

Cape Fear Habitat for Humanity construye casas sencillas, decentes y energéticamente eficientes que se venden a familias e individuos en la región de Cape Fear. Las casas de Habitat se venden sin fines de lucro a través de un préstamo hipotecario asequible. Para participar en el programa, los candidatos deben cumplir con los requisitos en base a la necesidad del programa, la capacidad de pagar una hipoteca de Hábitat, y la voluntad de asociarse con Hábitat. Este programa puede tardar aproximadamente 2 años en completarse.

## CRITERIOS DE SELECCIÓN para ser propietario de una vivienda

### I. Necesidad



Su situación actual de vivienda puede ser descrita por al menos uno de los siguientes:

- Los gastos de vivienda son superiores al 30% de los ingresos
- Imposibilidad de obtener un préstamo hipotecario de cualquier otra fuente
- Condiciones de hacinamiento o inseguridad
- Vivienda subvencionada
- Vivienda inadecuada o residencia no permanente, sin hogar
- Desplazados por un huracán u otro desastre natural

### II. Capacidad de pago

**INGRESOS:** Consulte los rangos de ingresos en la tabla siguiente. Se tendrán en cuenta los importes de los ingresos, incluidos los salarios, la Seguridad Social, la Seguridad Social por discapacidad, la manutención de los hijos (opcional), otras formas de ingresos declarados y todas las deudas.

**Nota:** Estas cifras entran en vigor el 1 de mayo de 2025 y cambian cada año.

| Tamaño de la familia | New Hanover |           | Pender   |           | Duplin   |          | Family size |
|----------------------|-------------|-----------|----------|-----------|----------|----------|-------------|
|                      | Mínimo      | Máximo    | Minimum  | Maximum   | Minimum  | Maximum  |             |
| 1                    | \$44,360    | \$60,700  | \$40,560 | \$55,800  | \$35,000 | \$42,800 | 1           |
| 2                    | \$44,360    | \$69,350  | \$40,560 | \$63,800  | \$35,000 | \$48,900 | 2           |
| 3                    | \$44,360    | \$78,000  | \$40,560 | \$71,750  | \$35,000 | \$55,000 | 3           |
| 4                    | \$44,360    | \$86,650  | \$40,560 | \$79,700  | \$35,000 | \$61,100 | 4           |
| 5                    | \$44,360    | \$93,600  | \$40,560 | \$86,100  | \$37,650 | \$66,000 | 5           |
| 6                    | \$44,360    | \$100,550 | \$43,150 | \$92,500  | \$43,150 | \$70,900 | 6           |
| 7                    | \$48,650    | \$107,450 | \$48,650 | \$98,850  | \$47,400 | \$75,800 | 7           |
| 8                    | \$54,150    | \$114,400 | \$54,150 | \$105,250 | \$50,450 | \$80,700 | 8           |

**DEUDA:** No puede destinar más del 20% de sus ingresos brutos al pago de deudas como tarjetas de crédito, préstamos para coches u otras obligaciones.

**CRÉDITO:** No exigimos una puntuación crediticia específica. Si sus ingresos cumplen los requisitos, revisaremos su historial de pagos a través de un informe crediticio (\$50 por solicitante, pagaderos sólo si seguimos adelante). Si no tiene crédito, puede presentar facturas de servicios públicos. Si surgen problemas de crédito, se le ofrecerá asesoramiento crediticio gratuito.

### III. Disponibilidad para asociarse

Horas de asociación: Ayude a construir casas Hábitat, ¡incluyendo la suya! No se necesita experiencia. La mayoría de las horas se completan en los sitios de construcción, pero también hay oportunidades disponibles en ReStores, eventos y recaudación de fondos.

- **Compromiso de tiempo:** ~2 turnos/mes durante 18-24 meses
- **Horas requeridas:** 400 horas para hogares de 2 adultos, 250 para 1 adulto (100 deben ser de construcción por adulto)
- Los amigos/familiares pueden ayudar con algunas horas
- Planes personalizados disponibles para las personas con discapacidad (con la opinión del médico)

Clases para propietarios de viviendas: Obligatorio para todos los compradores antes del cierre. Algunas clases se completan en línea.

Pagos mensuales de los costes de cierre: Hacer pagos mensuales asequibles hacia los costos de cierre muestra la preparación para futuros pagos de la hipoteca. Las metas de pago se establecen con nuestro Asesor de Crédito e Hipoteca.

Reuniones mensuales de preparación financiera: Las reuniones regulares con el Asesor de Crédito e Hipoteca ayudan a construir su preparación financiera para ser propietario de una vivienda. Se requiere la asistencia cada mes antes del cierre.

Voluntad de vivir donde tenemos la tierra: Durante la fase de participación, usted elegirá entre las propiedades disponibles listos para la construcción que se ajusten a su elegibilidad (condado, tamaño del dormitorio, la asequibilidad).

Representación de Hábitat: Las familias asociadas actúan como embajadores de la comunidad y se reunirán con voluntarios, donantes y otros futuros propietarios.

Responsabilidades como propietario: Los propietarios de viviendas de Hábitat deben pagar su hipoteca a tiempo y mantener sus hogares. Los pagos mensuales incluyen el capital, el seguro, los impuestos sobre la propiedad y cualquier otra cuota aplicable, como las cuotas de la Asociación de Propietarios o los acuerdos sobre termitas.

Pagos de la hipoteca: Su hipoteca mensual no será superior al 30% de sus ingresos brutos al cierre. ¡Los pagos apoyan nuestro fondo rotatorio para construir más casas con otras familias!

### IV. Residencia

Los compradores deben ser ciudadanos estadounidenses, residentes permanentes o tener un estatus migratorio legal. Los compradores deben haber vivido o trabajado en los condados de New Hanover, Pender o Duplin durante al menos 1 año.

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#### Cómo presentar la solicitud:

Si usted cree que usted califica, complete el paquete de solicitud completa y reunir todos los documentos requeridos que figuran en la última página. Envíe por correo o deje su paquete en:

**Cape Fear Habitat for Humanity** 3310 Fredrickson Rd. Wilmington, NC 28401

Si tiene preguntas, llame al 910-762-4744 ext. 134 (pregunta por Gabriel) o envíe un correo electrónico a [info@capefearhabitat.org](mailto:info@capefearhabitat.org)

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**Somos un proveedor de igualdad de oportunidades de vivienda:** Aquellos que aplican para comprar casas de Cape Fear Habitat for Humanity son aprobados por la Junta Directiva de una manera que no discrimina por motivos de raza, color, religión, sexo, preferencia o identificación sexual, discapacidad, estado familiar, origen nacional, o porque todo o parte de los ingresos del solicitante provienen de programas de asistencia pública.



# Credit Check Release Form

**Applicant:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

I \_\_\_\_\_ request Factual Data to release

information to the Cape Fear Habitat for Humanity Credit Counselor/ Consultant. This information shall include but is not limited to the following: **X Credit Report**

I understand this exchange of information shall be used in the process of reviewing my application and/or eligibility for the Homeownership Program. This authorization will remain in effect for one year or until I specifically revoke this in writing.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Co-applicant (if applicable):**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

I \_\_\_\_\_ request Factual Data to release

information to the Cape Fear Habitat for Humanity Credit Counselor/ Consultant. This information shall include but is not limited to the following: **X Credit Report**

I understand this exchange of information shall be used in the process of reviewing my application and/or eligibility for the Homeownership Program. This authorization will remain in effect for one year or until I specifically revoke this in writing.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**NOTA:**

Usted completará este formulario como parte de su solicitud. Si sus ingresos califican, nos pondremos en contacto con usted para organizar el pago de la cuota de \$ 50 por solicitante antes de sacar su informe de crédito.

No se requiere una puntuación crediticia mínima.

## Lista de comprobación: Documentos justificativos para la solicitud de propiedad de vivienda

**Por favor, proporcione copias de todos los documentos solicitados que se aplican a usted ya todos en su hogar mayores de 18 años y presentarlos junto con su solicitud. Las solicitudes que no incluyan toda la documentación requerida serán denegadas por estar incompletas.**

*Nota: Si un documento no procede, por favor marque "N/A".*

### Entregar con la solicitud

- ☐ Declaración de la renta de los 2 años anteriores o certificado de notas
- ☐ 2 años anteriores de W-2 (o 1099 para autónomos)
- ☐ Extractos bancarios de los 2 meses anteriores (cuentas corrientes y de ahorro; cualquier otra cuenta bancaria)
- ☐ Últimos 3 meses de declaraciones de ingresos (recibos de sueldo)
- ☐ Si utiliza la manutención infantil como parte de sus ingresos (no es obligatorio), proporcione la orden judicial y el historial de pagos.
- ☐ Verificación de SSI, si se aplica a su hogar
- ☐ Otras fuentes de ingresos que reciba cualquier miembro de su hogar, por ejemplo: Beneficios por discapacidad, veteranos o desempleo, Work First, pensión alimenticia, etc.
- ☐ Vale de Elección de Vivienda (carta de determinación del alquiler más reciente), si procede

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**Una vez recibida su solicitud, se le enviará por correo una carta en un plazo de 30 días con instrucciones adicionales. Esta carta le indicará si su solicitud puede pasar al siguiente paso.**

**POR FAVOR NO ENTREGUE todavía la información que se indica a continuación, pero sepa dónde se encuentran y esté preparado para traerla más adelante en el siguiente paso:**

- Tarjetas de la Seguridad Social de todos los miembros de la unidad familiar,
- Certificados de nacimiento de todos los miembros de la unidad familiar,
- Certificado de matrimonio del solicitante y/o co-solicitante, si procede.
- Decreto de divorcio del solicitante o del co-solicitante, si alguno de los dos ha estado casado alguna vez
- Permiso de conducir o documento de identidad de todos los miembros de la familia mayores de 18 años
- Prueba de la situación migratoria actual en EE.UU. del solicitante y del co-solicitante, si procede
- Las últimas nóminas con los ingresos del año hasta la fecha

**Si su solicitud es denegada, se le recomienda a programar una cita de seguimiento para una sesión de asesoramiento financiero gratuito.**



Cape Fear Habitat for Humanity  
3310 Fredrickson Rd.  
Wilmington, NC 28401

# Application

## Habitat Homeownership Program



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                                                                                                                                                                                                                                 |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| <b>Applicant's name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Co-applicant's name:</b> _____                                                                                                                                                                                                            |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Alternative and former names:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Alternative and former names:</b> _____                                                                                                                                                                                                   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Social Security number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Social Security number _____                                                                                                                                                                                                                 |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Home phone (____) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Home phone (____) _____                                                                                                                                                                                                                      |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| e-mail address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e-mail address _____                                                                                                                                                                                                                         |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Age _____ Date of birth (mm/dd/yyyy) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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 13.)                                                                                                                                                                                                                                                                                                                                                                                                              | <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 13.) |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Household members and others who will live with you in the Habitat Home:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Household Members who will live with you (not listed by co-applicant):</b>                                                                                                                                                                |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| 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"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Present address (street, city, state, ZIP code):</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent<br>_____<br>_____<br>_____<br><b>Number of years:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Present address (street, city, state, ZIP code):</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent<br>_____<br>_____<br>_____<br><b>Number of years:</b> _____                                                               |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                              |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Previous address(es) (street, city, state, ZIP code):</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent<br>_____<br>_____<br>_____<br><b>Number of years:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Previous address(es) (street, city, state, ZIP code):</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent<br>_____<br>_____<br>_____<br><b>Number of years:</b> _____                                                          |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |

What prompted you to think about applying for Habitat or how did you hear about us?

\_\_\_Employer \_\_\_Habitat Information Session \_\_\_Social Media (Facebook, Instagram, LinkedIn, etc...) \_\_\_Cape Fear Habitat ReStore  
\_\_\_Door Hanger \_\_\_Flyer \_\_\_Radio Ad, TV, News Story \_\_\_Postcard or mailing \_\_\_Word of Mouth  
\_\_\_Referred by other agency (which one?) \_\_\_\_\_ \_\_\_Community Event (which one?) \_\_\_\_\_

### 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 Home type: \_\_House \_\_Mobile Home \_\_Apartment  
Number of bedrooms (please circle): 1 2 3 4 5 \_\_other

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room

Other (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in Homeownership?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you rent your current residence, you will be asked to supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.**

Name, address and phone number of current landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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.)

\$\_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.  
**Note:** A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

## 5. EMPLOYMENT INFORMATION

| 5. EMPLOYMENT INFORMATION                                                                                                                                                                                                                                          |                             |                                                                                                     |                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant                                                                                                                                                                                                                                                          |                             | Co-applicant                                                                                        |                                                                                                                                             |
| <input type="checkbox"/> Does not apply.                                                                                                                                                                                                                           |                             | <input type="checkbox"/> Does not apply.                                                            |                                                                                                                                             |
| Name and address of <b>CURRENT</b> employer:                                                                                                                                                                                                                       | Start date (mm/dd/yyyy):    | Name and address of <b>CURRENT</b> employer:                                                        | Start date (mm/dd/yyyy):                                                                                                                    |
|                                                                                                                                                                                                                                                                    | Annual (gross) wages:<br>\$ |                                                                                                     | Annual (gross) wages:<br>\$                                                                                                                 |
| Type of business:                                                                                                                                                                                                                                                  | Business phone:             | Type of business:                                                                                   | Business phone:                                                                                                                             |
| If working at current job less than one year, or if you have multiple jobs, complete the following information.                                                                                                                                                    |                             |                                                                                                     |                                                                                                                                             |
| Name and address of <b>PREVIOUS OR SECOND</b> employer:                                                                                                                                                                                                            | Start date (mm/dd/yyyy):    | Name and address of <b>PREVIOUS OR SECOND</b> employer:                                             | Start date (mm/dd/yyyy):                                                                                                                    |
|                                                                                                                                                                                                                                                                    | End date (if applicable):   |                                                                                                     | End date (if applicable):                                                                                                                   |
| Este empleo es un: <input type="checkbox"/> Empleo anterior <input type="checkbox"/> Segundo empleo                                                                                                                                                                | Annual (gross) wages:<br>\$ | Este empleo es un: <input type="checkbox"/> Empleo anterior <input type="checkbox"/> Segundo empleo | Annual (gross) wages:<br>\$                                                                                                                 |
| Type of business:                                                                                                                                                                                                                                                  | Business phone:             | Type of business:                                                                                   | Business phone:                                                                                                                             |
| <input type="checkbox"/> Check if you are the business owner or are self-employed.<br><input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more.<br>Monthly income (or loss) \$ _____ |                             |                                                                                                     | <b>PLEASE NOTE:</b> 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             | \$        | \$           | \$                  | \$        |
| Other: _____                      | \$        | \$           | \$                  | \$        |
| <b>Total</b>                      | <b>\$</b> | <b>\$</b>    | <b>\$</b>           | <b>\$</b> |

## HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

| Name | Income source | Monthly income | Date of birth |
|------|---------------|----------------|---------------|
|      |               |                |               |
|      |               |                |               |
|      |               |                |               |
|      |               |                |               |

## 7. SOURCE OF CLOSING COSTS and FINANCIAL COUNSELING

Our program requires program participants to submit monthly payments towards closing costs until you close on your home. This will demonstrate your commitment to homeownership and paying a mortgage on time.

Are you willing to dedicate some of your monthly income towards closing costs? YES \_\_\_\_ NO \_\_\_\_

Are you willing to meet with our Credit and Mortgage Counselor each month, complete financial assignments and participate in other financial courses? YES \_\_\_\_ NO \_\_\_\_

## 8. ASSETS

| Type of asset<br>(For example: Savings, retirement account, recreational vehicles, investments, inheritances, etc.<br>(Do not include land) | Name of Bank, if applicable | Location of Bank | State | Zip code | Current balance/<br>value/<br>vested amount<br>(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 (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                                          | \$              | \$             |                    | \$              | \$             |                    |
| Open 30 days (balance paid monthly, e.g., travel card)     | \$              | \$             |                    | \$              | \$             |                    |
| Medical debt                                               | \$              | \$             |                    | \$              | \$             |                    |
| Other                                                      | \$              | \$             |                    | \$              | \$             |                    |
| Other                                                      | \$              | \$             |                    | \$              | \$             |                    |
| <b>Total</b>                                               | <b>\$</b>       | <b>\$</b>      |                    | <b>\$</b>       | <b>\$</b>      |                    |

## MONTHLY EXPENSES

| Account                               | Applicant | Co-applicant | Total |
|---------------------------------------|-----------|--------------|-------|
| Rent                                  | \$        | \$           | \$    |
| Utilities (electricity, water, gas)   | \$        | \$           | \$    |
| Insurance (rental, car, health, etc.) | \$        | \$           | \$    |
| Childcare                             | \$        | \$           | \$    |
| Internet service                      | \$        | \$           | \$    |
| Cell phone                            | \$        | \$           | \$    |



|                                                              |           |           |           |
|--------------------------------------------------------------|-----------|-----------|-----------|
| Land line                                                    | \$        | \$        | \$        |
| Business expenses                                            | \$        | \$        | \$        |
| Union dues                                                   | \$        | \$        | \$        |
| Transportation expense (gas, bus pass, vehicle upkeep, etc.) | \$        | \$        | \$        |
| Food and essential supplies                                  | \$        | \$        | \$        |
| Entertainment                                                | \$        | \$        | \$        |
| Other                                                        | \$        | \$        | \$        |
| Other                                                        | \$        | \$        | \$        |
| <b>Total</b>                                                 | <b>\$</b> | <b>\$</b> | <b>\$</b> |

## 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 you a U.S. Citizen, Lawful Permanent Resident (LPR) or lawful non-permanent resident?                                                                                                                                                               | <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?<br>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 or 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 there any outstanding judgements because of a court decision against you?                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Note:</b> If you answered "no" to Question a. or "yes" to any question b. through 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.

|                            |             |                               |             |
|----------------------------|-------------|-------------------------------|-------------|
| <b>Applicant signature</b> | <b>Date</b> | <b>Co-applicant signature</b> | <b>Date</b> |
| 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** \_\_\_\_\_

### 13. 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 credit worthiness 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 FTC Regional Office for the Southeast region, 60 Forsyth St SW, Atlanta, GA 30303 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: \_\_\_\_\_

X \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## 14. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ethnicity (check one or more):</b><br><input type="checkbox"/> Hispanic or Latino<br><div style="margin-left: 20px;"> <input type="checkbox"/> Mexican    <input type="checkbox"/> Puerto Rican    <input type="checkbox"/> Cuban         </div> <input type="checkbox"/> Other Hispanic or Latino –<br><i>Origin:</i> _____<br><i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i><br><br><input type="checkbox"/> Not Hispanic or Latino<br><input type="checkbox"/> I do not wish to provide this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Ethnicity (check one or more):</b><br><input type="checkbox"/> Hispanic or Latino<br><div style="margin-left: 20px;"> <input type="checkbox"/> Mexican    <input type="checkbox"/> Puerto Rican    <input type="checkbox"/> Cuban         </div> <input type="checkbox"/> Other Hispanic or Latino –<br><i>Origin:</i> _____<br><i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i><br><br><input type="checkbox"/> Not Hispanic or Latino<br><input type="checkbox"/> I do not wish to provide this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Sex:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Sex:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Race (check one or more):</b><br><input type="checkbox"/> American Indian or Alaska Native —<br><i>Name of enrolled or principal tribe:</i> _____<br><br><input type="checkbox"/> Asian<br><div style="margin-left: 20px;"> <input type="checkbox"/> Asian Indian    <input type="checkbox"/> Chinese    <input type="checkbox"/> Filipino<br/> <input type="checkbox"/> Japanese    <input type="checkbox"/> Korean    <input type="checkbox"/> Vietnamese         </div> <input type="checkbox"/> Other Asian — <i>race:</i> _____<br><i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i><br><br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><div style="margin-left: 20px;"> <input type="checkbox"/> Native Hawaiian    <input type="checkbox"/> Guamanian or Chamorro    <input type="checkbox"/> Samoan<br/> <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____<br/> <i>For example: Fijian, Tongan, and so on.</i> </div> <input type="checkbox"/> White<br><input type="checkbox"/> I do not wish to provide this information | <b>Race (check one or more):</b><br><input type="checkbox"/> American Indian or Alaska Native —<br><i>Name of enrolled or principal tribe:</i> _____<br><br><input type="checkbox"/> Asian<br><div style="margin-left: 20px;"> <input type="checkbox"/> Asian Indian    <input type="checkbox"/> Chinese    <input type="checkbox"/> Filipino<br/> <input type="checkbox"/> Japanese    <input type="checkbox"/> Korean    <input type="checkbox"/> Vietnamese         </div> <input type="checkbox"/> Other Asian — <i>race:</i> _____<br><i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i><br><br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><div style="margin-left: 20px;"> <input type="checkbox"/> Native Hawaiian    <input type="checkbox"/> Guamanian or Chamorro    <input type="checkbox"/> Samoan<br/> <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____<br/> <i>For example: Fijian, Tongan, and so on.</i> </div> <input type="checkbox"/> White<br><input type="checkbox"/> I do not wish to provide this information |

| To be completed only by the person conducting the interview                                                                                                                                               |                                                                              |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname?                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                                                   |
| Was the sex of the Borrower collected on the basis of visual observation or surname?                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                                                   |
| Was the race of the Borrower collected on the basis of visual observation or surname?                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                                                   |
| This application was taken by:<br><input type="checkbox"/> Face-to-face interview (included electronic media w/video component)<br><input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type)<br>_____<br>Interviewer's signature _____ | Interviewer's phone number<br>_____<br>Date _____ |

# Cape Fear Habitat for Humanity's Application Steps

## **Step 1: Complete An Application**

If you believe you and your family meet the qualifications, complete an application. Your application and personal documents will be reviewed to determine if you may qualify. You may not proceed to the next step until all application documents are received. You will receive communication from us within 30 days.

## **Step 2: Cape Fear Habitat Reviews Application**

Our Finance Team will review your application and supporting financial documentation. If you meet the financial criteria, you will receive a letter indicating whether or not you may proceed to the next step of the application process.

## **Step 3: Meet with Credit Counselor**

Meet with the Credit Counselor to discuss your financial readiness for a Habitat home and receive guidance about your ability to pay for a Habitat home. At this meeting, you will submit necessary biographical documents (such as birth certificates and social security cards). A credit check will take place, but a lower score will not necessarily keep you from being approved.

## **Step 4: Background Checks**

A sexual offender, criminal background check, and a global terrorist background check will be conducted on all adults in the household 18 years and older, as well as any spouse of the applicant if applicable. An assessment will be conducted, as needed, to determine the ability to move forward based on the person's individual circumstances and transparency during the application process.

## **Step 5: Meeting with Director of Homeowner Services**

Usted se reunirá con el Director de Servicios al Propietario para hablar de su necesidad de una casa Hábitat, para asegurar su comprensión de lo que significa asociarse con Hábitat, y cómo planea cumplir con nuestros requisitos de asociación.

## **Step 6: Homeowner Selection Committee Interview**

A member of the Homeowner Selection Committee and the Director of Homeowner Services will meet with you for a short interview. Then the committee will meet to review your case and a determination will be made whether to recommend your family for selection into the homeownership program. The Board of Directors will vote to make the final decision.

## **Step 7: Official Approval into Homeownership Program**

If approved by the Board of Directors, you will meet with our Program Coordinator for an Orientation and to sign a Letter of Intent and begin the program.