



**Habitat
for Humanity[®]**
of Washington County
Arkansas

Repair Program Application

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.

If you are a homeowner and in need of home preservation repair, critical home repair, or weatherization, please complete this form and be as specific as possible.

Section 1

Application Date _____

Homeowner(s) Name: _____

Homeowner(s) Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number(s): Home: _____ Cell: _____

Work: _____ Cell: _____

Email(s): _____

Email(s): _____

Description of requested project(s):

If more space is needed, please attach a separate sheet of paper to the application.

Timeline for Requested Project(s): _____

Section 2

Application Date _____

Homeowner(s) Financial Information

Homeowner(s) Social Security Number: _____ Date of Birth: ___/___/_____

Homeowner(s) Social Security Number: _____ Date of Birth: ___/___/_____

List dependents and others who live with you (not listed as a co-applicant):

Name	Age	Male	Female	Non-binary
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___

How long have you lived at this address: _____

This is my full-time residence? _____ Yes _____ No

Are any members of household veterans of the US Armed Forces? _____ Yes _____ No

Do any household members have a disability or special needs? _____ Yes _____ No

If yes, please describe:

Total Gross Monthly Household Income

Wages: _____

Wages: _____

Employer(s): _____

Employer(s): _____

SSI/Disability: _____

SSI/Disability: _____

Child Support: _____

Child Support: _____

Alimony: _____

Alimony: _____

Social Security: _____

Social Security: _____

Other Income: _____

Other Income: _____

Section 2 continued

Application Date _____

Total Household Liquid Assets

Savings and Checking Account Balances: (1) _____ (2) _____

Financial Institution: _____

Stocks and Bonds: _____

Retirement Programs, Pensions and 401K: _____

Other: _____

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

To Whom Do You and the Co-applicant Owe Money?

	Applicant			Co-Applicant		
Account	Monthly Payment	Unpaid Balance	Months Left to Pay	Monthly Payment	Unpaid Balance	Months Left to Pay
Motor Vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total Medical	\$	\$		\$	\$	
Student Loan(s)	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

Section 2 continued

Application Date _____

Habitat has permission to use pictures of the home, repair(s), and family members and use them for any purpose: _____ Yes _____ No

I have homeowner's insurance and I am current with the payments: _____ Yes _____ No

Name of Insurance Company and Agent:

Have you submitted a claim to your insurance company for this specific repair? _____ Yes _____ No

If you are paying a monthly mortgage, are your payments current? _____ Yes _____ No

Name of Mortgage Company: _____

Homeowner Commitment Statement

This is a contract between the homeowner(s) and Habitat for Humanity of Washington County, AR Inc.

In signing this application, the homeowner(s) are confirming that all information submitted is correct and truthful. The homeowner(s) acknowledge that Habitat has the authority to verify all information on the application and will run a credit check, OFAC, criminal background check, and sex offender check on all homeowner(s) and persons who reside in the home who are ages 18 and over.

If the information submitted is found to be materially different than submitted, Habitat has the right to cancel this agreement at any time.

Signature of Homeowner(s):

_____ **Date** _____

_____ **Date** _____

Disclosure and Authorization to Obtain a Consumer and Criminal Background Report

In connection with your anticipated or continued engagement as a potential Habitat for Humanity Repair Program participant, Habitat is hereby advising you that it will obtain or have prepared one or more consumer reports bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Habitat for Humanity of Washington County, AR Inc. is henceforth known in this document as Habitat.

Such consumer reports, where applicable, would be obtained for the permissible purpose of legitimate business need in connection with your anticipated or continued engagement as a potential Repair Program recipient, in accordance with your written instruction. The scope of this notice is all-encompassing, allowing Habitat to obtain from any outside organization all manner of consumer reports now and throughout the course of your anticipated and continued engagement as a potential homeowner to the extent permitted by law.

This Disclosure is valid for current and future reports, and Habitat intends for this Disclosure to cover both your anticipated engagement as a potential Repair Program recipient, and any additional consumer reports obtained while you remain a part of the Repair Program.

Authorization To Obtain Consumer Reports

I hereby authorize Habitat to obtain or have prepared one or more consumer reports on me in connection with my anticipated or continued engagement as a potential Repair Program recipient, in accordance with my written instructions herein, and any other use not prohibited by law as applicable. These reports may contain information regarding my credit history, criminal record history, driving record history, and any other type of information that is permissible by all governing laws. I understand this information may be obtained from previous employers, companies, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses, and individuals. I hereby authorize and direct all persons who may have information relevant to any such consumer report to disclose it to Habitat or its agents.

I acknowledge that Habitat has a legitimate business need to obtain my consumer and criminal background report, to verify eligibility for the Repair Program, to protect the safety and security of the premises in which homes might be built, to ensure the safety of vulnerable populations, including but not limited to, children, the elderly, and the indigent, and to protect the reputation of Habitat and the quality of services it provides.

This Authorization is valid for current and future reports, and I specifically understand that Habitat intends for this Authorization to cover both my anticipated engagement as a potential Habitat Repair Program Recipient up to the closing portion of that process and, any additional consumer reports obtained while I remain a part of the Repair Program.

Date: _____

Signature: _____

Print Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Date: _____

Signature: _____

Print Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Section 3

Application Date _____

Attach project recommendation, project details, estimated costs, and projected timeline from Habitat Construction Committee.

Homeowner(s) Financial Responsibility

Homeowner(s) AMI: _____

Homeowner(s) required down payment: \$_____ to be paid before the commencement of the repairs.

Homeowner(s) % of repair costs: \$ _____

Homeowner(s) total financed amount: \$_____

Repayment schedule: _____ At time of completion _____ 1 Year
_____ 3 Years _____ 5 Years

Repair costs financed through Habitat will be offered at a 0% interest loan payable in monthly installments due on the first day of each month after the completion of the repair.

Commencing on this date: _____ Ending on this date: _____

Grant award amount: \$ _____ Grant source: _____

Financing provided by: _____

Sweat Equity Requirement for homeowner(s): _____ Total Hours

Homeowner may participate in the following sweat equity options to meet this requirement:

As the homeowner, I agree to repay all expenses per the agreed upon timetable and I acknowledge that Habitat has the right to file a lien against the property until the loan is repaid.

Signature of Homeowner(s)

_____ **Date:** _____

_____ **Date:** _____

Habitat Representative

_____ Printed Name: _____

Title: _____

Date: _____

Homeowner Survey

Additional Survey Information May Be Obtained Depending on Funding Source

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="radio"/> I do not wish to furnish this information.	<input type="radio"/> I do not wish to furnish this information.
<p>Race (applicant may select more than one racial designation):</p> <p> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Black/African-American <input type="radio"/> White <input type="radio"/> Asian </p> <p>Ethnicity:</p> <p> <input type="radio"/> Hispanic or Latino <input type="radio"/> Non-Hispanic or Latino </p> <p>Sex:</p> <p> <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-binary/third gender <input type="radio"/> Prefer not to disclose <input type="radio"/> Prefer to self-describe: _____ </p> <p>Birthdate: (MM/DD/YEAR) ____/____/____</p> <p>Marital Status:</p> <p> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (single, divorced, widowed) </p>	<p>Race (applicant may select more than one racial designation):</p> <p> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Black/African-American <input type="radio"/> White <input type="radio"/> Asian </p> <p>Ethnicity:</p> <p> <input type="radio"/> Hispanic or Latino <input type="radio"/> Non-Hispanic or Latino </p> <p>Sex:</p> <p> <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-binary/third gender <input type="radio"/> Prefer not to disclose <input type="radio"/> Prefer to self-describe: _____ </p> <p>Birthdate: (MM/DD/YEAR) ____/____/____</p> <p>Marital Status:</p> <p> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (single, divorced, widowed) </p>

Interviewer's name: (print) _____

Interviewer's signature: _____ **Date:** _____