



Habitat for Humanity of Cape Cod
 411 Main Street, Suite 6, Yarmouth Port, MA 02675
 Telephone: 508-362-3559 FAX: 508-362-3569



FALL 2020 Application for 6 Homes on Murray Lane (at 93-97 Main St.) in Harwich

HOUSEHOLD INFORMATION

Applicant's Name:	Co-Applicant's Name:
Date of Birth: / /	Date of Birth: / /
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
Present Address:	Present Address:
Mailing Address (if different from above):	Mailing Address (if different from above):
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
e-mail:	e-mail:

Include the names of any child or adults (other than the applicants) who will live with you in your Habitat home:

Name	Age	✓M	✓F	Name	Age	✓M	✓F

PRESENT HOUSING CONDITION

Number of bedrooms where you currently live: 1 2 3 4 5

Other rooms where you currently live: kitchen dining room living room bathrooms # _____

Are utilities included in your rent? No Yes If yes: heat electric cable internet

Current Landlord Name: _____

Mailing Address: _____ Phone: _____

If you have lived at your current address less than two years, previous landlord info:

Name: _____

Mailing Address: _____ Phone: _____

Do you meet the local preference definition requirement for the town of Harwich?
 (Live or work in the town, or child attends town public school?) Yes No

Will you, or a member of your family, require handicap access or modifications? Yes No
 (If, due to a severe medical condition, a couple will require separate bedrooms, a statement and medical documentation from your physician are required to be submitted with this application.)

A HOUSING NEED STATEMENT: On a separate sheet of paper, clearly state why you need a Habitat home. See the applicant checklist for details about what you should include.

INCOME INFORMATION

Please include income from ALL household members age 18 or older who receive income. Any dependent household members between the ages of 18 and 25 who are students need to supply documentation of their full-time student status. Add another page, if needed to write details.

	Applicant Job (1)	Applicant Job (2)	Co-Applicant Job (1)	Co-Applicant Job (2)
Gross Monthly Pay				
Net Monthly Pay				
Hours Regularly Worked Per Week				
Start date for this job				
Year-round or Seasonal (start & end dates), # of hours per day				
Your Position or Title				
Employer's Name and Address				
Phone Number				
Person and mailing address to receive Verification of Employment Form				

If employed less than **three** years at primary job, add details of previous employment, including name/address/phone number of the contact person, start/end dates, on a separate sheet of paper.

OTHER INCOME: Indicate monthly income of any sources that apply to your family (for example: TAFDC, EAEDC, Workman's Compensation, Veteran's Benefits, Child Support, Alimony, Unemployment Compensation, Social Security Benefits, Pension Income, Disability Income, Investment Income, or other income (please specify)).

Source of Income	Monthly Amount:	Source of Income	Monthly Amount:
Child Support/Alimony:		Unemployment Compensation:	
Social Security Payments:		Pension Income:	
Disability Income:		Other (please specify):	
Interest and Dividends:		Other (please specify):	

I/We currently receive the following types and amounts of monthly assistance:

MassHealth: Yes No Rental subsidy or voucher: \$ _____ Fuel Assistance: \$ _____

Food Stamps: \$ _____ Number of children eligible for free/reduced lunch program: _____

Please include copies of completed and signed Federal IRS income tax returns for 2017, 2018, and 2019.

SOURCE OF CLOSING COSTS:

Include a statement that explains how you will finance closing costs. See applicant checklist for details.

EXPENSES INFORMATION

Enter dollar amount for every item, OR enter a "0" if item does not apply to applicant/co-applicant. See applicant checklist for clarification and required documentation of expenses. **Please complete every item.**

Expense	Cost Per Month	Expense	Cost Per Month	Expense	Cost Per Month
Rent		Auto Insurance		Life Insurance	
Gas Heat (based on yearly average)		Cable TV		Renter's Insurance	
OR Oil Heat (based on yearly average)		Child Care		Transportation Expenses/Gas	
Electric (based on yearly average)		Alimony/Child Support		Job Related Expenses	
Phones – Cell, Prepaid, Landline		Car Payment		Entertainment / Restaurants	
Food – See checklist	XXX	Education		Internet	
Clothing		Medical		Other (specify)	

OTHER IMPORTANT INFORMATION

Please circle the box that best answers the question for both applicant and co-applicant:

		Applicant		Co-Applicant	
A	Do you have any debt because of a court decision against you?	YES	NO	YES	NO
B	Have you been declared bankrupt within the last 7 years?	YES	NO	YES	NO
C	Have you had any property foreclosed on in the last 7 years?	YES	NO	YES	NO
D	Are you currently involved in a lawsuit?	YES	NO	YES	NO
E	Have you owned a home within the last three years? (If yes, provide explanation and see important information page).	YES	NO	YES	NO

Answering "YES" to any of the above 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.

Do the children, listed on page one, have parents who live elsewhere? Yes No

If yes, please document the custody agreement.

Are you a U.S. Citizen or do you have U.S. Permanent Residency Status? Yes No

You must have one or the other to be eligible for a Habitat home. See applicant checklist for required documentation.

Do you own any land? Yes No If yes, please include a description and its location

Do you own a home? Yes No

THE SWEAT EQUITY REQUIREMENT: Habitat requires 250 hours of sweat equity per adult in the household (up to 500 hours). You must explain how you will be able to complete those hours during the approximately nine-eleven months it will take to build your home. Enclosed is a form to complete in which you describe how you will meet that requirement. You must complete that form.

AUTHORIZATION AND RELEASE

I understand that, by filing this application, I am authorizing Habitat for Humanity of Cape Cod to evaluate my actual need for a Habitat home, my ability to qualify for a mortgage loan typical to Habitat homeownership, and other expenses of home ownership, and my willingness to fulfill Habitat program partnership requirements, including sweat equity and pre-purchase courses. I understand that the evaluation will include a personal visit, a credit check, landlord checks, 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. I authorize Habitat for Humanity of Cape Cod to conduct a check on my credit history, contact landlord and employment references, and check the Sex Offender Registry. The original or a copy of this application will be retained by Habitat for Humanity of Cape Cod for a limited time even if the application is not approved. All information on the Protected Information sheet is part of the application, and I am certifying that information to be complete and true.

Applicants, and other adults residing in the home, must sign below to show agreement with above paragraph. This is required for your application to be considered.

Applicant's Signature	Date	Co-Applicant's Signature	Date
Other Adult (non-applicant) Signature	Date	Other Adult (non-applicant) Signature	Date

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

Applicant (please print)	Co-Applicant (please print)
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YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

Please refer to the **Applicant Checklist** for "Answering Application Questions" to see a complete list of all documentation that **MUST** be submitted with your application.

Be sure to submit:

- This completed and signed application
- Federal tax returns with your signature on them
- All the documentation required – it is listed on the checklist
- A signed statement by you that describes your present housing circumstances and why you have a serious need for a safe, decent, affordable house
- A signed statement about sweat equity and ability to pay

Deadline Date: 12/1/20. The Application packet must be received in the Habitat Office; or postmarked on or before Tuesday, December 1, 2020. A mailed application must be received no later than 5 business days after the postmark. Applications may NOT be submitted by fax or email.

If you have questions or if you need help with this form, please call the Habitat office at (508) 362-3559 x21.

Application and supporting documentation should be mailed or delivered to:

Habitat for Humanity of Cape Cod, 411 Main Street (Route 6A), Suite 6, Yarmouth Port, MA 02675

REQUIRED PROTECTED INFORMATION

The following information is required.

Applicant's Name:	Co-Applicant's Name:
Social Security Number:	Social Security Number:

ASSETS OF ALL HOUSEHOLD MEMBERS

List all checking / savings / CD / IRA / or 401k accounts / savings bonds / investment / stock, etc. for all household members, including minor children. Use another page if necessary.

Name on Account	Name of Bank/Institution, address	Account Number	Balance

List other assets and approximate value (make and year of cars, boats, other high-value personal property, etc.)

Item:	Value:	Item:	Value:

APPLICANT'S DEBT

Use another page for additional debt accounts, or to explain debt that is in arrears or has a payment plan.

List **ALL debts** below (All Credit Cards, Car Loans, Taxes in Arrears, Student Loans, Medical Debt, Etc.)

Creditor and address	Account number	Monthly Payment	Unpaid balance

I hereby certify that within the past two years (choose one) I have, or have not, disposed of assets for less than the fair market value through a sale or a gift. List assets, if necessary: _____

The above is a complete and true representation of all household assets, debts, credit and complete information as requested.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Applicant Name _____

(office: _____ appl #)



INFORMATION FOR GOVERNMENT MONITORING PURPOSES FORM

Lender: The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure 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. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. Although disclosing minority status is optional, it is helpful in determining status for a lottery. (Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular loan applied for.)

***** Please check off correct info in each category and sign. THANK YOU!*****

APPLICANT

I do not wish to furnish this information

CO-APPLICANT (if applicable)

I do not wish to furnish this information

ETHNICITY

Hispanic or Latino
 Not Hispanic or Latino

Hispanic or Latino
 Not Hispanic or Latino

RACE/MULTI RACE AND NATIONAL ORIGIN

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 American Indian or Alaskan Native *and* White
 Asian *and* White
 Black or African American *and* White
 Other Multiple Races
 American Indian or Alaskan Native *and* Black or African American

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 American Indian or Alaskan Native *and* White
 Asian *and* White
 Black or African American *and* White
 Other Multiple Races
 American Indian or Alaskan Native *and* Black or African American

GENDER

Female
 Male

Female
 Male

MARITAL STATUS

Married
 Separated
 Unmarried (single, divorced, widowed)

Married
 Separated
 Unmarried (single, divorced, widowed)

VETERAN STATUS

US Veteran

US Veteran

Is there any other household member who served in the armed services, or is a spouse, widow(er), parent or dependent of anyone that served in the armed services? Yes No

Applicant Signature

Co-Applicant Signature

Or – this information was completed by interviewer: _____

Signature

Date

SWEAT EQUITY FORM

REQUIRED ATTACHMENT TO YOUR APPLICATION

Sweat Equity/ Partnership Question: *Our sweat equity requirement is rigorous!* Habitat homeowners as well as each adult that will live in the home are required to work 250 hours each on building the home (except for full-time college students), with a maximum of 500 hours per household. You would not be allowed to move into the home until the hours are completed. This requires approximately eight hours a week on a Habitat construction site (7:30am – 3:30pm on a Saturday or a Tuesday) during the months that the home is being built. Some weeks there will also be a required meeting or home ownership preparation workshop to attend. You do not need to be experienced in construction. We train and guide you in your sweat equity as you work side by side with other volunteers.

How will you arrange to have the time available?

How will you manage transportation to the site?

What child care arrangements will be available for you (children 14 and under are not allowed on the build site but up to 50 hours of baby-sitting time by family/friends can count toward your sweat equity hours)?

If any condition (disability) will restrict some aspect of your participation on the construction site, list the specific medical *restrictions your doctor has given you that will* limit which tasks you are assigned. How will you be able to participate?

OR If a disability of a dependent household member (because of their extraordinary or specialized care needs) may severely challenge your ability to personally perform the total number of hours usually required by adult household members, you may request a modification in the percentage of hours that may be done by friends and family.

1. Provide documentation of the disability from the physician.
2. Describe how the care they need (while you are absent) is more specialized than general babysitting.
3. How much extra help will you need from your friends and family to complete your sweat equity?

Or circle: Not Applicable – if you have no medical restrictions to your participation.

Signed Date

Signed Date

(USE REVERSE SIDE AS NEEDED)



Habitat for Humanity of Cape Cod

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508-362-3559 • fax 508-362-3569 • www.habitatcapecod.org

AUTHORIZATION TO RELEASE INFORMATION

To: _____

RE: _____

I, and/or adults in my household, have applied for housing and a mortgage from Habitat for Humanity of Cape Cod (HHCC). As part of the process or in considering my household for a Habitat for Humanity home and a Habitat mortgage, HHCC may verify information contained in my application.

I, or another adult in my household, authorize you to provide HHCC for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references

I further authorize HHCC to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., HHCC is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my home loan application will be available to HHCC without further notice or authorization, but will not be disclosed or released by HHCC to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

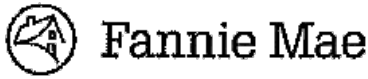
The information HHCC obtains is only to be used to process my application for a Habitat home and for a Habitat for Humanity home related loan. I acknowledge that I have received a copy of the Privacy Notice. A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

X _____
Signature (Applicant or Adult Household Member) Date

X _____
Signature (Applicant or Adult Household Member) Date

X _____
Signature (Applicant or Adult Household Member) Date



APPLICANT: Please fill out box 1 (the correct name and mailing address of your employer), box 7, and sign in box 8. **Return this form to Habitat with your home application.** We will mail it to your employer. Copy this form as needed if there is more than one employer listed on your application.

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender – Complete Items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
 Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I – Request

1. To (name and address of employer) 	2. From (Name and address of lender) Habitat for Humanity of Cape Cod 411 Main Street, Suite 6 Yarmouth Port, MA 02675
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any interested party.

3. Signature of Lender 	4. Title Executive Director	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number) 	8. Signature of Applicant
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Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____				13. For Military Personnel Only <table border="1"> <tr> <th colspan="2">Pay Grade</th> </tr> <tr> <th>Type</th> <th>Monthly Amount</th> </tr> <tr> <td>Base Pay</td> <td>\$</td> </tr> <tr> <td>Rations</td> <td>\$</td> </tr> <tr> <td>Fight or Hazard</td> <td>\$</td> </tr> <tr> <td>Clothing</td> <td>\$</td> </tr> <tr> <td>Quarters</td> <td>\$</td> </tr> <tr> <td>Pro Pay</td> <td>\$</td> </tr> <tr> <td>Overseas or Combat</td> <td>\$</td> </tr> <tr> <td>Variable Housing Allowance</td> <td>\$</td> </tr> </table>		Pay Grade		Type	Monthly Amount	Base Pay	\$	Rations	\$	Fight or Hazard	\$	Clothing	\$	Quarters	\$	Pro Pay	\$	Overseas or Combat	\$	Variable Housing Allowance	\$	14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay Grade																											
Type	Monthly Amount																										
Base Pay	\$																										
Rations	\$																										
Fight or Hazard	\$																										
Clothing	\$																										
Quarters	\$																										
Pro Pay	\$																										
Overseas or Combat	\$																										
Variable Housing Allowance	\$																										
12B. Gross Earnings																											
Type	Year to Date	2019	2018																								
	Through _____																										
Base Pay	\$	\$	\$			15. If paid hourly – average hours per week																					
Overtime	\$	\$	\$			16. Date of applicant's next pay increase																					
Commissions	\$	\$	\$			17. Projected amount of next pay increase																					
Bonus	\$	\$	\$			18. Date of applicant's last pay increase																					
Total	\$	\$	\$			19. Amount of last pay increase																					

20. Remarks (If employee was off work for any length of time, please indicate the time period and reason)

Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Bonus _____
24. Reason for Leaving		25. Position Held	

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or The HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in item 26	30. Phone No.	Fannie Mae