Dear Prospective Habitat Homebuyer,

Thank you for your interest in Habitat for Humanity of Johnson County's homeownership program. We know that applying to become a Habitat homeowner is a significant step, and we're honored that you're considering partnering with us. Our mission is to bring people together to build homes, communities, and hope. We believe everyone deserves a safe, decent, and affordable place to call home.

Habitat homeownership is different from traditional home buying. Families selected for the program become active partners in the process. In addition to purchasing their home with an affordable mortgage, partner families commit to:

- Completing homeownership education and financial counseling.
- Working alongside Habitat through required "sweat equity" volunteer hours.
- Demonstrating a need for safe, affordable housing.
- Showing the ability to repay an affordable mortgage.

To be eligible, applicants must also meet the program's basic requirements, including:

- Be a U.S. citizen or permanent resident.
- Be a current resident of Johnson County and have lived in Johnson County for a minimum of 12 months in the past 24 months.
- Meet Habitat's income guidelines (generally between 30% and 80% of the Area Median Income for Johnson County).

Completed applications must be received **no later than September 30**, and can be submitted in one of three ways:

1. Mail to: Habitat for Humanity of Johnson County, 401 Mooreland Dr., New Whiteland, IN 46184
2. Drop off application by placing it in our secure black mailbox located by the front door at: 401 Mooreland Dr., New Whiteland, IN 46184
3. Drop off at the Habitat ReStore during business hours on Friday (10 am to 6 pm) and Saturday (noon to 4 pm) located at 6720 N. US 31, Whiteland, IN 46184

If you have questions about the application process or your eligibility, we're here to help. Please contact our office at 317-530-9222.

Sincerely,

Habitat for Humanity of Johnson County

Habitat for Humanity®

Habitat for Humanity of Johnson County, Inc.
401 Mooreland Dr.
New Whiteland, IN 46184
317-530-9222

Application

Habitat Homeownership Program

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.

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	**Co-applicant's name**
Social Security number Home phone Age	Social Security number Home phone Age
☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)	☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant)	**Dependents** and others who will live with you (not listed by co-applicant)
Name Age Male Female	Name Age Male Female
_____ ____ ☐ ☐	_____ ____ ☐ ☐
_____ ____ ☐ ☐	_____ ____ ☐ ☐
_____ ____ ☐ ☐	_____ ____ ☐ ☐
_____ ____ ☐ ☐	_____ ____ ☐ ☐
_____ ____ ☐ ☐	_____ ____ ☐ ☐
Present address (street, city, state, ZIP code) ☐ Own ☐ Rent	Present address (street, city, state, ZIP code) ☐ Own ☐ Rent
Number of years _____	Number of years _____
If living at present address for less than two years, complete the following	
Last address (street, city, state, ZIP code) ☐ Own ☐ Rent	Last address (street, city, state, ZIP code) ☐ Own ☐ Rent
Number of years _____	Number of years _____

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

Date received: _____

Date of notice of incomplete application letter: _____

Date of adverse action letter: _____

Date of selection committee approval: _____

Date of board approval: _____

Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, 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, attending homeownership classes or other approved activities.

		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant	☐	☐
	Co-applicant	☐	☐

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 canceled 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 Monthly payment $ _____ Unpaid balance $ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

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

Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not chose to have it considered for repaying this loan.

Income Source	Applicant	Co-applicant	Others in household	Total
Wages	$	$	$	**$**
TANF	$	$	$	**$**
Alimony	$	$	$	**$**
Child support	$	$	$	**$**
Social Security	$	$	$	**$**
SSI	$	$	$	**$**
Disability	$	$	$	**$**
Section 8 housing	$	$	$	**$**
Other _____	$	$	$	**$**
Other _____	$	$	$	**$**
Other _____	$	$	$	**$**
Total	**$**	**$**	**$**	**$**

PLEASE NOTE:
Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

Household members whose income is listed above			
Name	**Income source**	**Monthly income**	**Date of birth**

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					$
					$
					$
					$
					$
					$
					$
					$
					$

10. DEBT

	To whom do you and the co-applicant(s) owe money?					
	Applicant			Co-applicant		
Account	**Monthly payment**	**Unpaid balance**	**Months left to pay**	**Monthly payment**	**Unpaid balance**	**Months left to pay**
Other motor vehicle	$	$	$	$	$	$
Boat	$	$	$	$	$	$
Furniture, appliance, televisions (includes rent-to-own)	$	$	$	$	$	$
Alimony	$	$	$	$	$	$
Child support	$	$	$	$	$	$
Credit card	$	$	$	$	$	$
Credit card	$	$	$	$	$	$
Credit card	$	$	$	$	$	$
Total medical	$	$	$	$	$	$
Other	$	$	$	$	$	$
Other	$	$	$	$	$	$
Total	$	$	$	$	$	$

Monthly expenses			
Account	**Applicant**	**Co-applicant**	**Total**
Rent	$	$	$
Utilities	$	$	$
Insurance	$	$	$
Child care	$	$	$
Internet service	$	$	$
Cell phone	$	$	$
Land line	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
Other	$	$	$
Other	$	$	$
Other	$	$	$
Total	$	$	$

11. DECLARATIONS

Please circle the word that best answers the following questions for you and the co-applicant

	Applicant		Co-applicant	
a. Do you have any outstanding judgments because of a court decision against you?	☐ Yes	☐ No	☐ Yes	☐ No
b. Have you been declared bankrupt within the past seven years?	☐ Yes	☐ No	☐ Yes	☐ No
c. Have you had property foreclosed on in the past seven years?	☐ Yes	☐ No	☐ Yes	☐ No
d. Are you currently involved in a lawsuit?	☐ Yes	☐ No	☐ Yes	☐ No
e. Are you paying alimony or child support?	☐ Yes	☐ No	☐ Yes	☐ No
f. Are you a U.S. citizen or permanent resident?	☐ Yes	☐ No	☐ Yes	☐ No

If you answered "**yes**" to any question **a** through **e**, or "**no**" to question **f**, please explain on a separate piece of paper.

12. AUTHORIZATION 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 the no-interest loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. 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.

I also understand that Habitat for Humanity screens all applicant families 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

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 ethnicity, 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.

Applicant	Co-applicant
☐ I do not wish to furnish this information	☐ I do not wish to furnish this information
Race (applicant may select more than one racial designation)**:** ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American ☐ White ☐ Asian	**Race** (applicant may select more than one racial designation)**:** ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American ☐ White ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino	**Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
Sex: ☐ Female ☐ Male	**Sex:** ☐ Female ☐ Male
Birthdate: _____ / _____ / _____	**Birthdate:** _____ / _____ / _____
Marital status: ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)	**Marital status:** ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: ☐ Face-to-face interview ☐ By mail ☐ By telephone	Interviewer's name (print or type) Interviewer's signature Date Interviewer's phone number

CONSUMER INFORMATION PRIVACY NOTICE

Rev 4/2014

FACTS

WHAT DOES HABITAT FOR HUMANITY OF JOHNSON COUNTY, INC. (HFHJC) DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- social security number and income
- account balances and payment history
- credit history and credit scores

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons HFHJC chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does HFHJC share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	No	We don't share
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For non-affiliates to market to you	No	We don't share

Questions?

Call 317-530-9222 or go to www.habitatjohnsoncounty.org

Who we are	
Who is providing this notice?	Habitat for Humanity of Johnson County, Inc. (HFHJC)

What we do	
How does HFHJC protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does HFHJC collect my personal information?	We collect your personal information, for example, when you ■ apply for a loan We also collect your personal information from others, such as credit bureaus, affiliates, or other companies
Why can't I limit all sharing?	Federal law gives you the right to limit only ■ sharing for affiliates' everyday business purposes—information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ■ HFHJC does not have any affiliates.
Non-affiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ■ HFHJC does not share with non-affiliates so they can market to you.
Joint marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you. ■ HFHJC doesn't jointly market.

RIGHT TO RECEIVE COPY OF APPRAISAL

This letter is to notify you that we may order an appraisal or other property valuation in connection with your loan and we may charge you for this appraisal or property valuation. Upon completion of the appraisal or property valuation, we will promptly provide a copy to you, even if the loan does not close.

Thank you for your interest in Habitat for Humanity of Johnson County, Inc. Please do not hesitate to contact us with additional questions.

NOTICE TO APPLICANT
REGARDING CONSUMER REPORTS

(Disclosure required by the Federal Fair Credit Reporting Act.)

You have applied to become a Partner Family with Habitat for Humanity of Johnson County (HFHJC). HFHJC may obtain consumer reports about you from a consumer reporting agency or agencies and may use the reports in deciding whether to work with you. As part of this process, an investigative consumer report including information as to your character, general reputation, personal characteristics and/or mode of living may be requested and obtained. Should an investigative consumer report about you be obtained, you have the right, upon written request made within a reasonable period of time after your receipt of this notice, to obtain a complete and accurate disclosure of the nature and scope of the investigation requested. Also, attached hereto is a written summary of your rights under the Fair Credit Reporting Act.

If you partner with HFHJC, HFHJC may obtain consumer reports (including investigative consumer reports) about you from time to time. HFHJC may use the reports in deciding whether to continue partnering with you.

AUTHORIZATION

I understand that HFHJC may not obtain consumer reports about me unless I authorize it to do so.

I understand that if I refuse to give HFHJC authorization to obtain consumer reports, my application for Partnership will **not** be considered.

(Instructions to Applicant: Check one box below)

____ I authorize HFHJC to obtain consumer reports about me.

____ I *do not* authorize HFHJC to obtain consumer reports about me.

(Instructions to Co-Applicant: Check one box below)

____ I authorize HFHJC to obtain consumer reports about me.

____ I *do not* authorize HFHJC to obtain consumer reports about me.

Signature of Applicant: _____ Date: _____

SSN of Applicant: _____ DOB of Applicant: _____

Printed Full Name of Applicant: _____

Signature of Co- Applicant: _____ Date: _____

SSN of Co-Applicant: _____ DOB of Co-Applicant: _____

Printed Full Name of Co-Applicant: _____

Notice of Negative Information (Pre-sharing)

Federal law requires us to provide the following notice to customers before any "negative information" may be furnished to a nationwide consumer reporting agency. "Negative Information" means information concerning delinquencies, late payments, insolvency, or any form of default. This notice does not mean that we will be reporting such information about you, only that we may report such information about customers that have not done what they are required to do under our agreement.

After providing this notice, additional negative information may be submitted without providing another notice.

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected on your credit report.

_____ _____

Applicant Signature Date

_____ _____

Co-applicant Signature Date

PLEASE KEEP THIS "SUMMARY" FOR YOUR RECORDS

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act
The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed