



Habitat for Humanity of Kitsap County

Low Income Home Ownership Program

3581 Wheaton Way, Bremerton, WA

HOME OWNERSHIP APPLICATION PACKAGE

COVER PAGE

The application and associated documents **must** be completed and turned in to the Habitat Office by: **Sept. .28, 2018** The earlier the package is turned in the better.

This package contains the application and associated documents to apply for acceptance in the Habitat Low Income Home Ownership Program.

To be eligible for consideration for a Habitat home all of the following requirements must be met:

1. The annual household income of the applicant(s) must fall within the ranges listed below. Verification of all household incomes must be provided:

FAMILY SIZE	Income Range
1	\$24,000 - \$46,300
2	\$24,000 - \$52,900
3	\$24,000 - \$59,500
4	\$25,100 - \$66,100
5	\$29,420 - \$71,400
6	\$33,740 - \$76,700
7	\$38,060 – \$82,000
8	\$42,380 - \$87,300

These ranges are in effect starting April 2018

2. Applicants must be able to make a payment of \$1,500 to cover closing costs, first years insurance and taxes.

3. Applicants must be able to provide sweat equity work (working on your home as well as others) 500 hours for a two adult household and 400 hours for a single adult household.

4. Applicants can not have any bankruptcies during the past three years.
5. Applicants must have been a resident of Kitsap County for at least one year.
6. Any judgments or lienable debts must be paid off within three months of applying.
7. A completed criminal background check and a tri-merged credit report will be obtained on all qualifying applicants.
8. Please complete all of the forms in the package and turn into the Habitat office within the time period stated above. Incomplete forms will be returned for correction and may delay approval. **Application documents turned in after the deadline above will not be considered.**
9. The forms shall include the legal names and information on all members of the household.
10. Include documentation for all expenses and incomes (e.g., receipts, bank statements, creditors, child support and alimony, Food Stamps, TANF, DSHS/SSA/SSI, utilities, phone, medical, etc.) Two personal references will be required. Include previous years tax paperwork (W-2/filing papers).

For info: On average the Habitat Home mortgage, taxes and insurance will not exceed 30% of the total household income.

A "First Time Home Buyers Class" is very helpful and classes can be scheduled at <http://www.wshfc.org/buyers/educ>

Prior to approval, two Habitat Family Selection Committee persons will coordinate a home visit with the Applicant to establish the need for housing.

Direct all questions to the Family Services Coordinator, Ginny Duff at 360-479-3853.

The following forms will be included in this package:

1. Application Form (4 pages);
2. EEO Compliance Form;
3. Application Check List;
4. Current Budget form;
5. Authorization Forms (to authorize Habitat to contact the following to get information regarding applicant's eligibility for applying for a Habitat home):
 - a. Employer
 - b. Past Employer
 - c. Landlord
 - d. Personal Reference (two people)
5. Sweat Equity Agreement and Letter of Acceptance copies (for review purposes only)



Habitat for Humanity of Kitsap County
 P.O. Box 5347 ~ Bremerton WA 98312-0516
 Phone: 360-479-3853 Fax: 360-479-2149



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, familiar status, or national origin.

APPLICATION FOR HOME BUILD PROGRAM

Attention: Complete this application to determine if you qualify for a house. Please fill out the application **as completely and accurately as possible**. All information you include on this application will be kept confidential. **Note:** If more space is needed to complete any part of this application, attach a separate sheet of paper. Mark your additional comments with "A" for Applicant or "C" for Co-Applicant

1. APPLICANT INFORMATION

Applicant	Co-Applicant
Name _____ DOB ___/___/___	Name _____ DOB ___/___/___
Address _____	Address _____
Apt Number _____	Apt Number _____
City _____ State _____	City _____ State _____
Zip _____ Telephone _____	Zip _____ Telephone _____
Cell Number: _____	Cell Number: _____
E-Mail: _____	E-Mail: _____
Social Security Number _____	Social Security Number _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Separated
<input type="checkbox"/> Unmarried (Include single, divorced, widowed)	<input type="checkbox"/> Unmarried (Include single, divorced, widowed)

2. HOUSEHOLD INFORMATION

Dependents (people who live with you not listed by co-applicant)	Dependents (people who live with you not listed by co-applicant)
Name	Name
DOB	DOB
M/F	M/F
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Household Members				
Name	DOB	Male	Female	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Application Received: _____	Date of Home Visit: _____
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted
Date: _____	<input type="checkbox"/> Denied
Date Application Completed: _____	Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

Habitat for Humanity of Kitsap County builds homes in partnership with families. Your active participation in the program is required through completing Sweat Equity hours, attending required orientations and classes, and partnering with an assigned mentor. Families sign the Acceptance Letter/Sweat Equity Agreement, which outlines these expectations and requirements. Requirements include, but are not limited to, weekly attendance at the jobsite during construction of your home and meeting or exceeding the minimum requirements for Sweat Equity hours, which are 400 minimum for single head of household families, or 500 minimum for two head of household families. Families must often make sacrifices and overcome obstacles such as conflicting work and childcare schedules in order to fulfill the requirement to partner with Habitat.

I am willing and able to be an active partner with Habitat throughout the program.

Applicant Initials: _____

Co-Applicant Initials: _____

4. RESIDENTIAL HISTORY

Present Address (street, city, state, zip code)

Present Address (street, city, state, zip code)

Own Rent Number of Years _____

Own Rent Number of Years _____

If living at present address for less than two years, complete the following

Previous Address (street, city, state, zip code)

Previous Address (street, city, state, zip code)

Own Rent Number of Years _____

Own Rent Number of Years _____

Previous Address (street, city, state, zip code)

Previous Address (street, city, state, zip code)

Own Rent Number of Years _____

Own Rent Number of Years _____

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)

Address: _____ City: _____ State: _____

Is there a mortgage on the land? No Yes Monthly Payment \$ _____

Unpaid Balance \$ _____

6. PRESENT HOUSING CONDITIONS

Number of bed rooms (please circle) 1 2 3 4 5 Number of bathrooms (please circle) 1 2 3

Other rooms: Kitchen Living Room Dining Room Other (please describe) _____

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

Current landlord: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

On a separate page describe the condition of the house or apartment where you live. Why do you need a home? **If you are currently living with a friend or family member and paying to offset their housing costs, you must provide a SIGNED, NOTARIZED document to that effect with the exact amount specified.**

7. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Current Employer: _____ _____	Time on the Job	Current Employer: _____ _____	Time on the Job
Supervisor: _____	Monthly Gross Wages \$	Supervisor: _____	Monthly Gross Wages \$
Local Address: _____	Business Phone	Local Address: _____	Business Phone
City: _____		City: _____	
State: _____ Zip _____		State: _____ Zip _____	

If working at current job less than one year, complete the following information

Previous Employer: _____ _____	Time on the Job	Previous Employer: _____ _____	Time on the Job
Supervisor: _____	Monthly Gross Wages \$	Supervisor: _____	Monthly Gross Wages \$
Local Address: _____	Business Phone	Local Address: _____	Business Phone
City _____		City _____	
State: _____ Zip _____		State: _____ Zip _____	
Previous Employer: _____ _____	Time on the Job	Previous Employer: _____ _____	Time on the Job
Supervisor: _____	Monthly Gross Wages \$	Supervisor: _____	Monthly Gross Wages \$
Local Address: _____	Business Phone	Local Address: _____	Business Phone
City _____		City _____	
State: _____ Zip _____		State: _____ Zip _____	

8. DEBT

To whom do you and the co-applicant owe money?

Name of Company (list all creditors)	Monthly payment	Months. Left to pay	Unpaid balance
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Total outstanding debt			

9. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

At closing, you will be expected to pay \$1500 in costs. Describe in detail your source of funds, such as savings or a loan. If a loan, include name of lender.

10. ASSETS

List Checking and Savings Accounts Below

Applicant	Co-Applicant
Other assets (i.e. stocks, bonds, CD's, etc):	Other assets (i.e. stocks, bonds, CD's, etc):

11. DECLARATIONS

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

	Applicant	Co-Applicant
a. 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
b. Is anyone in the household a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you been declared bankrupt within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. 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
f. 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
g. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Have you been convicted of a felony in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. 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
k. Would any member of the household need handicapped accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question c. through i., however, please explain below or on a separate sheet of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Kitsap County to evaluate my actual need for a Habitat for Humanity home, my ability to repay the no-interest loan and other expenses of home ownership, and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, a background criminal 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 for Humanity home, I may be disqualified from the program. The original copy of this application will be retained by Habitat for Humanity even if the application is not approved.

X _____ -- _____ X _____
Applicant Signature Date Co-Applicant Signature Date

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

Applicant Co-Applicant

Date: _____

Habitat for Humanity of Kitsap County Application Checklist

- Phone and E-mail addresses.
- Social Security Number of all adult applicants.
- Signature on application.
- Full name, ages and gender of all dependents.
- Full name and relationship for other household members.
- Initials of all applicants under "Willingness to Partner."
- Complete addresses for residential history.
- All information filled in for property information or marked NA.
- If there is a mortgage – unpaid balance is filled in.
- Complete name(s) and addresses information for current landlord.
- Name of supervisor(s) and complete mailing addresses for all employers.
- Authorization/Verification forms signed and complete:
 - Social Services Landlord Credit Employers References
- Copy of Current Bank Statement(s)
- Copy of all current W-2 and Tax Forms.
- Paycheck stubs for 1 full month from each employer and each applicant.
- Rent Verification (i.e., receipt, lease agreement, letter, bank statement, etc).
- Copies of current utility bills and credit card statements.
- Income is within guidelines.
- Debt to Income ratio is within guidelines. Income Worksheet completed.
- Date filled in for information meeting.
- OTHER: _____

Applicant needs to provide missing information by _____.



Habitat for Humanity of Kitsap County

P.O. Box 5347 – Bremerton, WA. 98312-0516

Phone: (360) 479-3853 – FAX (360) 479-2149

Applicant Name: _____ Date: _____

Co-Applicant Name (if applicable): _____

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 **gender** on the basis of visual observation or surname. If you do not wish to furnish the information below, please **indicate such via initial below.**

I do not wish to furnish this information. _____ (**Please initial**)

<u>APPLICANT</u>	<u>CO-APPLICANT</u> (if applicable)
Race/National Origin:	Race/National Origin:
___ American Indian or Alaskan Native	___ American Indian or Alaskan Native
___ Asian or Pacific Islander	___ Asian or Pacific Islander
___ White, not of Hispanic origin	___ White, not of Hispanic origin
___ Black, not of Hispanic origin	___ Black, not of Hispanic origin
___ Hispanic	___ Hispanic
___ Other (specify) _____	___ Other (specify) _____
Gender:	Gender:
___ Female ___ Male	___ Female ___ Male

Birthdate: ___ / ___ / ___ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	Birthdate: ___ / ___ / ___ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)
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THE BELOW IS TO BE COMPLETED BY THE PERSON CONDUCTING THE INTERVIEW

This information was taken by:

Face-to-face interview

By mail

By Telephone

Interviewer's Name (print): _____ Date: _____

Interviewer's Signature: _____

Interviewer's Phone Number: _____

Current Budget

Monthly Expenses	Cost
Housing	
Rent/Mortgage	
Second Mortgage or rent	
Phone	
Electricity	
Garbage	
Water and Sewer	
Cable	
Natural Gas	
Septic agreement	
Homeowners dues	
Other	
Subtotal	

Transportation	
Vehicle 1 payment	
Vehicle 2 payment	
Bus/taxi fare	
Licensing	
Fuel	
Maintenance	
Other	
Subtotal	

Insurance	
Home/Renters	
Health	
Life	
Auto	
Other	
Subtotal	

Food	
Groceries	
Dining out	
Other	
Subtotal	

Children	
School tuition	
School supplies	
Lunch money	
Child care	
Sports/Activities	
Other	
Subtotal	

Pets	
Food	
Medical	
Grooming	
Other	
Subtotal	

Personal Care	
Medical	
Clothing	
Organization dues or fees	
Other	
Subtotal	

Monthly Expenses	Cost
Legal	
Attorney	
Alimony	
Child Support	
Payments on lien or judgment	
Other	
Subtotal	

Loans	
Personal	
Student	
Credit card (all cards)	
Other	
Subtotal	

Total Expenses	
-----------------------	--

Monthly Gross Income	Amount
----------------------	--------

Income 1	
Income 2	
Other Member's Income	
TANIF	
Food Stamps	
SSI	
Alimony	
Child Support	
Misc. Other	

Total Gross Income	
---------------------------	--

Total Income	
Total Expenses	
Difference (income-expense)	

Savings or Investments	
Savings account	
Investment account	
College	
Other	
Total	

Committee Use Only	
Monthly Debt to Income Ratio (Not to exceed 40%)	
Annual Income (monthlyx12)	
Total Number of People in House	
Max Mortgage Payment (monthly income x .30)	
Comments:	

Please attach source documentation for all income and debt shown above.

Completed by: _____

Date: _____

Reviewed by: _____

Date: _____



Authorization
Employer

Habitat for Humanity of Kitsap County

P.O. Box 5347 - Bremerton, WA. 98312-0516
Phone: (360) 479-3853 – Fax (360) 479-2149

AUTHORIZATION TO OBTAIN INFORMATION

Date _____

I, _____, have applied for housing with Habitat for Humanity of Kitsap County. Habitat for Humanity builds simple decent housing in partnership with low and very low-income people.

I hereby authorize a member of the Family Selection Committee of Habitat for Humanity of Kitsap County to use this form to obtain information needed to process my application:

Employer:

Company: _____

Supervisor: _____

Local Mailing address: _____

City: _____ State _____ Zip: _____

Telephone: _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Signature of HfH Selection Committee Member: _____

NOTE: This authorization for release/obtaining information is valid for one hundred and eighty (180) days from the date of signature.

Call for accessibility arrangement
TTY 1-800-833-6388





Authorization
Past Employer

Habitat for Humanity of Kitsap County

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Date _____

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I hereby authorize a member of the Family Selection Committee of Habitat for Humanity of Kitsap County to use this form to obtain information needed to process my application:

Past Employer:

Company: _____

Supervisor: _____

Local Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____

Signature of HfH Selection Committee Member: _____

NOTE: This authorization for release/obtaining information is valid for one hundred and eighty (180) days from the date of signature.

Call for accessibility arrangement
TTY 1-800-833-6388





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I hereby authorize a member of the Family Selection Committee of Habitat for Humanity of Kitsap County to use this form to obtain information needed to process my application:

Landlord:

Name: _____ Telephone: _____

Local Mailing address: _____

City: _____ State _____ Zip: _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Signature of HfH Selection Committee Member: _____

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I hereby authorize a member of the Family Selection Committee of Habitat for Humanity of Kitsap County to use this form to obtain information needed to process my application:

Personal Reference #1:

Name: _____ Telephone: _____

Local Mailing address: _____

City: _____ State _____ Zip: _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Signature of HfH Selection
Committee Member: _____

NOTE: This authorization for release/obtaining information is valid for one hundred and eighty (180) days from the date of signature.





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AUTHORIZATION TO OBTAIN INFORMATION

Date _____

I, _____, have applied for housing with Habitat for Humanity of Kitsap County. Habitat for Humanity builds simple decent housing in partnership with low and very low-income people.

I hereby authorize a member of the Family Selection Committee of Habitat for Humanity of Kitsap County to use this form to obtain information needed to process my application:

Personal Reference #2:

Name: _____ Telephone: _____

Local Mailing address: _____

City: _____ State _____ Zip: _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Signature of HfH Selection
Committee Member: _____

NOTE: This authorization for release/obtaining information is valid for one hundred and eighty (180) days from the date of signature.

