



We bring people together to build and rebuild homes and communities while catalyzing new pathways to safe, decent, affordable housing.

Thank you for your interest in becoming a Habitat Homebuyer. **We will accept applications for the Habitat Homeownership program starting Wednesday, July 15, 2020 through Tuesday, September 15, 2020.** No applications will be accepted before or after these dates. The timing of our next application period has yet to be determined. For updates, please join our online newsletter or check our website – www.hfhlouisa.org.

In addition to completing the application, you must view the on-line Application Information Meeting (AIM) video and take a short quiz. Both are available on our website – www.hfhlouisa.org under Homeownership > Application Process. Please note, the video is presented by the Greater Charlottesville Habitat affiliate. Therefore, some of the information does not apply to Louisa. The Louisa Homeowner Services Team will clarify these differences when they speak with you.

This packet contains multiple forms, each one specified below. Each applicant and co-applicant(s) must sign and return all forms.

The Application – please make sure you completely fill out and sign the Part 1 - Application. The application helps staff determine if you meet some basic requirements for the Habitat Homeownership Program.

Pre-qualification Authorization Release Form – this form gives us permission to obtain a full credit report.

General Authorization Release Form – this form gives us your permission to speak to employers, creditors and landlords for information about payment history, income, etc.

Criminal History Records Authorization Release Form – this form will allow us to conduct a background check to obtain information specifically related to any drug charges within the past three years or any sexual abuse charges.

Service Disclosure – this form gives us your permission to work with other agencies and organizations.

Demographic Information Form - this form is for informational purposes only and does not affect your application. If you do not wish to give us this information, check the first box on the list and return it with your completed Part 1 application.

Privacy Statement and Notice - this form notifies you how we store, protect and share your personal information.

List of documents for the Part 2 application - this is a list of documents that we **MAY** request as part of the application process at a later date. Anyone 18 or older who will live in the home **MUST** provide income information.

Please Note:

- **Credit reports are run for each applicant and co-applicant. At the time you submit your application, we ask that you pay \$15.00 for each credit report.** Please pay by cash or money order made out to Habitat for Humanity of Louisa County.
- If you need help filling out the application please give our office a call and ask to speak with our Homeowner Services team.
- Return your application by:

Dropping off at:

Fluvanna-Louisa Housing Foundation

101 Woolfolk Ave. Louisa, VA 23093

Open: Monday through Friday 8:30 a.m. to 4:30 p.m.

OR

Mailing to:

Habitat for Humanity of Louisa County

P.O. Box 1179

Louisa, VA 23093

Habitat for Humanity of Louisa County 2020 Partnership Application Timeline

July 15 to September 15	Application Part 1 submission window. Please turn in NLT September 15, 2020 Applicant Information Meeting (AIM) – online and by phone
October 12 th	Part 2 application mailed out. Contact Habitat if you have not heard from Habitat by October 19 th
October 12 th to November 2 nd	Part 2 submission window. Call our office if you need help!
November 6 th	Part 2 extensions mailed out. Contact Habitat if you have not received your application by November 23 rd
November 6 th to November 20 th	Part 2 extensions submission window. Call our office if you need help!
November 23 rd to November 30 th	Financial Interview & Home Visit invitation mailed. Contact Habitat if you have not received a letter or call from us by December 5 th
December 1 st to January 1 st , 2021	Financial Interviews & Home Visits conducted. You <u>must</u> attend a financial interview and home visit to be considered for partnership.
Week of January 18 th	Homeowner Selection Committee (HSC) meets. The HSC determines which applicants will be presented to the Board. Not every applicant will be presented to the board. Applicants are not invited to this meeting.
Week of January 25 th	Board of Directors meets. The board approves Habitat Homebuyers. Not every applicant will be presented to the board. Applicants are not invited to this meeting.
Week of February 1 st	Applicants will be notified of final decision.

Habitat for Humanity of Louisa County: 2020 Partnership Application

PART 1—APPLICATION

Please complete this Part 1 of the Application and return it and \$15 for each applicant and co-applicant listed to the addresses provided on the cover page. The \$15 will be used to help defray the cost of obtaining a credit report. **APPLICATIONS ARE DUE BY TUESDAY, SEPT 15, 2020. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.**

Only the income of the applicant and co-applicant(s) will be used to determine ability to pay as these will be the only names on the mortgage. However, all household income will be used to determine program eligibility.

APPLICANT				CO-APPLICANT			
First Name:				First Name:			
Last Name:				Last Name:			
Date of birth:				Date of birth:			
				Relation to applicant:			
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried					
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried					
What is the highest level of education the applicant has achieved?				What is the highest level of education the co-applicant has achieved?			
<input type="checkbox"/> Middle School	<input type="checkbox"/> High School/GED			<input type="checkbox"/> Middle School	<input type="checkbox"/> High School/GED		
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree			<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree		
<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Other:			<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Other:		
When did you attend an Applicant Information Meeting ?				When did you attend an Applicant Information Meeting ?			
Date _____				Date _____			

Please list all other persons who would live in the Habitat Home if you are approved. If you need more space, use a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth	Gender



FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____ **\$ for credit report:** _____

Received by?: _____

Need help? Questions? Call 540-967-0486 or email contact@hfhloUISa.org

Contact Information:

Mailing Address:		
City, State, Zip:		
Phone:	Best way to contact you? (Please circle one)	
Email:*	Phone	Email Mail
Language(s) spoken in home:	Interpreter Needed:	YES NO

Electronic Communication Agreement

By providing your email address above you are indicating that you would like to receive correspondence from us electronically. Your consent to receive electronic communications and transactions includes, but is not limited to: letters, request for information and notices about your application.

You may withdraw your consent to receive communications in electronic form or update your contact information by contacting us at contact@hfhloUISa.org or calling us at 540-967-0486. At our option, we may treat your provision of an invalid email address as a withdrawal of your consent to receive electronic communications. We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications. We will provide you with notice of any such termination or changes as required by law. It is your responsibility to provide us with true, accurate and complete contact information.

All communications in either electronic or paper format from us to you will be considered "in writing."

Housing Information:

Physical Address: (if different from mailing address)				
City, State, Zip:				
Monthly rent amount: \$	Date Lease Expires:	Month to Month Lease?	YES	NO
I pay for electricity: YES NO		I pay for water/sewer:	YES	NO
I pay for gas: YES NO		I pay for internet/cable:	YES	NO
Have you lived and/or worked in Louisa for at least one full year?			YES	NO

Rental Management Company Information:

Management Company:
Mailing Address:
City, State, Zip:
Contact Name:
Phone Number:
Fax Number:

Rental History:

Please provide your rental history for the past two years. Please use a separate sheet of paper if you need more space.

I have lived at my current address for the past two years. YES NO		You can skip this section if you have lived at your current address for two or more years.	
Address			
City, State Zip Code			
Move in date:		Move out date:	
Reason for leaving:			

Address			
City, State Zip Code			
Move in date:		Move out date:	
Reason for leaving:			

Address			
City, State Zip Code			
Move in date:		Move out date:	
Reason for leaving:			

Current Monthly Income:

Household income is defined as all funds received on a regular schedule by all household members from all sources. Alimony, child support and/or separate maintenance income are used to determine program eligibility and therefore **MUST** be disclosed, but the applicant or co-applicant may elect for this information not to be considered for repaying the loan. Only the income of the applicant and co-applicant(s) will be used to determine ability to pay as these will be the only names on the mortgage. However, all household income will be used to determine program eligibility.

Income source	Applicant	Co-applicant	Others in household	Total	Is anyone paid in cash?
Wages	\$	\$	\$	\$	YES NO
Social Security	\$	\$	\$	\$	YES NO
SSI	\$	\$	\$	\$	YES NO
Disability	\$	\$	\$	\$	YES NO
Child support	\$	\$	\$	\$	YES NO
Alimony	\$	\$	\$	\$	YES NO
TANF	\$	\$	\$	\$	YES NO
Other:	\$	\$	\$	\$	YES NO
Other:	\$	\$	\$	\$	YES NO
Other:	\$	\$	\$	\$	YES NO
2019 Adjusted Gross Income (from taxes)	\$			2019 Federal Tax Refund	\$
Are you self-employed?					YES NO
If you are self-employed, are you currently tracking your income and expenses?					YES NO

Current Debt:

Please list all companies and persons to whom you and the co-applicants owe money
(credit cards, car loans, pay day lenders/car title lenders, child support, rent-to-own contracts, etc.)

Company/Person's Name	Total Amount Owed	Monthly Payment	Past Due Balance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Student Loans	\$	\$	\$
Pay Day Loans	\$	\$	\$
Title Loans	\$	\$	\$
Personal Loan from Friend/Acquaintance	\$	\$	\$

Current Assets:

Please list property/assets owned by anyone in your household

		Household Member	Balance/Value
Checking Account	Bank Name:		\$
Checking Account	Bank Name:		\$
Savings Account	Bank Name:		\$
Savings Account	Bank Name:		\$
401K/ Retirement Savings	Bank Name:		\$
Other:	Bank Name:		\$
Other:	Bank Name:		\$
Cash on Hand at home			\$
Stocks/Bonds			\$
Real Estate	Location/Description		\$
Vehicle	Year, Make, Model		\$
Vehicle	Year, Make, Model		\$

Employment History:

Please provide a two year work history for everyone in your household over the age of 18. Start with the work history of the applicant, then the co-applicant(s), then other household members. Start with the most recent employment history.

Please mark one: Applicant Co-applicant Other household member:			
Employer/Company:		Job title:	
Supervisor's name		Supervisor's phone #:	
Mailing Address (city, state, zip)			
Hours worked per week:	Seasonal/temporary worker?	YES NO	If seasonal, weeks worked per year:
Hourly rate or annual salary: \$	Start date:		End date:
If no longer at job, reason for leaving:			

Please mark one: Applicant Co-applicant Other household member:			
Employer/Company:		Job title:	
Supervisor's name		Supervisor's phone #:	
Mailing Address (city, state, zip)			
Hours worked per week:	Seasonal/temporary worker?	YES NO	If seasonal, weeks worked per year:
Hourly rate or annual salary: \$	Start date:		End date:
If no longer at job, reason for leaving:			

Please mark one: Applicant Co-applicant Other household member:			
Employer/Company:		Job title:	
Supervisor's name		Supervisor's phone #:	
Mailing Address (city, state, zip)			
Hours worked per week:	Seasonal/temporary worker?	YES NO	If seasonal, weeks worked per year:
Hourly rate or annual salary: \$	Start date:		End date:
If no longer at job, reason for leaving:			

Please mark one: Applicant Co-applicant Other household member:			
Employer/Company:		Job title:	
Supervisor's name		Supervisor's phone #:	
Mailing Address (city, state, zip)			
Hours worked per week:	Seasonal/temporary worker?	YES NO	If seasonal, weeks worked per year:
Hourly rate or annual salary: \$	Start date:		End date:
If no longer at job, reason for leaving:			

Employment History:

Please provide a two year work history for everyone in your household over the age of 18. Start with the work history of the applicant, then the co-applicant(s), then other household members. Start with the most recent employment history.

Please mark one: Applicant Co-applicant Other household member:			
Employer/Company:		Job title:	
Supervisor's name		Supervisor's phone #:	
Mailing Address (city, state, zip)			
Hours worked per week:	Seasonal/temporary worker?	YES NO	If seasonal, weeks worked per year:
Hourly rate or annual salary:	\$	Start date:	End date:
If no longer at job, reason for leaving:			

Please mark one: Applicant Co-applicant Other household member:			
Employer/Company:		Job title:	
Supervisor's name		Supervisor's phone #:	
Mailing Address (city, state, zip)			
Hours worked per week:	Seasonal/temporary worker?	YES NO	If seasonal, weeks worked per year:
Hourly rate or annual salary:	\$	Start date:	End date:
If no longer at job, reason for leaving:			

School Enrollment Information:

For anyone enrolled in school or in a training program (includes college/university)

Name of Family Member:	
School:	Grade/Year:

Name of Family Member:	
School:	Grade/Year:

Name of Family Member:	
School:	Grade/Year:

Name of Family Member:	
School:	Grade/Year:

Name of Family Member:	
School:	Grade/Year:

Other Information:

How did you hear about Habitat for Humanity?

_____ Friend _____ Co-worker _____ Media _____ Social Worker Other: _____

	Yes	No
Have you applied with this Habitat in the past?		

If “yes” please tell us approximately when you applied and the reason you were denied.

	Yes	No
Are there any outstanding judgments against anyone in the household?		
Has anyone in the household declared bankruptcy in the past two years?		
Has anyone had property foreclosed on?		
Has anyone in the household been evicted in the past five years?		
Are you a party to/involved in a lawsuit?		
Are you currently delinquent in any loan/account/child support?		
Is anyone in the household a co-signer on any loan or note?		
Has anyone in the household ever been convicted of a felony?		

If any answers are “yes,” please explain. A “yes” answer will not automatically disqualify you.

	Yes	No
Is anyone in your household a Veteran?		
Does everyone in your household have health insurance?		

If “no” please list the member(s) in household without health insurance.

Sweat Equity Agreement:

Would you be willing to put in “Sweat Equity” time (at least 200 hours for a single adult family, plus 100 hours for each additional adult in the household) if selected to partner with Habitat? Sweat Equity can include working in our office or store as well as working on construction.

- Yes, I am/we are willing and able to put in Sweat Equity
- No, I am/we are unable to put in Sweat Equity

If no, please let us know why you are unable:

Need Self-Assessment

As the Homeowner Selection Committee makes its' final decisions based on the need of all applicants, it is important that you provide a clear picture of your current living conditions. Please indicate below what the condition of your current home is:

- I/we am homeless, living in transitional housing, a shelter, hotel, car or staying with friends who do not have adequate space for me/us.
 - There are significant structural issues with the home, such as (check all that apply)
 - Sinking foundation/walls coming apart from floor
 - Leaky roof or plumbing
 - Unsafe electrical system
 - Lack of insulation/holes in the walls allow air to penetrate
 - Mold and mildew
 - Utility costs are unmanageably high
 - I/we live in a manufactured home/trailer assessed as personal rather than real property
 - Other (please describe)
-
-

- I/we are living in publicly or privately subsidized housing.

I have lived in public housing since:

- I/we are living in overcrowded conditions (please describe)
-

- I/we are living in a high crime neighborhood (please describe)
-

- I/we are paying more than 30% of our gross family income to rent.

- I/we receive a Housing Choice (Section 8) voucher.

I have received a Housing Choice (Section 8) voucher since

- Someone in my household has a disability that creates...

- Barriers to finding safe, decent, affordable, **accessible** housing and/or

- Barriers to earning income

Number of bedrooms in your current home:

Does your home have indoor plumbing? _____ YES _____ NO

My parent(s) or guardian(s) live or lived in public housing _____ YES _____ NO

My parent(s) or guardian(s) receive or received a Housing Choice (Section 8) Voucher _____ YES _____ NO

My parent(s) or guardian(s) receive or received SNAP, TANF, or WIC _____ YES _____ NO

Need help? Questions? Call 540-967-0486 or email contact@hflouisa.org

Acknowledge and Agreement:

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.

I understand that the evaluation will include personal visits, a credit check and employment verification. I certify that all the information I have provided on this Application is correct and true to the best of my knowledge. Furthermore, I understand that the completion of this Application does not guarantee my receiving housing through Habitat for Humanity. I understand that applicants who knowingly provide false information on their application may be denied entry to the program and should such be discovered while in the program, I may be subject to expulsion. The original or a copy of this application will be retained by Habitat for Humanity for at least 25 months even if the application is not approved.

I also understand that Habitat for Humanity of Louisa County screens all applicant families on the sex offender registry prior to final approval. 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

Co-Applicant

Date _____

Date _____

Remember – we cannot process your application without the \$15.00 per applicant and co-applicant(s) to cover a portion of the expense of a credit report. Credit Reports that Habitat for Humanity runs shows as an inquiry on the report and may affect your credit score.

Application for individual or joint credit:

Please indicate if you are applying for individual credit—no co-applicant listed on application— or if you are applying for joint credit—co-applicants are listed on your application. Once you have checked the appropriate box, please have every applicant and any co-applicants initial beside the applicable statement.

I understand that I am applying for individual credit. Please initial applicant: _____

We understand that we are applying for joint credit. Please initial applicant and co-applicant(s): _____

Right to receive a copy of the appraisal:

This statement is to notify you that if you are approved for partnership and are scheduled to purchase a home, 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.

Equal Credit Opportunity Act:

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 the East Central region, 600 Pennsylvania Ave., NW, Washington, DC 20580, 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.

Fair Housing Act:

The FAIR HOUSING ACT Title VIII of the Civil Rights Act of 1968 (Fair Housing Act) prohibits discrimination in the sale, rental and financing of dwellings based on race, color, religion, sex or national origin. Title VIII was amended in 1988 by the Fair Housing Amendments Act, which: expanded the coverage of the Fair Housing Act to prohibit discrimination based on disability or on familial status (presence of child under age of 18, and pregnant women).



PREQUALIFICATION AUTHORIZATION RELEASE FORM – Applicant

Consumer's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Consumer's Authorization

I understand that I am providing written instruction to Habitat for Humanity of Louisa County (a Chapter of Greater Charlottesville Habitat for Humanity), under the Fair Credit Reporting Act authorizing Habitat for Humanity of Louisa County to obtain my credit report or other information from Experian, Equifax and Transunion. By signing below, I authorize Habitat for Humanity of Louisa County to obtain such information solely for prequalification of a mortgage loan.

A copy of this authorization may be accepted as an original.

Signature

Date



PREQUALIFICATION AUTHORIZATION RELEASE FORM -

Co-Applicant

Consumer's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Consumer's Authorization

I understand that I am providing written instruction to Habitat for Humanity of Louisa County (a Chapter of Greater Charlottesville Habitat for Humanity) under the Fair Credit Reporting Act authorizing Habitat for Humanity of Louisa County to obtain my credit report or other information from Experian, Equifax and Transunion. By signing below, I authorize Habitat for Humanity of Louisa County to obtain such information solely for prequalification of a mortgage loan.

A copy of this authorization may be accepted as an original.

Signature

Date



GENERAL AUTHORIZATION FORM

The purpose of this form is to allow Habitat for Humanity of Louisa County to obtain any Credit Reference, Landlord Reference, Employment Verification, Past Employment Verification, Verification of Deposit, or Verification of Public Assistance and to release certain information to our employees, volunteers or affiliates involved in processing your application. Our having your permission to release this information and request these verifications (if necessary) will expedite the processing of your application.

To Whom It May Concern:

I hereby authorize you to release any information concerning my credit*, banking, public assistance, residency and/or employment to Habitat for Humanity of Louisa County or its employees, volunteers, or affiliates, in connection with the processing of my application and partnership in their program.

I hereby authorize the release of information concerning the status and disposition of my application to Habitat for Humanity of Louisa County employees, volunteers or affiliates.

A copy of this release is also acceptable authorization.

Name

I have a Social Security Number or Individual
Taxpayer Identification Number (ITIN)**

YES

NO

Name

I have a Social Security Number or Individual
Taxpayer Identification Number (ITIN)**

YES

NO

SSN/ITIN

SSN/ITIN

Address

Address

City, State, Zip

City, State, Zip

Date of Birth

Date of Birth

Signature

Signature

Date

Date

*Inquiries made to your credit may impact your credit score

**Lack of an SS# or ITIN will not automatically disqualify you.



CRIMINAL HISTORY RECORDS AUTHORIZATION RELEASE FORM

I have been informed of the Habitat for Humanity of Louisa County requirement to run a clearance through State/National sex offender registry and criminal records of any other state or locality, which may have criminal history information concerning me. Permission is given to Habitat for Humanity of Louisa County to obtain information related to arrests, convictions, time served and probation reports.

A copy of this release is also acceptable authorization.

Name - Applicant

I have a Social Security Number or Individual Taxpayer Identification Number (ITIN)**

YES NO

Name – Co-Applicant

I have a Social Security Number or Individual Taxpayer Identification Number (ITIN)**

YES NO

SSN/ITIN

SSN/ITIN

Address

Address

City, State, Zip

City, State, Zip

Date of Birth

Date of Birth

Signature

Signature

Date

Date



SERVICE DISCLOSURE

Habitat for Humanity of Louisa County (Habitat) is here to assist you in preparing to purchase a home through the Habitat program. **Habitat staff will not give legal advice.**

1. I understand that if I am referred to another agency or organization, I should independently determine whether that agency or organization can address my concerns. Habitat is not responsible for the services provided by others.
2. I understand that Habitat receives funds from entities such as the U.S. Department of Housing and Urban Development (HUD), Virginia Housing Development Authority (VHDA), state and local governments, foundations, etc. These agencies and organizations often require Habitat to monitor my performance in accordance with their funding agreements. This monitoring may require that Habitat release client files, in whole or part for their review.
3. I give permission for program administrators/funders and/or their agents to follow up with me between now and three years following the close-out of my counseling file for the purpose of program evaluations.
4. I understand and give permission for Habitat to submit client-level information to VistaShare Outcome Tracker (client management) database.

ACCEPTED AND AGREED:

Signature

Signature

Print Name

Print Name

Date

Date

DECLINED/NOT AGREED: *(Signing below will inhibit our ability to provide services.)*

Signature

Signature

Print Name

Print Name

Date

Date



DEMOGRAPHIC INFORMATION FORM - Applicant

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 the equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. If you do fill out this form, please be sure to check the appropriate box that best describes your race **and** ethnicity. The law provides that a Lender may neither discriminate on the basis of this information nor on whether you choose to not furnish it. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (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 loan applied for.)

****Please fill out Race, Ethnicity and Sex.**

Race:

- I do not wish to furnish this information.
- American Indian or Alaskan Native
- Asian
- White
- Native Hawaiian/Pacific Islander
- Black or African American
- American Indian or Alaska Native & White
- Asian & White
- Black or African American & White
- American Indian/Alaska Native & Black/African American
- Other Multi-Racial (specify) _____

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

Sex:

- Female Male

To be completed by Habitat:

This Application was taken by: <input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	Received by (print or type name)		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; text-align: center;">Signature</td> <td style="width: 40%; border: none; text-align: center;">Date</td> </tr> </table>	Signature	Date
Signature	Date		

Note to Habitat: Once the homebuyer applicant submits an application form, an affiliate representative not involved in the homeowner selection process must detach this sheet from the application form and keep it in a separate file to which no one involved in the homeowner selection process has access.



DEMOGRAPHIC INFORMATION FORM – Co-Applicant

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 the equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. If you do fill out this form, please be sure to check the appropriate box that best describes your race **and** ethnicity. The law provides that a Lender may neither discriminate on the basis of this information nor on whether you choose to not furnish it. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (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 loan applied for.)

****Please fill out Race, Ethnicity and Sex.**

Race:

- I do not wish to furnish this information.
- American Indian or Alaskan Native
- Asian
- White
- Native Hawaiian/Pacific Islander
- Black or African American
- American Indian or Alaska Native & White
- Asian & White
- Black or African American & White
- American Indian/Alaska Native & Black/African American
- Other Multi-Racial (specify) _____

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

Sex:

- Female Male

To be completed by Habitat:

This Application was taken by: <input type="checkbox"/> Face to face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	Received by (print or type name)	
	Signature	Date

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PRIVACY STATEMENT AND NOTICE

At Habitat for Humanity of Louisa County (HFHLC), we are committed to keeping your information private. We recognize the importance that applicants, Partner 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, Partner Family, tenant 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. Non-public personal information is stored in locked file cabinets which are restricted to staff and volunteers on an as-needed basis. Non-public personal information is stored for at least 25 months after the end of the relationship (closed application file or closing on a home). Files are shredded in a professional manner.

Habitat for Humanity Louisa County's 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 non-public personal information about you to the following types of third parties:

- Financial service providers, such as consumer credit counseling providers and mortgage servicing agents;
- Homeowner insurance claims adjustors; and
- Nonprofit organizations or government agencies which provide grant funding or down payment assistance, homebuyer education and savings programs.

If you have any questions, please call Habitat for Humanity of Louisa County at 540-967-0486.

HOW DOES HFHLC SHARE YOUR PERSONAL INFORMATION?	Does HFHLC Share?	Can you limit this sharing?
For our everyday business purposes – Such as to process your application and transactions, maintain your records for partnership, 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	Yes	No
For our associated businesses everyday business purposes – information about your transactions and experiences	Yes	No
For joint marketing with other financial companies	No	We do not share
For our associated businesses everyday business purposes – Information about your creditworthiness	No	We do not share
For non-affiliates (other companies) to market to you	No	We do not share
Who is providing this notice?	Habitat for Humanity of Louisa County	
LIMITING, SHARING AND PROTECTING MY INFORMATION		
Why can't I limit all sharing?	Federal law gives you the right to limit: <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes – information about your creditworthiness • Affiliates from using your information to market to you • Sharing for non-affiliates to market to you. As HFHLC does not share under any of these circumstances, you will not need to limit sharing. HFHLC only shares under circumstances allowed by Federal Laws*	
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account. HFHLC only shares what is permitted by law. This means that there is not anything that you can change in terms of limiting your information.	
How does HFHLC 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. All employees and volunteers are subject to a written policy regarding confidentiality. Access to applicant and customer data is restricted to staff and volunteers on an as-needed basis.	
Other Important Information for our Homeowners		
Important Information About Credit Reporting: HFHLC contracts with Virginia Housing Development Authority (VHDA) to provide servicing of home loans with HFHLC. As part of this, (VHDA) does report information about those accounts to credit bureaus. Late payments, missed payments, and other defaults on these accounts will be reflected in credit reports. As required by law, you are hereby notified that a negative credit report reflecting on your credit report record may be submitted to a credit reporting agency if you fail to fulfill the terms on your obligation.		
Questions?	Call our office at 540-967-0486 and ask to speak with someone on the Homeowner Services Team	

***Gramm-Leach-Bliley Act & Federal Credit Reporting Act**

Before you turn in your application:

Have you completed and submitted all of the requested documentation?

- The application
- Pre-qual Authorization Release Form(s)
- General Authorization Release Form
- Criminal History Records Authorization Release Form
- Service Disclosure
- Demographic Information Form

Has every applicant and co-applicant signed the following documents?

- Yes**
- Yes**
- Yes**
- Yes**
- Yes**
- Yes**

After you turn in your application:

Below you will find a list of documents that we **MAY** request in **October 2020**. We have included this list of documents so that you may begin to save them. You will **NOT** need to turn in any of these documents unless we have requested them from you. This list serves as a resource for you.

- All **PAYSTUBS** received in June 2020 and July 2020.
- If self-employed, **PROFIT AND LOSS STATEMENTS** for April 2020, May 2020, June 2020 & July 2020.
- Other **INCOME DOCUMENTS** (Social Security, Pension, TANF, etc.)
- Documentation of **CHILD SUPPORT OR ALIMONY** if applicable*
- All **BANK STATEMENTS** received in June 2020 and July 2020 (checking, savings, retirement, etc.)
- 2019 and 2018 **TAX RETURNS**
- All **W2S AND 1099S** received for 2019 and 2018 tax years
- **PICTURE ID** for all adults in the household
- Current **LEASE/RENTAL AGREEMENT**
- All **UTILITY BILLS** received in June 2020 & July 2020 (electricity, water/sewer, gas, phones, cable/internet)

If you need help getting or printing out these documents please give our office a call or email us and ask to speak with our Homeowner Services Team.

*Alimony, child support and/or separate maintenance income are used to determine program eligibility and therefore must be disclosed, but the applicant or co-applicant may elect for this information not to be considered for repaying the loan. For child support, a transcript of payments from DCSE or a bank statement showing deposits of support are needed.

PLEASE KEEP THIS FOR YOUR REFERENCE



Need help? Questions? Call 540-967-0486 or email contact@hflouisa.org