



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

WEST PASCO HABITAT FOR HUMANITY PROGRAMS

WEST PASCO HABITAT FOR HUMANITY IS A CHRISTIAN HOUSING MINISTRY. OUR MISSION IS TO BUILD HOMES AND HOPE FOR PEOPLE IN NEED. THROUGH PARTNERSHIPS WITH FAMILIES, INDIVIDUALS, VOLUNTEERS AND PRIVATE DONORS; WEST PASCO HABITAT FOR HUMANITY BUILDS AND REPAIRS DECENT, AFFORDABLE HOUSES THAT ARE THEN SOLD TO PARTNER FAMILY'S, AT NO PROFIT, AND FINANCE BY HABITAT WITH AFFORDABLE MORTGAGE TERMS AT A 0% INTEREST RATE.

HOME OWNERSHIP PROGRAM

NEED: THERE MUST BE NEED IN YOUR HOUSING SITUATION. FOR EXAMPLE, UNSAFE NEIGHBORHOOD, UNSANITARY CONDITIONS, OVERCROWDED CONDITIONS, LEAKING ROOF OR WINDOWS, COST BURDENED.

ABILITY TO PAY: WEST PASCO HABITAT FOR HUMANITY DOES NOT GIVE HOMES TO PEOPLE. WE SELL THE HOUSES AT A VERY REASONABLE PRICE TO THE PARTNER FAMILY AT A 0% INTERST RATE AND HOLD THE MORTGAGE OURSELVES.

WILLINGNESS TO PARTNER: EACH PARTNER FAMILY MUST COMPLETE SWEAT EQUITY HOURS. PARTNER FAMILY'S MUST PARTICIPATE IN ALL WORKSHOPS, FUNDRAISERS, EVENTS AND CONSTRUCTION PROJECTS AS REQUESTED.

CRITICAL HOME REPAIR PROGRAM

NEED: THERE MUST BE A NEED IN YOUR HOUSING SITUATION. FOR EXAMPLE, CRITICAL REPAIR ISSUES SUCH AS PLUMBING, AIR CONDITIONING, BROKEN WINDOWS ETC.

ABILITY TO PAY: PARTNER FAMILY'S MUST DEMONSTRATE AN ABILITY TO REPAY THE COST OF REPAIRS TO THEIR HOME. REPAYMENT OF THESE REPAIRS WILL BE DONE THROUGH A 0% INTEREST LOAN THAT IS SECURED WITH A MORTGAGE NOTE. PARTNER FAMILY'S THAT APPLY TO THIS PROGRAM MUST BE THE RECORDED OWNER OF THEIR HOME. THE HOME MUST BE THEIR PRIMARY PLACE OF RESIDENCE AND MUST HAVE HOME OWNERS INSURANCE.

WILLINGNESS TO PARTNER: EACH PARTNER FAMILY MUST COMPLETE SWEAT EQUITY HOURS. PARTNER FAMILY'S MUST PARTICIPATE IN ALL WORKSHOPS, FUNDRAISERS, EVENTS AND CONSTRUCTION PROJECTS AS REQUESTED.

BRUSH WITH KINDNESS PROGRAM

NEED: THERE MUST BE A NEED IN YOUR HOUSING SITUATION. FOR EXAMPLE, EXTERIOR PAINTING AND CLEAN UP

ABILITY TO PAY: PARTNER FAMILY'S MUST DEMONSTRATE AN ABILITY TO REPAY THE COST OF REPAIRS TO THEIR HOME. REPAYMENT OF THESE REPAIRS WILL BE DONE THROUGH A 0% INTEREST LOAN THAT IS SECURED WITH A MORTGAGE NOTE. PARTNER FAMILY'S THAT APPLY TO THIS PROGRAM MUST BE THE RECORDED OWNER OF THEIR HOME. THE HOME MUST BE THEIR PRIMARY PLACE OF RESIDENCE AND MUST HAVE HOME OWNERS INSURANCE.

WILLINGNESS TO PARTNER: EACH PARTNER FAMILY MUST COMPLETE SWEAT EQUITY HOURS. PARTNER FAMILY'S MUST PARTICIPATE IN ALL WORKSHOPS, FUNDRAISERS, EVENTS AND CONSTRUCTION PROJECTS AS REQUESTED.

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

COMMONLY ASKED QUESTIONS

QUESTION: WHY DO I HAVE TO PAY?

ANSWER: THE MOTO OF HABITAT FOR HUMANITY IS "A HAND UP, NOT A HAND OUT". THINK OF IT AS A PAY IT FORWARD PROGRAM. ALL PAYMENTS RECEIVED GO INTO A REVOLVING FUND THAT IS USED TO FUND MORE PROJECTS. EACH PARTNER FAMILY IS LAYING THE GROUND WORK FOR THE NEXT PARTNER FAMILIY TO RECEIVE A HOME OR REPAIRS.

QUESTION: WILL HABITAT PURCHASE A PROPERTY OF MY CHOOSING?

ANSWER: NO. HABITAT FOR HUMANITY BUILDS HOMES ON PROPERTIES THAT HAVE BEEN ACQUIRED THROUGH DONATION. OUR AFFILIATE HAS A NUMBER OF PROPERTIES IN OUR INVENTORY THAT ARE IN MANY PARTS OF WEST PASCO. HABITAT MAKES EVERY EFFORT TO ASSIGN PROPERTIES THAT BEST FIT THE FAMILY'S NEEDS. FOR EXAMPLE: PROXIMITY TO EMPLOYER, SCHOOLS ETC.

QUESTION: HOW LONG BEFORE MY HOME IS BUILT OR MY REPAIR IS COMPLETED?

ANSWER 1: FAMILIES IN OUR HOME OWNERSHIP PROGRAM SHOULD EXPECT TO SPEND 2 TO 4 YEARS IN THE PROGRAM BEFORE A HOME IS COMPLETED. IN MOST CASES THE HOME IS BUILT IN 2 YEARS.

ANSWER 2: FAMILIES IN OUR REPAIR PROGRAMS CAN EXPECT TO SPEND APPROXIMATELY 6 MONTHS TO A YEAR IN OUR PROGRAM.

QUESTION: DO I HAVE TO HAVE CHILDREN TO APPLY?

ANSWER: NO. HABITAT FOR HUMANITY'S PROGRAMS ARE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF THE FAMILY DYNAMICS.

QUESTION: IS THIS A GOVERNMENT SUBSIDY?

ANSWER: NO. LOANS ARE NOT SUBSIDIZED. OUR 0% INTEREST, MORTGAGE TERMS MAKE THE PAYMENTS AFFORDABLE.

QUESTION: DOES RECEIVING PUBLIC ASSISTANCE AUTOMATICALLY QUALIFY ME?

ANSWER: NO. YOU MUST DEMONSTRATE AN ABILITY TO PAY A MONTHLY MORTGAGE PAYMENT WITHOUT BECOMING DEBT BURDENED.

QUESTION: CAN MY CHILDREN, FAMILY AND FRIENDS PARTICIPATE?

ANSWER: YES. HABITAT FOR HUMANITY HAS MANY VOLUNTEER OPPORTUNITIES THAT ALL AGES CAN PARTICIPATE IN. ALL ARE ENCOURAGED TO JOIN.

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

PLEASE SELECT ONE: _____ HOUSING PROGRAM _____ CRITICAL HOME REPAIR _____ BRUSH WITH KINDNESS

PLEASE PRINT CLEARLY IN INK. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. IF A QUESTION DOES NOT APPLY TO YOU PLEASE ENTER N/A.

SECTION I: APPLICANT & CO-APPLICANT INFORMATION

APPLICANT NAME: _____ D/O/B: ____ / ____ / ____
LAST FIRST MI

SS#: ____ / ____ / ____ DL/STATE ID #: _____ STATE ISSUED: _____

PHYSICAL ADDRESS: _____
STREET CITY, STATE ZIP

MAILING ADDRESS: _____
STREET CITY, STATE ZIP

TELEPHONE #: (____) _____ - _____ EMAIL ADDRESS: _____

NAME OF EMPLOYER: _____ EMPLOYER TELEPHONE: (____) _____ - _____

EMPLOYER ADDRESS: _____
STREET CITY, STATE ZIP

HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER: _____ YEARS _____ MONTHS

ARE YOU A CIVIL SERVICE WORKER? _____ ARE YOU A VETERAN? _____

HAVE YOU HAD ANY FORECLOSURES, EVICTIONS, BANKRUPTCIES, CIVIL JUDGEMENTS OR LIENS AGAINST YOU? _____

IF YES, PLEASE EXPLAIN: _____

DO YOU OWE PAST DUE CHILD SUPPORT OR ALIMONY? _____

IF YES, HAVE YOU ENTERED INTO AN AGREEMENT TO PAY THE PAST DUE AMOUNT? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE EXPLAIN: _____

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

SECTION I CONTINUED: APPLICANT & CO-APPLICANT INFORMATION

CO-APPLICANT NAME: _____ D/O/B: ____ / ____ / ____
LAST FIRST MI

SS#: ____ / ____ / ____ DL/STATE ID #: _____ STATE ISSUED: _____

PHYSICAL ADDRESS: _____
STREET CITY, STATE ZIP

MAILING ADDRESS: _____
STREET CITY, STATE ZIP

TELEPHONE #: (____) _____ - _____ EMAIL ADDRESS: _____

NAME OF EMPLOYER: _____ EMPLOYER TELEPHONE: (____) _____ - _____

EMPLOYER ADDRESS: _____
STREET CITY, STATE ZIP

HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER: _____ YEARS _____ MONTHS

ARE YOU A CIVIL SERVICE WORKER? _____ ARE YOU A VETERAN? _____

HAVE YOU HAD ANY FORECLOSURES, EVICTIONS, BANKRUPTCIES, CIVIL JUDGEMENTS OR LIENS AGAINST YOU? _____

IF YES, PLEASE EXPLAIN: _____

DO YOU OWE PAST DUE CHILD SUPPORT OR ALIMONY? _____

IF YES, HAVE YOU ENTERED INTO AN AGREEMENT TO PAY THE PAST DUE AMOUNT? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, PLEASE EXPLAIN: _____

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

SECTION II: OTHER HOUSEHOLD MEMBERS

LIST ALL MEMBERS OF YOUR HOUSHOLD. DO NOT INCLUDE APPLICANT & CO-APPLICANT

NAME	D/O/B	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
LAST, FIRST, MI			
NAME	D/O/B	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
LAST, FIRST, MI			
NAME	D/O/B	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
LAST, FIRST, MI			
NAME	D/O/B	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
LAST, FIRST, MI			
NAME	D/O/B	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
LAST, FIRST, MI			

SECTION III: CURRENT HOUSING SITUATION

PLEASE CHECK ALL THAT APPLY

I OWN MY HOME & LOT
 I OWN MY HOME BUT PAY LOT RENT
 I RENT
 I AM HOMELESS

I LIVE WITH FAMILY/FRIENDS
 I CURRENTLY LIVE IN GOVERNMENT SUBSIDIZED HOUSING

I LIVE IN OVER CROWDED CONDITIONS
 I AM COST BURDENED

I LIVE IN A HOME THAT NEEDS REPAIRS
 I DO NOT HAVE HEAT

I DO NOT HAVE WORKING APPLIANCES
 I DO NOT HAVE HOT WATER

OTHER: PLEASE EXPLAIN: _____

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

SECTION IV: HOUSEHOLD INCOME & EXPENSES

GROSS MONTHLY INCOME	APPLICANT	CO-APPLICANT	ALL OTHERS	TOTAL HOUSEHOLD MONTHLY EXPENSES	AMOUNT
EMPLOYMENT	_____	_____	_____	RENT/MORTGAGE	_____
TANF	_____	_____	_____	UTILITIES	_____
FOOD STAMPS	_____	_____	_____	TELEPHONE	_____
SOCIAL SECURITY	_____	_____	_____	CAR PAYMENT(S)	_____
SSI	_____	_____	_____	CAR INSURANCE	_____
DISABILITY	_____	_____	_____	HOME INSURANCE	_____
ALIMONY	_____	_____	_____	RENTER'S INSURANCE	_____
CHILD SUPPORT	_____	_____	_____	CREDIT CARDS	_____
SELF EMPLOYEMENT	_____	_____	_____	STUDENT LOANS	_____
OTHER INCOME NOT LISTED	_____	_____	_____	OTHER LOANS	_____
				CHILD CARE	_____
				CHILD SUPPORT	_____
				ALIMONY	_____
				ANY OTHER LOANS / LINES OF CREDIT	_____
TOTAL MONTHLY HOUSEHOLD INCOME: _____			TOTAL MONTHLY HOUSEHOLD EXPENSES: _____		

DO YOU OR YOUR CO-APPLICANT HAVE A RETIREMENT PLAN/401K? _____ IF YES, WHAT IS ITS CURRENT VALUE?

APPLICANT: _____ CO-APPLICANT: _____

DO YOU OR ANY OF YOUR HOUSEHOLD MEMBERS CURRENTLY OWN PROPERTY IN FLORIDA OR ANY OTHER STATE? _____
 IF YES, WHAT IS THE CURRENT VALUE OF ALL PROPERTY OWNED? _____

DO YOU OR ANY OF YOUR HOUSEHOLD MEMBERS CURRENTLY HAVE A MORTGAGE ON ANY PROPERTY OWNED? _____
 IF YES, WHAT IS THE CURRENT BALANCE ON ALL PROPERTY OWNED? _____

PLEASE LIST ALL PROPERTY OWNED BY YOU OR ANY OTHER HOUSEHOLD MEMBER: _____

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

SECTION V: UNDERSTANDING PROGRAM REQUIREMENTS

1. **NEED (APPLICANT MUST DEMONSTRATE ONE OR MORE OF THE FOLLOWING)**
 - a. APPLICANT(S) IS/ARE LIVING IN SUBSTANDARD/OVERCROWDED CONDITIONS OR COST BURDENED
 - b. APPLICANT(S) IS/ARE UNABLE TO MAKE REPAIRS TO THEIR HOME BECAUSE OF PHYSICAL LIMITATIONS
 - c. APPLICANT(S) HAVE BEEN DENIED CONVENTIONAL OR GOVERNMENT ASSISTED LOANS
 - d. APPLICANT(S) IS/ARE LIVING IN GOVERNMENT-SUBSIDIZED HOUSING

2. **ABILITY TO PAY (ALL APPLICANTS MUST DEMONSTRATE AN ABILITY TO PAY)**
 - a. APPLICANTS MUST HAVE SUFFICIENT MONTHLY INCOME TO PAY A MORTGAGE, TAXES AND INSURANCE WITHOUT BECOMING DEBT-BURDENED. THE CHART BELOW REFLECTS INCOME GUIDELINES PER FAMILY SIZE. PLEASE NOTE THAT INCOME GUIDELINES ARE SUBJECT TO CHANGE ANNUALLY BASED ON THE US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT.

<i>FAMILY SIZE</i>	<i>VERY LOW INCOME</i>	<i>LOW INCOME</i>	<i>MODERATE INCOME</i>
1	\$12,390.00	\$20,650.00	\$33,040.00
2	\$14,160.00	\$23,600.00	\$37,760.00
3	\$15,930.00	\$26,550.00	\$42,840.00
4	\$17,700.00	\$29,500.00	\$47,200.00
5	\$19,140.00	\$31,900.00	\$51,040.00
6	\$20,550.00	\$34,250.00	\$54,800.00

3. **WILLINGNESS TO PARTNER (ALL APPLICANTS MUST DEMONSTRATE A WILLINGNESS TO PARTNER)**
 - a. APPLICANTS AND ALL ADULT FAMILY MEMBERS MUST COMPLETE SWEAT-EQUITY (VOLUNTEER WORK) HOURS
 - b. APPLICANTS AND ALL ADULT FAMILY MEMBERS MUST ATTEND ALL WORKSHOPS REQUIRED AND PARTICIPATE IN ALL FUNDRAISERS AND EVENTS AS REQUESTED
 - c. APPLICANTS AND ALL ADULT FAMILY MEMBERS MUST SUBMIT TO A CRIMINAL BACKGROUND CHECK AND CONSUMER CREDIT REPORT
 - d. APPLICANTS MUST PAY A ONE-TIME, NON-REFUNDABLE APPLICATION FEE OF \$50.00.

I HAVE READ AND UNDERSTAND THE WEST PASCO HABITAT FOR HUMANITY PROGRAM REQUIREMENTS.

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

SECTION VI: AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT

I UNDERSTAND THAT BY COMPLETING THIS APPLICATION, I AM AUTHORIZING WEST PASCO HABITAT FOR HUMANITY, INC. TO EVALUATE MY ACTUAL NEED FOR ASSISTANCE, MY ABILITY TO PAY AND MY WILLINGNESS TO PARTNER. I UNDERSTAND THAT THE EVALUATION WILL INCLUDE A CRIMINAL BACK GROUND CHECK, CREDIT CHECK AND INCOME VERIFICATION ON ALL ADULT HOUSEHOLD MEMBERS.

AUTHORIZATION IS HEREBY GRANTED TO WEST PASCO HABITAT FOR HUMANITY, INC. TO OBTAIN A STANDARD FACTUAL DATA CREDIT REPORT THROUGH A CREDIT REPORTING AGENCY CHOSEN BY WEST PASCO HABITAT FOR HUMANITY, INC., AND TO CONSIDER THESE REPORTS WHEN MAKING A DECISION REGARDING OUR APPLICATION FOR ASSISTANCE THROUGH WEST PASCO HABITAT FOR HUMANITY INC PROGRAM(S), OR AFTER WE MAY BECOME A BORROWER, WITH RESPECT TO ANY EVALUATION OF CREDIT RISK IN CONNECTION WITH ANY COLLECTION ACTIVITY, OR AN EXTENSION OR MODIFICATION OF AN EXISTING CREDIT, OR THE EXTENSION OF NEW OR ADDITIONAL CREDIT.

MY SIGNATURE BELOW AUTHORIZES THE RELEASE TO THE CREDIT REPORTING AGENCY A COPY OF MY CREDIT APPLICATION, AND AUTHORIZES THE CREDIT REPORTING AGENCY TO OBTAIN INFORMATION REGARDING MY EMPLOYMENTS, SAVINGS ACCOUNTS, AND OUTSTANDING CREDIT ACCOUNTS, SUCH AS MORTGAGES, AUTO LOANS, PERSONAL LOANS, CHARGE CARDS, CREDIT UNIONS, ETC. MY SIGNATURE BELOW ADDITIONALLY AUTHORIZES WEST PASCO HABITAT FOR HUMANITY, INC. TO VERIFY ALL OTHER CREDIT INFORMATION, INCLUDING MY PAST AND PRESENT MORTGAGE AND LANDLORD REFERENCES; AS WELL AS MY PAST A PRESENT EMPLOYMENT, EARNINGS RECORDS, BANK ACCOUNTS, STOCK HOLDINGS AND ANY OTHER ASSET BALANCES NEEDED TO PROCESS MY PROGRAM APPLICATION.

ANY REPRODUCTION OF THIS CREDIT REPORT AUTHORIZATION AND RELEASE MADE BY RELIABLE MEANS (FOR EXAMPLE, PHOTOCOPY OR FACSIMILE) IS CONSIDERED AN ORIGINAL.

APPLICANT

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

CO-APPLICANT

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

SECTION VII: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE INFORMATION BELOW.

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT FOR LOANS RELATED TO THE PURCHASE OF HOMES, IN ORDER TO MONITOR THE LENDER'S COMPLIANCE WITH EQUAL CREDIT OPPORTUNITY AND FAIR HOUSING LAWS. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THE LAW PROVIDES THAT A LENDER MAY NEITHER DISCRIMINATE ON THE BASIS OF THIS INFORMATION, NOR ON WHETHER YOU CHOOSE TO FURNISH IT OR NOT. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, UNDER FEDERAL REGULATIONS THIS LENDER IS REQUIRED TO NOTE RACE AND SEX ON THE BASIS OF VISUAL OBSERVATION OR SURNAME. IF YOU DO NOT WISH TO FURNISH THE INFORMATION BELOW, PLEASE CHECK THE SECTION BELOW. (LENDER MUST REVIEW THE ABOVE MATERIAL TO ASSURE THAT THE DISCLOSURES SATISFY ALL REQUIREMENTS TO WHICH THE LENDER IS SUBJECT UNDER APPLICABLE SATE LAW FOR THE LOAN APPLIED FOR.)

APPLICANT

I DO NOT WANT TO FURNISH THIS INFORMATION

RACE/NATIONAL ORIGIN

- AMERICAN INDIAN OR ALASKAN NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- BLACK/AFRICAN AMERICAN
- CAUCASIAN
- ASIAN
- AMERICAN INDIAN OR ALASKAN NATIVE AND CAUCASIAN
- ASIAN AND CAUCASIAN
- BLACK/AFRICAN AMERICAN AND CAUCASIAN
- AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN
- OTHER (SPECIFY) _____

ETHNICITY

HISPANIC NON-HISPANIC

SEX

FEMALE MALE

BIRTHDATE: ____ / ____ / ____

MARITAL STATUS: MARRIED SEPARATED UNMARRIED (INCL. SINGLE, DIVORCED, WIDOWED)

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

CO-APPLICANT

I DO NOT WANT TO FURNISH THIS INFORMATION

RACE/NATIONAL ORIGIN

- AMERICAN INDIAN OR ALASKAN NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- BLACK/AFRICAN AMERICAN
- CAUCASIAN
- ASIAN
- AMERICAN INDIAN OR ALASKAN NATIVE AND CAUCASIAN
- ASIAN AND CAUCASIAN
- BLACK/AFRICAN AMERICAN AND CAUCASIAN
- AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK/AFRICAN AMERICAN
- OTHER (SPECIFY) _____

ETHNICITY

HISPANIC NON-HISPANIC

SEX

FEMALE MALE

BIRTHDATE: ____ / ____ / ____

MARITAL STATUS: MARRIED SEPARATED UNMARRIED (INCL. SINGLE, DIVORCED, WIDOWED)

SECTION VIII: ADDITIONAL INFORMATION

IN YOUR OWN WORDS PLEASE ANSWER THE FOLLOWING QUESTIONS.

WHAT VOLUNTEER PROGRAMS HAVE YOU BEEN INVOLVED IN THE PAST, AND WHY?

WHEN HAVE YOU BEEN MOST SATISFIED IN YOUR LIFE?

WHO IS YOUR ROLE MODEL, AND WHY?

SO, WHAT IS YOUR STORY?

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.

PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.



STOP! YOU MUST SUBMIT THESE DOCUMENTS WITH YOUR APPLICATION.

APPLICATION SUBMISSION CHECKLIST

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH YOUR APPLICATION TO BE CONSIDERED FOR WEST PASCO HABITAT FOR HUMANITY PROGRAMS. PLEASE DO NOT SUBMIT ORIGINAL DOCUMENTS. ADDITIONALLY, WE WILL NOT MAKE COPIES FOR YOU.

- COMPLETED (IN INK) APPLICATION
- MONEY ORDER/CASHIER'S CHECK IN THE AMOUNT OF \$50.00. WE WILL NOT ACCEPT CASH OR PERSONAL CHECK.
- COPY (IN COLOR) OF STATE ID/DRIVER'S LICENSE FOR ALL ADULT HOUSEHOLD MEMBERS

INCOME

- COPY OF MOST RECENT TAX RETURN FOR ALL ADULT HOUSEHOLD MEMBERS
- COPY OF PAY STUBS (MOST RECENT 4 PAYCHECKS) FOR ALL ADULT HOUSEHOLD MEMBERS
- COPY OF DETERMINATION LETTERS; SOCIAL SECURITY, DISABILITY, VA BENEFITS, AFDC FOR ALL ADULT HOUSEHOLD MEMBERS
- COPY OF COURT ORDER TO RECEIVE CHILD SUPPORT OR ALIMONY FOR ALL ADULTS HOUSEHOLD MEMBERS
- COPY OF ALL BANK STATEMENTS (MOST RECENT 3 MONTHS); CHECKING, SAVINGS, MONEY MARKET FOR ALL ADULT HOUSEHOLD MEMBERS
- MOST RECENT RETIREMENT/401K STATEMENT FOR ALL ADULT HOUSEHOLD MEMBERS
- FOR SELF EMPLOYED APPLICANTS – COPY OF FINANCIAL STATEMENTS AND MOST RECENT TAX FORMS FOR BUSINESS
- ANY OTHER PROOF OF INCOME TO REPORT

EXPENSES

- COPY OF RENTAL LEASE OR AGREEMENT, COPY OF MOST RECENT MORTGAGE STATEMENT
- COPY OF LAST UTILITY BILL (ELECTRIC, GAS, WATER, GARBAGE) PHONE & TV/INTERNET BILLS ARE NOT UTILITIES
- COPY OF MOST RECENT LOAN STATEMENTS (ALL LOANS AND LINES OF CREDIT INCLUDING CREDIT CARDS, CAR PAYMENTS, PERSONAL LOANS, MORTGAGES AND ALL OTHERS NOT LISTED)
- COPY OF MOST RECENT INSURANCE BILL (ALL INSURANCES)
- COPY OF VALID HOMEOWNERS INSURANCE POLICY (FOR CRITICAL REPAIRS & BRUSH WITH KINDNESS ONLY)
- COPY OF CHILD SUPPORT/ALIMONY JUDGEMENT AND PAYMENT HISTORY

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.



PLEASE COMPLETE THIS APPLICATION TO DETERMINE IF YOU QUALIFY FOR WEST PASCO HABITAT FOR HUMANITY'S PARTNER PROGRAMS. THE INFORMATION PROVIDED IN THIS APPLICATION IS USED TO DETERMINE IF YOU MEET THE THREE CRITERIA TO BECOME A PARTNER FAMILY. ALL INFORMATION YOU INCLUDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT – ADDITIONAL ADULT FAMILY MEMBERS ONLY

I UNDERSTAND THAT BY COMPLETING THIS APPLICATION, I AM AUTHORIZING WEST PASCO HABITAT FOR HUMANITY, INC. TO EVALUATE MY ACTUAL NEED FOR ASSISTANCE, MY ABILITY TO PAY AND MY WILLINGNESS TO PARTNER. I UNDERSTAND THAT THE EVALUATION WILL INCLUDE A CRIMINAL BACK GROUND CHECK, CREDIT CHECK AND INCOME VERIFICATION ON ALL ADULT HOUSEHOLD MEMBERS.

AUTHORIZATION IS HEREBY GRANTED TO WEST PASCO HABITAT FOR HUMANITY, INC. TO OBTAIN A STANDARD FACTUAL DATA CREDIT REPORT THROUGH A CREDIT REPORTING AGENCY CHOSEN BY WEST PASCO HABITAT FOR HUMANITY, INC., AND TO CONSIDER THESE REPORTS WHEN MAKING A DECISION REGARDING OUR APPLICATION FOR ASSISTANCE THROUGH WEST PASCO HABITAT FOR HUMANITY INC PROGRAM(S), OR AFTER WE MAY BECOME A BORROWER, WITH RESPECT TO ANY EVALUATION OF CREDIT RISK IN CONNECTION WITH ANY COLLECTION ACTIVITY, OR AN EXTENSION OR MODIFICATION OF AN EXISTING CREDIT, OR THE EXTENSION OF NEW OR ADDITIONAL CREDIT.

MY SIGNATURE BELOW AUTHORIZES THE RELEASE TO THE CREDIT REPORTING AGENCY A COPY OF MY CREDIT APPLICATION, AND AUTHORIZES THE CREDIT REPORTING AGENCY TO OBTAIN INFORMATION REGARDING MY EMPLOYMENTS, SAVINGS ACCOUNTS, AND OUTSTANDING CREDIT ACCOUNTS, SUCH AS MORTGAGES, AUTO LOANS, PERSONAL LOANS, CHARGE CARDS, CREDIT UNIONS, ETC. MY SIGNATURE BELOW ADDITIONALLY AUTHORIZES WEST PASCO HABITAT FOR HUMANITY, INC. TO VERIFY ALL OTHER CREDIT INFORMATION, INCLUDING MY PAST AND PRESENT MORTGAGE AND LANDLORD REFERENCES; AS WELL AS MY PAST A PRESENT EMPLOYMENT, EARNINGS RECORDS, BANK ACCOUNTS, STOCK HOLDINGS AND ANY OTHER ASSET BALANCES NEEDED TO PROCESS MY PROGRAM APPLICATION.

ANY REPRODUCTION OF THIS CREDIT REPORT AUTHORIZATION AND RELEASE MADE BY RELIABLE MEANS (FOR EXAMPLE, PHOTOCOPY OR FACSIMILE) IS CONSIDERED AN ORIGINAL.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

ADDRESS: _____

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

ADDRESS: _____

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.