Habitat for Humanity of Goldsboro-Wayne Application for Home Ownership

Thank you for your interest in applying for affordable home ownership through Habitat for Humanity of Goldsboro-Wayne. Please fill out the enclosed application completely and provide all of the required documentation listed. Incomplete applications cannot be reviewed and you will be contacted for the additional information required.

The application period will run from Sept. 1 to Oct. 2. All applications must be turned in by close of business on Oct. 2, with all final supporting documentation due by close of business on Oct. 16.

Applications can be completed online, sent to PO Box 10809, Goldsboro, NC 27532, or emailed to office@habitatgoldsboro.org. Please note that even if applying online, required documents and additional forms must be turned in to the office or emailed.

The qualifications that applications will be evaluated on are: live/work in Wayne County for at least 12 months, have a housing need, be within the income range, have the ability to pay an affordable mortgage, and be willing to partner with Habitat to complete sweat equity and a home ownership preparedness program.

Total Household Income Range (2023 Adjusted Home Income Limits - US HUD)
\$19,400 - \$38,750
\$22,160 - \$44,300
\$24,920 - \$49,850
\$27,680 - \$55,350
\$29,866 - \$59,800
\$32,120 - \$64,250
\$34,360 - \$68,650
\$36,560 - \$73,100

If you have questions, please office@habitatgoldsboro.org.



contact us at 919-736-9592 x2 or



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. APPLICAN	
Applicant	Co-applicant
Applicant's name:	Co-applicant's name:
Alternative and former names:	Alternative and former names:
Social Security number	Social Security number
Home phone ()	Home phone ()
Cell phone ()	Cell phone ()
Work phone (Work phone ()
Age Date of birth (mm/dd/yyyy)	Age Date of birth (mm/dd/yyyy)
□ Married □ Separated □ Unmarried (single, divorced, widowed, civil union,	□ Married □ Separated □ Unmarried (single, divorced, widowed, civil union,
domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)
Dependents and others who will live with you: Name Age Male Female	Dependents and others who will live with you (not listed by applicant): Name Age Male Female
Present address (street, city, state, ZIP code): Own Rent	Present address (street, city, state, ZIP code): Own Rent
Number of years:	Number of years:
If you have lived at your present address for less than two years, o	complete the following, for all addresses during the past two years:
Previous address(es) (street, city, state, ZIP code): Own Rent	Previous address(es) (street, city, state, ZIP code): Own Rent
Number of years:	Number of years:
FOR OFFICE USE ONLY — D	O NOT WRITE IN THIS SPACE
Date received:	Date of selection committee approval:
Date of notice of incomplete application letter: Date of adverse action letter:	Date of board approval:

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 I AM WILLING TO COMPLETE THE REQUIRED
household members must be willing to complete a certain number of "sweat- 300 SWEAT-EQUITY HOURS:
equity" hours, which will include hours spent helping to build your home and Yes No
the homes of others, attending homeownership classes, and/or other
approved activities. Co-applicant
3. PRESENT HOUSING CONDITIONS
Currently, are you: CRenting Rent-free Own
Number of bedrooms (please circle): 1 2 3 4 5
Other rooms in the place where you are currently living:
Other rooms in the place where you are currently living: C Kitchen Bathroom C Living room Diningroom Other (please describe):
Other (please describe):
Other (please describe):

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 Note: A separate approval process will apply with respect to any such requests, as each pathrough the Habitat program.					

	5. EMPLOYMEN	IT INFORMATION		age 5 01 0
Applicant		Co	-applicant	
□ Does not appl	у.		oes not apply.	
Name and address of CURRENT employer:	Start date (mm/dd/yyyy):	Name and address of CURRENT employer:		Start date (mm/dd/yyyy):
	Annual (gross) wages: \$	-		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:		Business phone:
If working a	t current job less than one	year, complete the following inform	nation.	
Name and address of PREVIOUS employer:	Years on this job:	Name and address of PREVIOUS employer:		Years on this job:
	Annual (gross) wages: \$	-		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:		Business phone:
 Check if you are the business owner or a I have an ownership share of less than Monthly income (or loss) \$ 		ownership share of 25% or more.	applicants wi additional do	TE: Self-employed ill be required to provide cuments such as tax inancial 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:	\$	\$	\$	\$
Total	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE					
Name	Income source	Monthly income	Date of birth		

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

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

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

	9. LIABILI	TIES AND EXPE	ENSES			
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	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

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

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

10. DECLARATIONS				
Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant		
a. Are there any outstanding judgments because of a court decision against you?	□ Yes □ No	🗆 Yes 🗆 No		
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: □ Chapter 7 □ Chapter 11 □ Chapter 12 □ Chapter 13	🗆 Yes 🛛 No	🗆 Yes 🗌 No		
c. Have you had any property foreclosed upon in the past seven years?	🗆 Yes 🛛 No	🗆 Yes 🗆 No		
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	🗆 Yes 🗆 No	🗆 Yes 🛛 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?	🗆 Yes 🗆 No	🗆 Yes 🗌 No		
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	□ Yes □ No	🗆 Yes 🗆 No		
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	□ Yes □ No	🗆 Yes 🗆 No		
h. Are you a U.S. citizen or permanent resident?	🗆 Yes 🛛 No	□ Yes □ No		
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper	er.			

11. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date	Co-applicant signature	Date
X		X	

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

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

Applicant's name

Co-applicant's name _

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
Ethnicity (check one or more):	Ethnicity (check one or more):
 Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino – Origin: For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Not Hispanic or Latino 	 Hispanic or Latino Mexican Puerto Rican Cuban Other Hispanic or Latino – Origin: For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. Not Hispanic or Latino
\Box I do not wish to provide this information	\Box I do not wish to provide this information
Sex:	Sex:
Race (check one or more):	Race (check one or more):
American Indian or Alaska Native — Name of enrolled or principal tribe:	American Indian or Alaska Native — Name of enrolled or principal tribe:
 ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — race: For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. 	 Asian Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — race: For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Black or African American	Black or African American
 □ Native Hawaiian or Other Pacific Islander □ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander — race: For example: Fijian, Tongan, and so on. 	 □ Native Hawaiian or Other Pacific Islander □ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander — race: For example: Fijian, Tongan, and so on.
□ White	□ White
□ I do not wish to provide this information	□ 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 Was the sex of the Borrower collected on the b Was the race of the Borrower collected on the	asis of visual observation or surname?	□ Yes □ Yes □ Yes	□ No □ No □ No	
This application was taken by: Interviewer's name (print or type) Face-to-face interview (included electronic media w/video component) Interviewer's signature By mail By telephone				Interviewer's phone number
				Date

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

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

If you selected "Unmarried" in Section 1:

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

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

□ Civil union □ Domestic partnership □ Registered reciprocal beneficiary relationship □ Other (explain): _____

State:

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, which covers North Carolina through the Southeast Region, based in Atlanta, Georgia. You may contact the FTC at <u>www.ftc.gov</u>, 877-FTC-HELP, or Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave., NW, 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	Co-Applicant
Χ	X
Print Name:	Print Name:
Date:	Date:

List of Documents Needed at Time of Application

Please be sure to include documents for both applicant and co-applicant, as well as any dependents (as applicable). If applying online please turn in the required documents within 3 days of application to <u>office@habitatgoldsboro.org</u> with APPLICATION DOCUMENTS in the subject line or by mail to PO Box 10809, Goldsboro, NC 27532, or in person to 2719 Graves Drive, Suite 3. Please be sure to include names and documents for both applicant and co-applicant. <u>NOTE: If applying online, the below forms must also be filled out and turned in with documents.</u>

Documents Required:

- Fully completed application
- Last two years of W2s and/or 1099s (2021 & 2022) of ALL income coming into the home for applicants & dependents
- Last two years of tax returns (2021 & 2022) for applicants & dependents
 - \circ $\;$ If self-employed, must show 24-month profit & loss statement $\;$
- Last 60 days of pay stubs showing year-to-date (2 if monthly, 4 if bi-weekly, 8 if weekly)
- Paperwork verifying alternative sources of income for applicants & dependents, including, but not limited to:
 - o Social Security award letter
 - o Disability award letter
 - o Original court order for child support and/or alimony and payment documentation
 - Retirement documentation
- If self-employed, year-to-date profit & loss report
- Two months (60 days) of bank statements
- Written explanation of any known outstanding collections or judgements
- Student loan deferral verification (if applicable and only if deferred more than three years)
- Active duty or DD214 form (if applicable)
- Current lease and copy of most recent money order receipt, bank statement or canceled rent check to evidence rent payment, or landlord reference/letter of explanation
- Copy of driver's license
- Copy of legal resident status (if applicable)
- If you own land you wish to build on: a copy of the deed, any existing appraisal, evidence of property tax value and most recent payment and information about any liens.

Habitat for Humanity of Goldsboro-Wayne does reserves the right to request additional documentation or clarification about documentation as needed to fully evaluate your application.