code     |                                 |
| _____<br>How long at this address? | _____<br>Cell                      | _____<br>E-mail address         |
| Marital Status (check one):        |                                    | Are you a Veteran?              |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Separated | <input type="checkbox"/> Yes    |
| <input type="checkbox"/> Unmarried |                                    | <input type="checkbox"/> No     |

## Co-Applicant

|                                    |                                    |                                 |
|------------------------------------|------------------------------------|---------------------------------|
| _____<br>Name of applicant         | _____<br>Date of Birth             | _____<br>Social Security Number |
| _____<br>Street Address            | _____<br>City, State, Zip Code     |                                 |
| _____<br>How long at this address? | _____<br>Cell                      | _____<br>E-mail address         |
| Marital Status (check one):        |                                    | Are you a Veteran?              |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Separated | <input type="checkbox"/> Yes    |
| <input type="checkbox"/> Unmarried |                                    | <input type="checkbox"/> No     |

**If selected, list other people that would live in the house, excluding applicant and co-applicant.**

| Name | Date of Birth | Gender) | Relationship | Full time student? | School Attending |
|------|---------------|---------|--------------|--------------------|------------------|
|      |               |         |              |                    |                  |
|      |               |         |              |                    |                  |
|      |               |         |              |                    |                  |
|      |               |         |              |                    |                  |
|      |               |         |              |                    |                  |
|      |               |         |              |                    |                  |

**Current Housing Situation**

Own

Rent

Section 8

Live with family/Rent Free

o Monthly rent payment: \$ \_\_\_\_\_

o Number of bedrooms \_\_\_\_\_ Bath \_\_\_\_\_

**Applicant's Employer (if applicable)**

\_\_\_\_\_  
Employer/Organization/Company

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Length of employment?

**\*\*\*If employed less than two years, attach a note with complete employment history for past two years.**

**Co-Applicant's Employer (if applicable)**

\_\_\_\_\_  
Employer/Organization/Company

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Length of employment?

**\*\*\*If employed less than two years, attach a note with complete employment history for past two years.**

**Income from ALL other sources**

List all income: other jobs, family disability, child support\*, alimony\*, pension, Social Security, Food and Nutritional Services, etc. Include documentation with application.

| Name of Family Member | Source of Income | Amount per month |
|-----------------------|------------------|------------------|
| Self                  |                  |                  |
|                       |                  |                  |
|                       |                  |                  |
|                       |                  |                  |

**List all financial assets below on line: (ex. savings, checking, credit union, brokerage accounts, cash, etc.)**

I (we) have no other financial assets or income except those declared in the application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

*\* not required to be counted as income*

## Expenses

|             |          |           |                 |          |           |
|-------------|----------|-----------|-----------------|----------|-----------|
| Electricity | \$ _____ | Per month | Cable/ Internet | \$ _____ | Per month |
| Water       | \$ _____ | Per month | Phone           | \$ _____ | Per month |
| Child Care  | \$ _____ | Per month | Auto Payment(s) | \$ _____ | Per month |

## 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 home of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes, or other approved activities.

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

|  |              |                 |
|--|--------------|-----------------|
|  | Applicant    | (Please Circle) |
|  | Co-Applicant | YES or NO       |
|  |              | YES or NO       |

## Declarations

|   | Applicant | Co-Applicant |
|---|-----------|--------------|
| Do you have any outstanding judgements because of a court decision against you?                 |           |              |
| Have you been declared bankrupt within the past seven years?                                    |           |              |
| Have you had property foreclosed on in the past seven years?                                    |           |              |
| Are you currently involved in a lawsuit?  |           |              |
| Are you paying alimony or child support?  |           |              |
| If you answered yes to any of the questions above, please explain on a separate piece of paper. |           |              |

## Need for Housing

Explain why you want to be selected to buy a Habitat house (continue on another page if necessary)

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## Closing Cost Payments

Where will you obtain the \$1,250 closing cost?

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## Right to Receive Copy of Appraisal

We may order an appraisal or other property valuation in connection with your loan and we may charge you for this appraisal or property valuation. Upon completion of the appraisal or property valuation, we will promptly provide a copy to you, even if the loan does not close.

Habitat for Humanity of Lincoln County does not discriminate in the selection of homeowners to participate in our program based on race, color, religion, sex, age, national origin, disability, familial status, sexual orientation, any other legally protected status, or whether or not a person receives public assistance.

All information provided in this application is correct and true to the best of my knowledge. I understand that false or misleading information may be considered grounds for rejection of my application and termination from the program. Furthermore, I understand that the completion of the application does not guarantee that I will receive housing through Habitat for Humanity of Lincoln County.

|   |               |   |               |
|---|---------------|---|---------------|
| _____<br>Applicant's Signature                  | _____<br>Date | _____<br>Co-Applicant's Signature               | _____<br>Date |
| _____<br>Signature of member 18 years and older | _____<br>Date | _____<br>Signature of member 18 years and older | _____<br>Date |

You may bring the application to our Lincolnton office or mail it to:

Habitat for Humanity of Lincoln County  
PO Box 1062  
Lincolnton, NC 28093

**Please call Alex at 704-748-1800 ext. 104 before submitting the application in person.**

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.



## INFORMATION DISCLOSURE FORM

To whom it may concern:

I / We hereby authorize the release of any personal and financial information requested by Habitat for Humanity of Lincoln County, including but not limited to: credit check, employment and income records, landlord statements, bank statements, sexual predator check, and criminal record check.

I / We hereby authorize any recipient hereof to consider a photocopy or any reproduction of this document to serve as the original.

I / We understand that information obtained from these reports will be shared internally at Habitat with only those parties involved in making a decision about my/our application to purchase a home.

### Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Co-Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Other adult 18 and older #1

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Other adult 18 and older #2

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Date: \_\_\_\_\_

### VOLUNTARY INFORMATION FOR MONITORING PURPOSES

You are not required to furnish the information below, but you 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 observations or surname. If you do not wish to furnish the information requested, please check the box below.

| <b>Applicant</b>  | <b>Co- Applicant</b>  |
|---|---|
| <p><b>Race/ National Origin:</b></p> <ul style="list-style-type: none"><li>— African American</li><li>— American Indian</li><li>— Asian or Pacific Islander</li><li>— Caucasian</li><li>— Other</li></ul> <p><b>Sex:</b></p> <ul style="list-style-type: none"><li>— Male</li><li>— Female</li></ul> <p><input type="checkbox"/> I do not wish to furnish this information.</p> | <p><b>Race/ National Origin:</b></p> <ul style="list-style-type: none"><li>— African American</li><li>— American Indian</li><li>— Asian or Pacific Islander</li><li>— Caucasian</li><li>— Other</li></ul> <p><b>Sex:</b></p> <ul style="list-style-type: none"><li>— Male</li><li>— Female</li></ul> <p><input type="checkbox"/> I do not wish to furnish this information.</p> |