

Homebuyer Application Requirements

Please note: Although applications are available at any time, applications may only be submitted on prescribed application days. To ensure that you receive notification of scheduled intake days, please submit your email address and contact information to inquiry@habitattuolumne.org.

Proof of income

(Please be sure your household falls within the required income guidelines)

- Three most recent paystubs for all adult wage earners in the home
If self-employed, include the past three years of tax returns
- Verification of other income sources, i.e., SSI, TANF, Child Support, Alimony, etc.

Required (and signed) forms

- Completed and signed Habitat for Humanity Application
- Equal Credit Opportunity Act Notice
- Race and National Origin questionnaire (box 14 of application)
- Landlord Verification
- Information Reverification Disclosure Authorization
- Credit Report Request Authorization Form
- Request for Verification of Employment

Please answer the following questions:

- Do you have a bank account?
- Do you have debt? (car payments, loans, etc.)
- Do you have any debts in collections?
- Do you have low credit?

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. Tell us why you NEED and WANT to buy a Habitat for Humanity home.
- If you are chosen as a Habitat homebuyer you will be required to contribute a minimum of 300 hours of sweat equity toward building your home. Are you willing and able to do so?
- Application materials will not be returned. Please provide COPIES of documents only.
- Upon acceptance of this application you will undergo a criminal background check including screening on the California Megan's Law sex offender registry.

YES	NO

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 applicants 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 administers compliance with this law concerning this is the Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C., 20552.





Habitat for Humanity of Tuolumne County
 14216 Tuolumne Road, Suite 1
 Sonora, CA 95370
 (209) 536-0970
 Fax: (209) 536-0605

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 to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's name	Co-applicant's name																																																
Social Security number _____	Social Security number _____																																																
Home phone _____ Age _____	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)																																																
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)																																																
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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 you have lived at your 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	Present 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: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, 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 Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. SOURCE OF EARNEST MONEY DEPOSIT

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

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Car payment	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments 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 or deed in lieu of foreclosure 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. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<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 paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. 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 h, or "no" to question i, 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 the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I 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 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.

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.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan 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 _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

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, The federal agency that monitors compliance with this law concerning this company is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006. It can also be contacted online at www.consumerfinance.gov.

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: _____

(Community Planning and Development, and
Housing - Federal Housing Commissioner)

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. _____ (Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)	4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER
	5. DATE 6. HUD/FHA/CPD, VA OR USDA NO.
7. NAME AND ADDRESS OF APPLICANT	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			For Military Personnel Only
	\$ _____	<input type="checkbox"/> Annual	\$ _____	<input type="checkbox"/> Hourly
10. PRESENT POSITION	\$ _____	<input type="checkbox"/> Monthly	\$ _____	<input type="checkbox"/> Weekly
	\$ _____	<input type="checkbox"/> Other (Specify)		
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS			Type
	Type	Year to Date as of _____	Past Year	RATIONS \$
				FLIGHT OR HAZARD \$
				CLOTHING \$
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY? OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	BASE PAY	\$ _____	\$ _____	QUARTERS \$
	OVERTIME	\$ _____	\$ _____	PRO PAY \$
	COMMISSIONS	\$ _____	\$ _____	OVERSEAS OR
	BONUS	\$ _____	\$ _____	COMBAT \$
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 Printed name and phone number	20. TITLE OF EMPLOYER	21. DATE
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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

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RI-IS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42USC 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting Such violation or charged with enforcing or implementing the Statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L.104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal, agency when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c), any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in Such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit Sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR.301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C.3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by Voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be Lender the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by agency to be for a purpose that is compatible with the purpose for which tile agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION - CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
16. Referral of names, home addresses, and financial information to financial Consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).



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 re-verify 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.N. #: _____

S.S.N. #: _____

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: ____/____/____

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: ____/____/____

LANDLORD VERIFICATION FORM

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, 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



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:

California Department of Real Estate
Complaint Intake Unit
320 W. 4th Street, Ste 350
Los Angeles, CA 90013-1105

OR

California Department of Real Estate
General Mail
P.O. Box 137000
Sacramento, CA 95813-7000

ACKNOWLEDGEMENT OF RECEIPT

Date

Signature of Applicant

Date

Signature of Applicant



Statement of Need

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