



Habitat for Humanity of Tuolumne County  
 14216 Tuolumne Road #1 Sonora, CA 95370  
 (209) 536-0970

# Application FOR HOUSING



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:** We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION					
Applicant			Co-applicant		
Applicant's Name			Co-applicant's Name		
Social Security Number	Home Phone	Age	Social Security Number	Home Phone	Age
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)		
<b>Dependents</b> and others who will live with you (not listed by co-applicant)			<b>Dependents</b> and others who will live with you (not listed by applicant)		
Name	Age	Male Female	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"/>	_____	_____	<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"/>
Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			Present Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Number of Years _____			Number of Years _____		
If Living at Present Address for Less Than Two Years, Complete the Following					
Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Number of Years _____			Number of Years _____		

## 2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

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

More Information Requested?  Yes  No

Date Application Completed: \_\_\_\_\_

Accepted  Denied

Date Letter Sent: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes 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"/>

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen    Bathroom    Living Room    Dining Room    Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ /month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

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

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

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ /month   Unpaid Balance \$ \_\_\_\_\_

Do you own land?  No    Yes   (If yes, please describe, including location) \_\_\_\_\_

Is there a mortgage on the land?  No    Yes   If yes:   Monthly Payment \$ \_\_\_\_\_   Unpaid Balance \$ \_\_\_\_\_

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

### 6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and Address of <b>Current</b> Employer	Years on This Job	Name and Address of <b>Current</b> Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
<b>If Working at Current Job Less Than One Year, Complete the Following Information</b>			
Name and Address of <b>Last</b> Employer	Years on This Job	Name and Address of <b>Last</b> Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS					
Gross Monthly Income	Applicant	Co-Applicant	<sup>2</sup> Others in Household	<sup>3</sup> Monthly Bills	Monthly Amount
<sup>1</sup> Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
<b>Total</b>	\$	\$	\$	<b>Total</b>	\$

<sup>1</sup>Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

<sup>3</sup>Please attach copies of last month's bills.

<sup>2</sup>List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### 8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

### 9. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

<b>Do you own a:</b>	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>

<b>Do you own a:</b>	Yes	No
Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Make and Year _____		
Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Make and Year _____		

**10. DEBT**

To Whom Do You and the Co-applicant Owe Money ?					
COLUMN 1			COLUMN 2		
Car	Monthly Payment	Unpaid Balance	Cell Phone Contracts	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment	Unpaid Balance	<b>Other Money You Owe</b>		
	\$	\$	Name and Address of Company	Monthly Payment	Unpaid Balance
	Mos. left to pay:		\$	\$	Mos. left to pay:
Credit Card	Monthly Payment	Unpaid Balance	Alimony/Child Support	\$	/month
	\$	\$	Job-related Expenses	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/month
Medical	Monthly Payment	Unpaid Balance	<b>Column 2: Subtotal of Payments</b>		
	\$	\$	\$	/month	
	Mos. left to pay:		<b>Column 1: Subtotal of Payments</b>		
Mos. left to pay:		\$	/month	<b>Column 1: Subtotal of Payments</b>	
Mos. left to pay:		\$	/month	<b>Total Monthly Expenses</b>	
Mos. left to pay:		\$	/month	\$ /month	
<b>Column 1: Subtotal of Payments</b>			\$	/month	\$ /month

**11. DECLARATIONS**

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

- |  | Applicant                    |                             | Co-applicant                 |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Do you have any debt because of a court decision against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been declared bankrupt within the past seven years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you had property foreclosed on in the past seven years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you currently involved in a lawsuit?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are you paying alimony or child support?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are you a U.S. citizen or permanent resident?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

**12. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay a mortgage loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application 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.

Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**Please Read This Statement Before Completing the Box 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 box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)	<b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify)
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Birthdate:</b> ____ / ____ / ____	<b>Birthdate:</b> ____ / ____ / ____
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

**To Be Completed Only By the Person Conducting the Interview**

This application was taken by:  <input type="checkbox"/> Face-to-face Interview  <input type="checkbox"/> By Mail  <input type="checkbox"/> By Telephone	Interviewer's Name (print or type)
	Interviewer's Signature <span style="float: right;">Date</span>
	Interviewer's Phone Number



Building Houses

Building Hope

Building Community

# Habitat for Humanity of Tuolumne County

## Homeowner Application Requirements

### Application Acceptance

**ALTHOUGH APPLICATIONS ARE AVAILABLE AT ANY TIME THEY MAY ONLY BE SUBMITTED ON SPECIFIED INTAKE DATES.**

*To ensure that you receive notification of scheduled intake dates, please submit your email address and contact information to [Inquiry@HabitatTuolumne.org](mailto:Inquiry@HabitatTuolumne.org).*

### Required forms

- Completed HFHTC Application
- Equal Credit Opportunity Act Notice


### Documentation

#### PROOF OF INCOME

- Three most recent wage stubs for all adult wage earners or, if self-employed, copies of three most recent Tax Returns.
- Verification of other income sources (SSI, TANF, Child Support, Alimony, etc.)  
Please state type of income:

Photocopies only; originals will not be accepted.


### Applications cannot be returned

#### Please answer the following questions

- Do you have a bank account?
- Do you have debt?
- Do you have items in collections?

Please note carefully


#### ADDITIONAL INFORMATION

- Please give an explanation for lack of any of the above items or additional information about them.
- Please carefully write out your statement of need in the back of the application and tell us why you deserve a Habitat house. Habitat considers this statement carefully.

If you are chosen as a Habitat homebuyer you will be required to give a minimum of 300 hours to building your home. Are you willing and able to do so?


*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.*



## REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

### PART I - REQUEST

1. TO: (Name and Address of Employer)	2. FROM: (Name and Address of Lender or Local Processing Agency) <i>This item must be completed before sending to employer.</i>
3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.  <small>(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)</small>	4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER
7. NAME AND ADDRESS OF APPLICANT	5. DATE  6. HUD/FHA/CPD, VA OR USDA NO.
	I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.
	8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.
	SIGNATURE OF APPLICANT

### PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA	PAY DATA			
9. APPLICANT'S DATE OF EMPLOYMENT	12A. BASE PAY (Current) OR OTHER INCOME			<b>For Military Personnel Only</b>
10. PRESENT POSITION	\$ _____ <input type="checkbox"/> Annual	\$ _____ <input type="checkbox"/> Hourly		
11. PROBABILITY OF CONTINUED EMPLOYMENT	\$ _____ <input type="checkbox"/> Monthly	\$ _____ <input type="checkbox"/> Weekly	Type	Monthly Amount
	\$ _____ <input type="checkbox"/> Other (Specify)		BASE PAY	\$
			RATIONS	\$
			FLIGHT OR HAZARD	\$
			CLOTHING	\$
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?	12B. EARNINGS		QUARTERS	\$
OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Year to Date as of _____	PRO PAY	\$
BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	BASE PAY	\$	OVERSEAS OR COMBAT	\$
	OVERTIME	\$		
	COMMISSIONS	\$		
	BONUS	\$		
14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)				
a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months	d. If seasonal employment, anticipated number of weeks in the next 12 months	

### PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK			
	BASE PAY	OVERTIME	COMMISSIONS	BONUS
	\$	\$	\$	\$
17. REASONS FOR LEAVING	18. POSITION HELD			

### PART IV

**Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.**

19. SIGNATURE	20. TITLE OF EMPLOYER	21. DATE
Printed name and phone number		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**SEE ATTACHED PRIVACY ACT NOTICE**



## Statement of Need

(Tell us why you need and deserve to be considered to purchase a Habitat for Humanity home)





**Habitat**  
for Humanity®  
of Tuolumne County

*Building Houses*

*Building Home*

*Building Community*

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

Applicant(s) \_\_\_\_\_

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

The following information must be completed by the landlord renting to the applicant(s) and returned to:  
Habitat for Humanity of Tuolumne County, Inc., 14216 Tuolumne Road Sonora, CA 95370.

\_\_\_\_\_  
*Landlord's Name*

\_\_\_\_\_  
*Landlord's Phone*

\_\_\_\_\_  
*Landlord's Address*

I  currently rent,  have in the past rented, property located at: \_\_\_\_\_  
*Rental Property Address*

to: \_\_\_\_\_  
*Applicant's Name*

The monthly rental payment is/was \$ \_\_\_\_\_, due and payable on the \_\_\_\_\_ day of each month.

Utilities included in rental payments are/were \_\_\_\_\_

The applicant rented property from me from \_\_\_\_\_ to \_\_\_\_\_

Has applicant made payments on time over the past 12 months?  Yes  No

If not, please supply dates of lateness: \_\_\_\_\_

\_\_\_\_\_  
*Landlord's Signature*

\_\_\_\_\_  
*Applicant's Signature Requesting Landlord's Release of Information*

\_\_\_\_\_  
*Co-applicant's Signature Requesting Landlord's Release of Information*



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### **EQUAL CREDIT OPPORTUNITY ACT NOTICE**

The Federal Equal Credit Opportunity Act prohibits discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that 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 which administers compliance with this law is: Federal Trade Commission, Washington, DC 20580

### **THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE**

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.
2. Race, color, religion, sex, marital status, national origin or ancestry. It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and condition, to provided financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four family residence occupied by the owner and for the purpose of the home improvement of any one-to-four family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or:

Department of Real Estate  
107 South Broadway  
Room 8107  
Los Angeles, CA 90012

OR

Department of Real Estate  
185 Berry Street  
Room 5816  
San Francisco, CA 94107

### **ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



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**INFORMATION REVERIFICATION  
DISCLOSURE AUTHORIZATION**

I/We hereby authorize you to release to Habitat for Humanity and/or its designated credit reporting agency for verification purposes, information on the attached forms concerning:

- Employment History, dates, titles, hours worked, etc.
- Banking and Savings accounts of record
- Credit Report
- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment record)
- Any other information deemed necessary in connection with an application for a real estate loan.

This information is for use in compiling a mortgage loan file for a Conventional or VA/FHA Home Loan. The lender may reverify at any time the information of documents used in processing this loan.

A photocopy of this authorization (i.e.: a photocopy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original, and may be considered as such.

Borrower: \_\_\_\_\_

Borrower: \_\_\_\_\_

S.S. #: \_\_\_\_\_

S.S. #: \_\_\_\_\_

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

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

**Credit Report  
Report Request Authorization Form**

*PRINT CLEARLY - All fields are REQUIRED*

Applicant Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ APT#: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Former Address (if **NOT** at present address for 2 years):

Address: \_\_\_\_\_ APT#: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

I authorize the County of Tuolumne Housing Division to obtain a credit report on me for program application screening purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2016

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**Credit Report  
Report Request Authorization Form**

*PRINT CLEARLY - All fields are REQUIRED*

Applicant Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ APT#: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Former Address (if **NOT** at present address for 2 years):

Address: \_\_\_\_\_ APT#: \_\_\_\_\_

City: \_\_\_\_\_ State: California Zip Code: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

I authorize the County of Tuolumne Housing Division to obtain a credit report on me for program application screening purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2016

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## 2017 Selection Income Guidelines

<i>Family Size</i>	<i>Minimum Income</i>		<i>Maximum Income</i>	
	<i>Monthly</i>	<i>Yearly</i>	<i>Monthly</i>	<i>Yearly</i>
1 person	1,556	18,680	2,833	34,000
2 persons	1,778	21,340	3,237	38,850
3 persons	2,002	24,020	3,641	43,700
4 persons	2,223	26,680	4,045	48,550
5 persons	2,401	28,820	4,370	52,450
6 persons	2,578	30,940	4,695	56,350
7 persons	2,756	33,080	5,020	60,250

14216 Tuolumne Road  
Sonora, CA 95370

Phone: (209) 536-0970

Fax: (209) 536-0605

[www.habitattuolumne.org](http://www.habitattuolumne.org)

# Build a New Life Story!



## Do you want to create a new life story and help build your own home?

APPLY to be a Habitat for Humanity homebuyer and build your family's strength, stability and self reliance.

Homeowner application acceptance days will be on the following dates:

**9AM to 4PM February 28<sup>th</sup>. thru March 4<sup>th</sup>.**

Habitat homeowners are selected based on the following criteria.

### A NEED FOR HOUSING

- 1 Applicants are living in a substandard, hazardous, overcrowded and/or unaffordable housing.
- 2 ABILITY TO PAY A MORTGAGE for their Habitat home. Applicants must earn enough income to pay for their home mortgage, but not so much income that they can qualify for another type of home loan.
- 3 WILLINGNESS TO PARTNER Homeowners commit to invest at least 300 hours of sweat equity toward the construction of their own home and attend homeowner education classes.

Go to our website at [habittuolumne.org](http://habittuolumne.org) to download an application OR come by the Habitat for Humanity office between 9am to 4pm Monday through Friday at 14216 Tuolumne Rd. in Sonora, and pick up an application.

### 2017 Income Guidelines

Family Size	Minimum Income		Maximum Income	
	Monthly	Yearly	Monthly	Yearly
1 person	1,556	18,680	2,833	34,000
2 persons	1,778	21,340	3,237	38,850
3 persons	2,002	24,020	3,641	43,700
4 persons	2,223	26,680	4,045	48,550
5 persons	2,401	28,820	4,370	52,450
6 persons	2,578	30,940	4,695	56,350
7 persons	2,756	33,080	5,020	60,250