

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@habittuolumne.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
- Last three years of tax returns (*Include explanation if not required to file*)
- Verification of other income sources (*ex. SSI, TANF, Child Support, Alimony, etc.*)

Required (and signed) forms

- Completed and signed Habitat for Humanity Application
- Copies of State or Federal Identification Card (*ex. Driver's License*)
- Copy of Social Security Card
- 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? Yes No
- Do you have debt? (car payments, loans, etc.) Yes No
- Do you have any debts in collections? Yes No
- Do you have low credit? Yes No
- 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? Yes No
- How did you hear about Habitat for Humanity?
 Radio Newspaper Internet Word-of-Mouth Other: _____

Additional information:

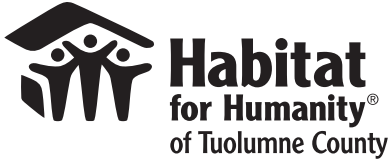
- Please provide an explanation for lack of any of the above items or additional information about them.
- Please carefully write out your Statement of Need. Tell us why you NEED and WANT to buy a Habitat for Humanity home.
- Application materials will not be returned. Please provide COPIES of documents only.
- Upon acceptance of this application you will undergo a criminal background check including screening on the California Megan's Law sex offender registry.

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 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 administers compliance with this law concerning this is the Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C., 20552.



2018/2019 Homebuyer Selection Income Guidelines

Family Size	Minimum Income		Maximum Income	
	Monthly	Yearly	Monthly	Yearly
1 person	\$2,213	\$26,560	\$2,950	\$35,400
2 persons	\$2,213	\$26,560	\$3,371	\$40,450
3 persons	\$2,213	\$26,560	\$3,792	\$45,500
4 persons	\$2,213	\$26,560	\$4,213	\$50,550
5 persons	\$2,213	\$26,560	\$4,427	\$53,120
6 persons	\$2,213	\$26,560	\$4,427	\$53,120
7 persons	\$2,213	\$26,560	\$4,427	\$53,120



Habitat for Humanity of Tuolumne County
 14317 Mono Way, Suite F, Sonora, CA 95370
 (209) 536-0970

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		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)					
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 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	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: _____ 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 the job	Name and address of CURRENT employer	Years on the 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 the job	Name and address of LAST employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

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
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliances, 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 of Tuolumne County 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 of Tuolumne County even if the application is not approved.

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

To be completed only by the person conducting the interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's name (print or type)</p> <hr/> <p>Interviewer's signature Date</p> <hr/> <p>Interviewer's phone number</p>

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at the **Western Region, 901 Market St., Suite 570, San Francisco, CA 94103** or **10877 Wilshire Blvd., Suite 700, Los Angeles, CA 90024**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s)

Signature

Signature

Print name

Print name

Date

Date

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. <hr/> <i>(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)</i>	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	Type	Monthly Amount
	\$ _____ <input type="checkbox"/> Other (Specify)		BASE PAY	\$
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS			RATIONS
	Type	Year to Date as of _____	Past Year	\$
			FLIGHT OR HAZARD	\$
			CLOTHING	\$
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?	BASE PAY	\$	\$	QUARTERS
OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERTIME	\$	\$	PRO PAY
BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	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	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

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: ____/____/____



CREDIT AUTHORIZATION

I have applied for a mortgage loan. As part of the application process, ACADEMY MORTGAGE CORPORATION or its designated representative may verify information contained in my loan application and in any other documents required in connection with the loan, either before the loan is funded or as part of the quality control program after funding.

I authorize ACADEMY MORTGAGE CORPORATION, or its designated representative, and any investor or lender that purchases the mortgage, to reverify any and all information and documentation contained in the application at any time. Such information includes, and is not limited to, verification of employment, income, bank accounts, investment accounts, credit history, and copies of income tax returns. I further authorize ACADEMY MORTGAGE CORPORATION to obtain a title search and other documents pertaining to the property that will serve as security for the loan.

I further authorize ACADEMY MORTGAGE CORPORATION or its designated representative to release credit, income, assets, and liability information to my real estate agent, their sub-agent, builder, builder's agent, developer or escrow agent for the purpose of monitoring the status of the loan I am applying for.

A photocopy of this signed authorization may be deemed to be the equivalent of the original and shall be as effective consent as the original which I have signed.

Social Security Number

Date

The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether you qualify as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without your consent except to the person or company verifying the information including, but not limited to, your employer, bank, lender, and any other credit reference as needed to verify other credit information and as permitted by law. You do not have to give us this information, but if you do not your mortgage loan application may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/COD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA, RHCDS).



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)