



Dear Habitat for Humanity MidOhio (HFHMO) Homeownership Applicant,

As you begin the application process, we wanted to provide some additional information that might be helpful to you. If you have questions at any time please call the **Intake Line at 614-484-1966**. HFHMO can offer language interpretation services at no cost. If you need assistance in understanding or translation services please call us.

Applications will be available March 13th, 2023 thru March 24, 2023 ONLY by the following means:

- Habitat Main office 6665 Busch Blvd. Columbus, Ohio 43229 - Monday – Friday 9:00am to 4:00pm
- Newark ReStore located at 1660 N. 21st St. Newark, Ohio 43055 - Monday – Saturday 9:00am to 4:00pm
- On-line for downloading only at www.habitatmidohio.org (under What we Do – Homeownership tabs)
- Intake Line at 614-484-1966 and the application packet can be mailed or emailed
- Email requests to buildyourdream@habitatmidohio.org

We have limited lots available for homes. In Franklin County, we will be building in the Linden Neighborhood. In Licking County, we will be building in the City of Newark. If you are not interested in the current areas we encourage you to reapply at a later date.

- 1) The first phase of the process is determining need and ability to pay a monthly mortgage payment. We use the documents returned with your application to verify your household Area Median Income (AMI) and obtain a credit report for both applicant and co-applicant to review your credit history. This will be a hard pull on your credit.
 - We serve households whose income is 30%-60% AMI. *See chart on last page.
 - We do not require a minimum credit score, but look at debt to income ratio that can not exceed 43% Debt to Income Ratio
 - You may not have more than \$1,000 in collections.
 - If you are aware of uncollected/delinquent debt on your credit report please show that a debt has been paid off or enrolled in a payment plan.
 - If you need a copy of your credit report, you can get a free copy at www.annualcreditreport.com.
- 2) The second phase of the process is the home visit and interview. Should you qualify for a home visit a member of the Homeowner Selection Committee will call to schedule a time to meet at your home. This phase of the process allows us to determine your need for shelter by completing a tour of your home. We are able to answer any questions about the program at this time, and also look forward to meeting your family and encourage all family members to be present. Use the home visit to share any concerns or problems with your current living situation.

As part of the selection process, we also complete the following screenings in addition to obtaining a credit report:

- HFHMO screens every adult household member (18 years and older) listed on the application on the National Sexual Offender Public Registry www.nsopw.gov.
- HFHMO conducts a third party criminal background report on every household member 18 years and older only for the applicants that qualify for a home visit.
- HFHMO screens applicant and co-applicant on the SDN list.

Habitat for Humanity is an equal housing opportunity provider. 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. If hearing impaired, deaf or speech impaired, call TTY: 614.841.1991 for assistance.

Habitat for Humanity-MidOhio Homeowner Selection Committee 01/13/2021





Our homeownership program is a partnership and you must be willing to complete the hours below before closing.

SWEAT EQUITY HOURS BREAKDOWN (Minimum Hours Required)		
	Single Adult Partner Family	Multiple Adult Partner Family
Construction on your own Habitat home	70	150
Construction on another Habitat home	30	30
Donated Construction	25	30
Community Service	10	10
ReStore/Office Work	20	20
Public Relations	At least 5 hours or one event	At least 5 hours or one event
Homeowner Education	40	40
Additional Meetings	25	45
Total Hours	230	280

*Area Median Income (AMI) 2022 HUD INCOME GUIDELINES (gross income)

FAMILY SIZE	30%	30% Monthly	60%	60% Monthly
ONE	\$19,700	\$1,642	\$39,360	\$3,280
TWO	\$22,500	\$1,875	\$45,000	\$3,750
THREE	\$25,300	\$2,108	\$50,640	\$4,220
FOUR	\$28,100	\$2,342	\$56,220	\$4,685
FIVE	\$30,350	\$2,529	\$60,720	\$5,060
SIX	\$32,600	\$2,717	\$65,220	\$5,435
SEVEN	\$34,850	\$2,904	\$69,720	\$5,810
EIGHT	\$37,100	\$3,092	\$74,220	\$6,185

Please call 614-484-1966 or email buildyourdream@habitatmidohio.org if you have any questions. We look forward to working with you!

Homeowner Services Team

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Habitat for Humanity-MidOhio Homeowner Selection Committee 01/13/2021



**Return the completed signed application along with all the necessary documentation to:
Habitat for Humanity — MidOhio
6665 Busch Blvd. Columbus, OH 43229**

Please submit **COPIES** of all documentation. **No copies will be made at the office.**

I understand that there is limited space in the Habitat Homeownership program and that submitting a complete application does not guarantee my acceptance into the program. _____

Applicant Signature

	Attached	N/A	Comment
Completed Application- All Sections Signed and Dated			
2022,2021 Federal Income Tax Returns			
2022, 2021 - W2s			
If Self-employed - Federal Income Tax form <ul style="list-style-type: none"> • 2022, 2021, 2020 Schedule C's • 1099- MISC Forms • Profit Loss Statements for 2022 			
3 <u>most recent</u> bank statements for checking and savings accounts			
4 <u>most recent</u> pay stubs or income documentation totaling 60 days of income for <u>all</u> jobs for all members over the age of 18			
Award Letter for Social Security verification (SSD/SSI) –current year			
Verification of Food Stamps			
3 <u>most recent</u> utility bills including water bill, electric bill, and gas bill			
Divorce Decree/ Settlement (If applicable)			
Child Support Statement (Past year)			
Photo ID and Social Security cards for applicant and co-applicant			
Bankruptcy Decree/Settlement Agreement			
Completed and signed Landlord Release form			
Release Form complete with applicant initials and signatures of all adults over 18 in household			
Employment History Form			
*Veterans only – copy of DD214			

Completing this Application and returning this Application is the next step in the application process, but **DOES NOT** guarantee acceptance into the program and does not guarantee homeownership. **Contact us at 614-484-1966 if you have any questions.** For persons hearing impaired, deaf or speech impaired contact TTY: 614-841-1991

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APPLICATION DROP OFF LOCATIONS, DATES AND TIMES

ALL APPLICATIONS ARE DUE NO LATER THAN FRIDAY APRIL 14TH BY 7:00PM

NO EXCEPTIONS!!!

	MARCH
LOCATIONS	DAYS AND HOURS AVAILABLE TO DROP OFF APPLICATIONS
HABITAT MAIN OFFICE 6665 BUSCH BLVD	MONDAY THRU FRIDAY 9:00 AM TO 4:00PM SATURDAY MARCH 25 TH 9:00AM TO NOON
NEWARK RESTORE 1660 N 21ST STREET NEWARK	SATURDAY MARCH 25 TH 9:00AM TO NOON ANY THURSDAY 9:00AM TO 7:00PM
	APRIL
LOCATIONS	DAYS AND HOURS AVAILABLE TO DROP OFF APPLICATIONS
HABITAT MAIN OFFICE 6665 BUSCH BLVD	MONDAY THRU FRIDAY 9:00 AM TO 4:00PM SATURDAY APRIL 1 ST -9:00AM TO NOON
	EVENING HOURS AT BUSCH BLVD 5:00PM TO 7:00PM
	MONDAY APRIL 3 RD AND MONDAY APRIL 10 TH WEDNESDAY APRIL 5 TH AND 12 TH FRIDAY APRIL 14 TH
NEWARK RESTORE 1660 N 21ST STREET NEWARK	SATURDAY APRIL 1 ST -9:00AM TO NOON ANY THURSDAY 9:00AM TO 7:00PM



Privacy Statement and Notice

At Habitat for Humanity - MidOhio, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- ✓ Information we receive from you on applications or other forms;
- ✓ Information about your transactions with us or others; and
- ✓ Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- ✓ Information we receive from you on applications or other forms, such as name, address, social security number, assets, debts, and income; and
- ✓ Information we receive from a consumer reporting agency such as your credit worthiness and credit history.

Habitat for Humanity – MidOhio employees and volunteers are subject to a written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- ✓ Financial service providers, such as mortgage servicing agents; and
- ✓ Nonprofit organizations, government entities, or other subsidy providers.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may contact Habitat for Humanity – MidOhio at (614) 422-4828, option 0 and leave a voicemail message with your name, address and phone number. We will call you only if there is a problem fulfilling your request to opt out.

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Habitat for Humanity-MidOhio Homeowner Selection Committee 01/13/2021





Application

Habitat Homeownership Program

☐

Franklin County

☐

Licking County



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 for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Type of credit☐ I am applying for **individual credit**.☐ I am applying for **joint credit**. Total number of borrowers: _____☐ Each borrower intends to apply for joint credit. **Your initials:** _____**1A. APPLICANT INFORMATION**

Applicant	Co-applicant																																																
Applicant's name: _____ Alternative and former names: _____	Co-applicant's name: _____ Alternative and former names: _____																																																
Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																																																
Dependents and others who will live with you: <table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	Name	Age	Male	Female	_____	_____	<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"/>	Dependents and others who will live with you (not listed by co-applicant): <table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	Name	Age	Male	Female	_____	_____	<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"/>
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If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:																																																	
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____																																																
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: _____																																																

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 homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and 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	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

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 ☐ Diningroom

Other (please describe): _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

4. PROPERTY INFORMATION

☐ I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

\$ _____ /month Unpaid balance \$ _____

Do you own land other than your residence? ☐ No ☐ Yes

Monthly payment (including taxes, insurance, etc.)

\$ _____

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> 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 working at current job 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:
<input type="checkbox"/> Check if you are a business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> 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.

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
SNAP Food stamp amount	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Current balance/ value/vested amount (if applicable)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$		\$	\$	
Installment Loan (e.g., boat, personal loan)	\$	\$		\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g., credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

10. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		

11. 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
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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ Co-applicant's name _____

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? ☐ No ☐ Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

☐ Civil union ☐ Domestic partnership ☐ Registered reciprocal beneficiary relationship

☐ Other (explain): _____

State: _____

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 East Central Region 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.

Applicant(s):

X _____

Print name: _____

Date: _____

Co-Applicant

X _____

Print name: _____

Date: _____

MONTHLY BUDGET FORM

1. Debt Payments	
Mortgage	
Student Loan	
Auto Loan	
Credit Card	
Other	
Other	
Other	
Total Debt Payments	

2. Bills and Utilities	
Home/Utilities	
Rent (if no mortgage)	
Electricity	
Natural Gas	
City/County Utilities	
Phone (cell/landline)	
Internet/Cable/Satellite	
HOA/Repairs	
Other	
Insurance / Medical	
Automobile Insurance	
Life Insurance	
Disability Insurance	
Long Term Care	
Physician Copayments	
Prescriptions	
Other	
Give Back	
Charity	
Other	
Total Bills and Utilities	

► Income	
Monthly Income 1	
Monthly Income 2	
Monthly Income 3	
Other	
Other	
Total Income	

3. Variable Living Costs	
Groceries	
Fast Food	
Gas for Car	
Taxi, Tolls, and Parking	
Clothes	
Dry Cleaning	
Exercise / Gym	
Toiletries / Makeup	
Hair Cuts	
Childcare	
Pet Care	
Other	
Other	
Other	
Total Variable Living Costs	

4. Fun Money	
Personal Spending 1	
Personal Spending 2	
Entertainment	
Dates/Outings	
Movies / Music	
Hobbies	
Vacation	
Lessons / Education	
Memberships	
Subscriptions	
Christmas	
Gifts	
Other	
Total Fun Money	

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



CREDIT CHECK RELEASE

I, _____
Applicant Name (Please Print) Applicant Signature Social Security Number

and _____
Co-Applicant Name (Please Print) Co-Applicant Signature Social Security Number

and _____
Household member 18 years or older (Please Print) Signature Social Security Number

and _____
Household member 18 years or older (Please Print) Signature Social Security Number

Give my/our permission for Habitat for Humanity-MidOhio to do the following:

- 1) Access any credit checks, property title searches, public court records or any other information verifications that they deem appropriate as part of determination for qualification in the Habitat for Humanity-MidOhio program. By initialing and signing this release, you are submitting to such inquiry. _____ (Initial here)
- 2) Habitat for Humanity – MidOhio screens all applicant families and household members 18 years and older on the National Sex Offender Public Registry - [www. http://www.nsopw.gov](http://www.nsopw.gov). By initialing here and signing above on this release, you are submitting to such inquiry. _____ (Initial here)
- 3) Habitat for Humanity – MidOhio screens all applicant and co-applicant on the Specially Designated Nationals and Blocked Persons (SDN) database. By initialing here and signing above on this release, you are submitting to such inquiry. _____ (Initial here)
- 4) Habitat for Humanity – MidOhio conducts a third party criminal background check on all applicant families and household members 18 years and older prior to the home visit. By initialing here and signing above on this release, you are submitting to such inquiry. _____ (Initial here)

5) Electronic Communication

Habitat MidOhio does not intend to disclose private information via this mode of communication and the affiliate is informing the applicant that the Affiliates email is not necessarily a secure network in case the applicant does send personal information electronically. The applicant is giving HFHMO permission to communicate electronically at the following email address _____ or cell phone number listed on the application. Yes _____ No _____





Landlord Name _____

Landlord Address _____

City/State/Zip _____

AUTHORIZATION TO RELEASE LANDLORD INFORMATION

To Whom It May Concern:

The below-named person has applied for housing through the Habitat for Humanity – MidOhio homeownership program and has given us written permission to contact you for a landlord reference. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Applicant (Tenant) Name: _____

Address: _____

City/State/Zip: _____

Signature of Applicant: _____

LANDLORD RESPONSE (To be filled out by the Landlord)

Please Indicate:

1) Monthly Rent: \$ _____

2) Length of Lease: _____

3) Number of Bedrooms: _____

4) Timely Payments: _____

5) Length of Residency: _____

6) Would you rent to this tenant again? Yes _____ No _____

7) Tenant Responsible for Gas _____ Electric _____ Water _____

8) Comments: _____

Landlord Signature: _____ Date: _____

Print/Type Name: _____

Telephone: _____ Fax: _____

LANDLORD:

Please email, fax or Mail Completed Form within 15 Days to:

Habitat for Humanity-MidOhio

6665 Busch Blvd. Columbus, OH 43229

Attn: Lisa Jones, Director, Homeowner Services

Phone: 614-364-7014 Fax: 614-753-4212

Email: ljones@habitatmidohio.org





EMPLOYMENT HISTORY SHEET

Habitat for Humanity – MidOhio requires one year of steady income with a minimum of six months at current place of employment.

APPLICANT

Current Employment:

Employer Name _____

Employer
Telephone _____

Date of Hire _____

Separation/Ending Date _____

Length of Employment _____

Second Job (if applicable):

Employer Name _____

Employer Address _____

City/State/Zip _____

Employer/Supervisor
Telephone _____

Date of Hire _____

Separation/Ending Date _____

Length of Employment _____

Previous Job (if at current job less than 1 year):

Employer Name _____

Employer Address _____

City/State/Zip _____

Employer/Supervisor
Telephone _____

Date of Hire _____

Separation/Ending Date _____

Length of Employment _____

CO-APPLICANT

Current Employment:

Employer Name _____

Employer
Telephone _____

Date of Hire _____

Separation/Ending Date _____

Length of Employment _____

Second Job (if applicable):

Employer Name _____

Employer Address _____

City/State/Zip _____

Employer/Supervisor
Telephone _____

Date of Hire _____

Separation/Ending Date _____

Length of Employment _____

Previous Job (if at current job less than 1 year):

Employer Name _____

Employer Address _____

City/State/Zip _____

Employer/Supervisor
Telephone _____

Date of Hire _____

Separation/Ending Date _____

Length of Employment _____

