



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



**Winter 2021 Application for Homes at Willett Way (off Barrows Rd.) in Falmouth**

**HOUSEHOLD INFORMATION**

<b>Applicant's Name:</b>	<b>Co-Applicant's Name:</b>
<b>Date of Birth:</b> /    /	<b>Date of Birth:</b> /    /
<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:  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have lived at your current address less than two years, previous landlord info:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you meet the resident preference definition requirement for the town for which you are applying?  
 (Live or work in the town, or child attends town public school?)     Yes     No

Are you, or is a member of your household, a USA Veteran?  Yes     No    Name: \_\_\_\_\_

Will you, or a member of your family, require disability 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.)

**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.

	<b>Applicant Job (1)</b>	<b>Applicant Job (2)</b>	<b>Co-Applicant Job (1)</b>	<b>Co-Applicant Job (2)</b>
Gross Monthly Pay				
Net Monthly Pay				
Hours Regularly Worked Per Week				
Average Overtime Worked				
Year-round or Seasonal (start & end dates), # of hours per day				
Your Position or Title				
Employer's Name and Mailing 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, 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: \_\_\_\_\_

**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-twelve 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.

**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.

**FEDERAL IRS INCOME TAX RETURNS:** Include signed copies 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

**Deadline Date: 3/16/21. The Application packet must be received in the Habitat Office; or postmarked on or before Tuesday, March 16, 2021. 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 delivered or mailed 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**

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:

**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 (Credit Card Debt, 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.

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Signed

Date

---

Signed

Date

(USE REVERSE SIDE AS NEEDED)







Fannie Mae

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.

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

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 Wendy Cullinan 4. Title Executive Director 5. Date 6. Lender's Number (Optional)

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 8. Signature of Applicant

Part II - Verification of Present Employment

9. Applicant's Date of Employment 10. Present Position 11. Probability of Continued Employment

12A. Current Gross Base Pay (Enter Amount and Check Period) 12B. Gross Earnings table with columns for Type, Year to Date, 2018, 2017. 13. For Military Personnel Only table with columns for Pay Grade, Type, Monthly Amount. 14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? 15. If paid hourly - average hours per week. 16. Date of applicant's next pay increase. 17. Projected amount of next pay increase. 18. Date of applicant's last pay increase. 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 22. Date Terminated 23. Salary/Wage at Termination Per (Year) (Month) (Week) Base Overtime Commissions 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.