Highland Rim Habitat for Humanity®

EQUAL HOUSING OPPORTUNITY

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.

Application

Habitat Home Repair Program

Dear Applicant: Please complete this application for the Habitat for Humanity **home repair program** truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy. **Please carefully review the eligibility requirements given in Attachment 1 before completing this application.**

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: (_____) _____ Email Address: _____ Age: ____ Date of birth (mm/dd/yyyy): _____ ☐ Married ☐ Separated ☐ 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: (_____) _____ Email Address: _____ Age: ____ Date of birth (mm/dd/yyyy): _____ ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) **(Fill out Section 14.)**
Dependents and others who will live with you: **Name** **Age** **Male** **Female** _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐	**Dependents** and others who will live with you (not listed by co-applicant): **Name** **Age** **Male** **Female** _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐ _____ _____ ☐ ☐
Present address (street, city, state, ZIP code): ☐ Own ☐ Rent _____ _____ Number of years at this address:	Present address (street, city, state, ZIP code): ☐ Own ☐ Rent _____ _____ Number of years at this address:

If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter:_____	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 home repair program, you and your household members must be willing to complete a certain number of "sweat equity" hours, which may include 20-50 hours spent helping to repair your home and/or repair 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:	☐	☐
Co-applicant:	☐	☐

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 ☐ Dining room ☐ Other (please describe): _

In the space below, describe the condition of your house where you live. What type or extent of repairs do you need?

4. PROPERTY INFORMATION

What is your monthly mortgage payment (including taxes, insurance, etc.)?	Do you own land other than your residence? ☐ No ☐ Yes
$ /month Unpaid balance $	Monthly payment (including taxes, insurance, etc.) $

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
☐ **Does not apply.**		☐ **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 you have been working at your current job for 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:

☐ **Check if you are the business owner or are self-employed.**

☐ I have an ownership share of less than 25%. ☐ 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.

HOUSEHOLD MEMBERS INCOME SUMMARY			
Name	**Income source**	**Monthly income**	**Date of birth**

6. 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?	☐ Yes ☐ No	☐ Yes ☐ No
b. Have you declared bankruptcy within the past three years? If YES, identify the type(s) of bankruptcy: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	☐ Yes ☐ No	☐ Yes ☐ No
c. Have you had any property foreclosed upon in the past three years?	☐ Yes ☐ No	☐ Yes ☐ No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	☐ Yes ☐ No	☐ Yes ☐ No
e. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	☐ Yes ☐ No	☐ Yes ☐ No
f. Are you a U.S. citizen or permanent resident?	☐ Yes ☐ No	☐ Yes ☐ 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.		

7. 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:** _____

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.

Mail or drop off the completed form at the following address.
201 W LINCOLN STREET
SUITE C
TULLAHOMA, TN 37388

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

Applicant signature: _____ **Date:** _____

Co-applicant signature: _____ **Date:** _____

Equal Credit Opportunity Act (ECOA) Notice

The attached ECOA notice should be provided to all applicants with the application for the Habitat homeownership program in order to communicate the right to require certain income information from applicants for the Habitat program.

Purpose and background: Because Habitat for Humanity homeownership and loan programs qualify as Special Purpose Credit Programs under the Equal Credit Opportunity Act, Habitat can request and consider certain information about income that other lenders may not be allowed to request and consider in connection with their loan programs without providing certain disclosures and options for the applicant to decline to provide that information.

Although federal law allows Special Purpose Credit Programs to request and consider this information to determine eligibility for their programs, the law does not explicitly provide an exemption from the disclosure.

Accordingly, in order to avoid any confusion by Habitat applicants about their rights and obligations to provide this information, we recommend that Habitat affiliates provide the customary disclosure together with the explanation for Habitat's right to consider that information in evaluating applications for the Habitat program. Please see the attached sample ECOA notice.

Affiliate instructions: The Habitat affiliate needs to fill in the address for the FTC regional office for the region in which the affiliate is located. To find the appropriate regional office for the FTC, please check the FTC website: **ftc.gov/about-ftc/bureaus offices/regional-offices.**

Provide two copies of the ECOA notice to the applicant with the application.

Each applicant and co-applicant, if any, should sign and date the ECOA notice to acknowledge receipt, and return the signed copy to Habitat with the written application.

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 Southeastern FTC Regional Office in Atlanta, GA 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.

ATTACHMENT 1

Home Repair Qualifications Requirements

Applicants: To receive a pre-qualifying application for repair of your home, you must meet ALL of the following requirements:

- You must be the owner of the home for at least 12 months
- Your home must be located within Coffee or Franklin Counties in Tennessee
- The home must be owner-occupied and primary residence of all owners for at least 12 months
- The home must be in need of essential occupancy repairs (cosmetic repairs will not be considered)
- The homeowner must be current on property taxes
- The homeowner must be current on mortgage payments
- The combined homeowner income must be between 30% and 80% of the HUD Average Median Income for the location

County	Min. Income	Max. Income
Coffee County	$ 18,451	$ 49,204
Franklin County	$ 19,048	$ 50,795

- The homeowner must have current Homeowner's insurance coverage in effect
- Be willing to attend homeowner education classes
- Be responsible for 20-50 hours in sweat equity hours based on family size
- Be a US resident or have documentation for being a legal alien
- Household Income must conform to both the minimums and maximums of the following eligibility criteria:

MEETING THESE REQUIREMENTS WILL BE VERIFIED.

SIGN: _____ EMAIL ADDRESS: _____

SIGN:_____ EMAIL ADDRESS: _____