

Habitat Homeownership Program



We adhere to the U.S. policy for the achievement of equal housing opportunity. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtain housing because of race, color, religion, sex, handicap, familial status, sexual orientation, 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 (First, Middle, Last)			Co-applicant's name (First, Middle Last)		
Social Security Number	Date of Birth	Age	Social Security Number	Date of Birth	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)		
Present Address (street, city, state, ZIP code) Number of years _____ Month/Year Moved in _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own			Present Address (street, city, state, ZIP code) Number of years _____ Month/Year Moved in _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own		
If living at present address for less than two years, complete the following					
Last Address (street, city, state, ZIP code) Number of years _____ Month/Year Moved in _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own			Last Address (street, city, state, ZIP code) Number of years _____ Month/Year Moved in _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own		
Primary Phone Number _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Alternate Phone Number _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email Address _____			Primary Phone Number _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Alternate Phone Number _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Email Address _____		
Best method to contact you: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail Best time to contact you: _____			Best method to contact you: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail Best time to contact you: _____		

Dependents and others who will live with you (do not list applicant or co-applicant):

Name	Date of Birth	Male	Female	Relationship to Applicant(s)
_____	_____	<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"/>	_____

3. EMPLOYMENT INFORMATION

Applicant ☐ Employed ☐ Unemployed ☐ Self-employed **Co-applicant** ☐ Employed ☐ Unemployed ☐ Self-employed

If you have more than one job, please list additional jobs on section 14 "Additional Information". Mark "A" for Applicant, and "C" for Co-applicant.

Name and address of CURRENT employer	Years and Months on this job	Name and address of CURRENT employer	Years and Months on this job
Job title	Monthly (gross) wages \$	Job title	Monthly (gross) wages \$
Type of business	Business Phone	Type of business	Business Phone

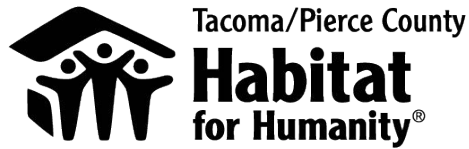
If working at current job less than one year, complete the following information

Applicant		Co-Applicant	
Name and address of LAST employer	Years and Months on this job	Name and address of LAST employer	Years and Months on this job
Job title	Monthly (gross) wages \$	Job title	Monthly (gross) wages \$
Type of business	Business Phone	Type of business	Business Phone

4. MONTHLY INCOME

When adding up your household income please include income from **ALL** household members who will be living with you in the Habitat home. If more space is needed, please list additional information in section 14, and mark "A" for applicant, "C" for co-applicant, and "Other" for other household members.

Income Source	Applicant	Co-Applicant	Others in Household*	Total
Wages (Job)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony ¹	\$	\$	\$	\$
Child Support ¹	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSDI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Retirement	\$	\$	\$	\$



BORROWER AUTHORIZATION TO OBTAIN CREDIT REPORT

I/We authorize Tacoma Pierce County Habitat for Humanity to obtain a tri-merged consumer credit report through Credco Corelogic on my behalf. I/We understand that Tacoma Pierce County Habitat for Humanity intends to use the credit report for the purposes of verifying other credit information, evaluating whether my/our income is eligible to support my/our debts, and to provide housing and financial counseling services. I/We understand that this is not an application for credit with Tacoma Pierce County Habitat for Humanity but solely for housing counseling purposes.

This information will not be shared outside of the organization. It is understood that this tri-merged credit report will be retained on file by Tacoma Pierce County Habitat for Humanity, along with all other documentation provided to the housing counselor. This authorization expires 120 days from the date indicated below, unless otherwise indicated.

FEDERAL EQUAL CREDIT OPPORTUNITY ACT: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this company is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010

During the application interview on ____/____/____, verbal authorization was given to obtain a tri-merged credit report through Credco Corelogic.

By signing below, I/We authorize Tacoma Pierce County Habitat for Humanity to obtain my/our tri-merged consumer credit report.

Printed Name

Printed Name

Signature

Signature

