



P.O. Box 883
 Pittsboro, NC 27312
 (919) 542-0794
 fax (919) 542-0340
www.chathamhabitat.org

Chatham Habitat for Humanity is a Christian housing ministry funded by private individual donations and grants, and utilizing volunteer labor. Our purpose is to build homes with families and sell the houses at no profit and no interest to families who could not otherwise buy a home.

Please read the following items to see if you have an interest in our ministry AND to see if you meet our general guidelines:

1. To qualify you must have a housing need. *(For example: no indoor plumbing, poor heating, overcrowding (more than two to a bedroom), unsafe or unsanitary conditions, paying more than half of household income for housing)*
2. Preference given to those who have lived or worked in Chatham County for at least one year.
3. Your household needs to meet the following gross income guidelines based on your family size:

2017 Median Income for Chatham County: \$73,300

Family Size	25% of median income	60% of median income
1	\$12,800	\$30,800
2	\$14,700	\$35,200
3	\$16,500	\$39,600
4	\$18,300	\$44,000
5	\$19,800	\$47,500
6	\$21,300	\$51,000
7	\$22,700	\$54,600
8	\$24,200	\$58,100

4. With your permission, we will verify employment and other income, verify checking and savings account balances, get a statement from your current and previous landlords, have a credit check done, and ask you for credit references.
5. If you are approved for a Habitat home, we require that you attend classes to learn and practice budgeting, communication, leadership, home repair and maintenance.



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6. If you are approved for a Habitat home, we require that you repair any credit problems by having payment agreements in place before purchasing your Habitat house.
7. If approved for a Habitat house, we require that you work a minimum of 350 hours of sweat equity, with 140 of those hours earned by each head of household.
8. If approved for a Habitat home, about \$1,000-1,300 will be needed for closing costs. You will have some time to save this money before closing if your family is selected.
9. Estimated Habitat house payments, including taxes and insurance, will be between \$450-\$680 and no more than 30% of your monthly income. Because the house payments will be used by Habitat to build more houses with other families, it is very important that you make the payments on time.

If you are interested in Habitat and if you think that you meet the guidelines, we encourage you to fill out and return the enclosed application. We are very willing to help you fill out this application. If you have any questions, please call me at 542-0794 x220.

All information is considered confidential and is to be used only for family selection. The application process takes between 3 and 6 months.

Sincerely,

Patricia Morales
Family Services Director

Amelia Rivera
Family Selection Coordinator



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 are no barriers to obtaining housing because of race, color, handicap, familial status, or national origin.



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IMPORTANT: We are happy to make copies of the documents needed to complete your application. If you would like us to provide this service to you, you **must** call ahead to make an **appointment**.

REQUIRED DOCUMENTATION FOR CHFH APPLICATION:

Copies of:

1. Two forms of identification, one with a picture for anyone in household over age 18.
2. Divorce or Separation Papers (if applicable).
3. Last two years Federal Tax Return and W2 forms for all jobs held in the past two years.
4. Pay stubs for the past 3 months.
5. Name, address and telephone number of current employer. Contact information for previous employer if applicant has been at current job for less than two years.
6. A copy of your current SSA Benefit Approval Letter. (You can visit your account at www.ssa.gov for a copy.)
7. Monthly invoice or payment coupon for all other monthly bills, for example – car loan and credit card bills (Visa, Master Card, Stores).
8. Last 12 months payment history for any other monthly debt obligations you have, for example – phone bill, gas and electric bills, water bill, cable bill etc.
9. Name, address and telephone number of current landlord. Same information for previous landlord if applicant has been at current address for less than two years.
10. **Last three** months of bank statements for all bank accounts you or other members of your household use. Please include all pages.

NOTICE: With the completing and signing of this application, you are declaring that you have answered all of the questions truthfully. Also, if there are any changes to your income or your living situation after you have applied to the program, it is VERY important that you contact the Chatham Habitat for Humanity office to notify us of any changes. It is very important to understand that if you have no answered all of the questions truthfully, your application will be denied, and that even if you have already been selected to receive a Habitat house, you can be disqualified from the program.



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PLEASE ANSWER ALL THE QUESTIONS BELOW AND RETURN THIS FORM WITH YOUR COMPLETED APPLICATION.

1. How did you hear about Chatham Habitat for Humanity program?

2. Have you ever used housing subsidies in Chatham County?

3. Please provide Social Security Numbers for any dependent that receives:

AFDC Disability Child Support Social Security Other

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

4. Please provide the complete names and addresses for your previous landlords for the past 2 years.

5. Have you ever applied to Chatham Habitat before? If YES, when?

6. Email address:

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

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.



Application FOR HOUSING

PLEASE REMOVE LABEL AND ADHERE TO YOUR MAILING ENVELOPE. THANK YOU.

Affix label here containing:

Affiliate name
 Affiliate mailing address for receipt of completed application
 Affiliate phone number



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: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant	Co-Applicant
Applicant's name	Co-Applicant's name
Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents (people who live with you not listed by co-applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Dependents (people who live with you not listed by co-applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <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 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 Number of Years _____	Last Address (street, city, state, zip code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____

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

Date Received: _____
 More Information Requested? Yes No
 Date Application Completed: _____
 Accepted Denied

Date Letter Sent: _____
 Date of Home Visit: _____
 Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, 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, 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) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month

(Please supply a copy of your lease or a copy of a money order receipt or cancelled 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

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid Balance \$ _____

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

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 AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	²Others in Household	³Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³Please attach copies of last month's bills.

²List additional household members over 18 who receive income:

Name	Age	Monthly Wages
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

9. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

10. DEBT

To Whom Do You and the Co-Applicant Owe Money?

Name and Address of Company	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Name and Address of Company	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Name and Address of Company	Monthly Payment	Unpaid Balance	Alimony/Child Support	\$	/month
	\$	\$	Job-Related Expenses	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/month
Name and Address of Company	Monthly Payment	Unpaid Balance	Column 2: Subtotal of Payments	\$	/month
	\$	\$	Column 1: Subtotal of Payments	\$	/month
	Mos. left to pay:		Total Monthly Expenses	\$	/month
Column 1: Subtotal of Payments	\$	/month		\$	/month

11. DECLARATIONS

Please Check the Box That Best Answers the Following Questions For You and the Co-Applicant.

	Applicant		Co-Applicant	
a. Do you have any debt 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 been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 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. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. 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

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question **a** through **e**, however, please explain on a separate sheet of paper.

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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.

Applicant's name _____

Co-Applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: 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 or not. 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 information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Black, not of Hispanic origin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Black, not of Hispanic origin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-Face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p>Interviewer's Name (print or type)</p>
	<p>Interviewer's Signature _____ Date _____</p>
	<p>Interviewer's Phone Number _____</p>