



**A FEW THINGS TO NOTE:**

- To be considered for this round of Family Selection, you must schedule your intake appointment. Please email [Whitney@buildinglives.org](mailto:Whitney@buildinglives.org) to schedule your appointment.
- Documents can be submitted via email to [Whitney@buildinglives.org](mailto:Whitney@buildinglives.org). This is the preferred method for submission.
- Please bring copies of your documents if you are not emailing them. We are unable to make copies of your documents for you. If it a large file, again, we encourage you to send this via email to [Whitney@buildinglives.org](mailto:Whitney@buildinglives.org).
- Your application will only be considered complete once all required documentation and paperwork are submitted.
- For any questions, please contact Whitney at [Whitney@buildinglives.org](mailto:Whitney@buildinglives.org). Please note that Whitney is the only individual authorized to answer questions regarding family selection for our Homebuyer Program.

In Partnership,

Whitney LaChapelle

Family Services Manager

Habitat for Humanity of the San Juans

(970) 650-2509

[whitney@buildinglives.org](mailto:whitney@buildinglives.org)



**Habitat**  
**for Humanity**<sup>®</sup>  
of the San Juans

## Release Form

I/WE understand and authorize Habitat for Humanity of the San Juans to perform an in-depth study to determine my /our actual need for housing, ability to pay homeowners expenses, and willingness to partner. The selection process will include personal visits to my /our present residence, and credit and reference checks. In addition, I /we understand that habitat will contact my/our bank, landlord, present and past employers and the Montrose County Social Services Department.

\_\_\_\_\_  
Applicant's Signature (sign)

\_\_\_\_\_  
Co-Applicant's Signature (sign)

\_\_\_\_\_  
Applicant's Signature (print)

\_\_\_\_\_  
Co-Applicant's Signature (sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Current Address:

Current Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NOTICE TO APPLICANT OF  
RIGHT TO RECEIVE COPY OF APPRAISAL REPORT

Dear Applicant:

This disclosure is provided to you pursuant to 15 U.S.C. 1691(e) and Fannie Mae's and Freddie Mac's Appraiser Independence Requirements.

*In the event you are selected to purchase a Habitat for Humanity home, you will be provided a copy of any appraisal report or valuation concerning this property promptly upon completion of the appraisal, and in any event, no less than three (3) business days prior to the closing of the loan.*

Thank you for your interest in Habitat for Humanity of the San Juans. Please do not hesitate to contact us with additional questions.

Habitat for Humanity of the San Juans

PLEASE DETACH PAGE AND KEEP FOR YOUR RECORDS



970.252.9303

1601 N. Townsend Ave, Montrose, CO 81401

Buildinglives.org

# My Habitat Checklist

Co-applicant  
Applicant

PLEASE DETACH THIS PAGE AND USE THE CHECK BOXES ON THE LEFT TO MAKE SURE DOCUMENTS ARE RETURNED IN THE ORDER THEY ARE LISTED BELOW.

## 1. APPLICATION AND CHECKLIST

- **Program Application**- Completed and signed (pages 4-9 in packet)
- **My Habitat Checklist** (this form), completed and signed

## 2. RESIDENCY, ID, AND CITIZENSHIP (FOR EVERY HOUSEHOLD MEMBER)

- **Proof of Identity:** COPY of Driver's License, Colorado ID card, or U.S. Passport
- **Proof of Citizenship:** COPY of U.S. Passport, valid Green Card, Certificate of Naturalization, or U.S. birth certificate
- **Social Security Card:** COPY of each applicant's card

## 3. FINANCIAL INFORMATION

- COPIES of **2023, 2024 and 2025 Federal Tax Returns SIGNED** (1040 and Schedule C)
- COPIES of **2023, 2024, and 2025 W-2's or 1099 for ALL sources**
- **Self-employment** requires 2 years minimum employment history and the following documents:
  - 3 previous year's Federal tax returns including all applicable schedules;
  - Financial statements (balance sheets and income sheets). **NOTE:** These financial should be generated by a third-party, i.e. accountant, CPA, etc.
- COPIES of **complete bank account STATEMENTS (ALL pages)** for ALL accounts in the last 6 months
- **Verification of Deposit** for each account listed on application - to be completed **ONLY** by your bank
- COPIES of **all current credit card, automobile, and loan statements**(including student loans)

## 4. EMPLOYMENT AND INCOME INFORMATION

- COPIES of last 6 months of **paystubs** (for every household member 18 and older)
- **Verification of Employment Form** for each employed applicant. To be completed by employer **ONLY**
- **DOCUMENTATION OF ALL NON-EMPLOYMENT INCOME:**
  - Proof of **alimony** and **child support** (please include Child/Alimony Support Orders and Family Support Registry report)
  - **Statement of Disability Income** (if applicable)
  - **Statement of Social Security Income** (if applicable)

## 5. RENTAL INFORMATION

- **Verification of Rental History Form.** To be completed by landlord **ONLY**
- COPY of current **Lease Agreement**
- COPIES of last **4 months utilities bills**

## 6. OTHER

- **COPY of divorce decree (if applicable)**
- **COPY of bankruptcy papers with dated discharge letter and/or foreclosure documents (if applicable)**
- **Affidavit and Release of Information**, completed and signed (pg 16 in packet)
- **Authorization for SSA to Release SSN Verification** - one per applicant (pg 18 in packet)
- **\$50 PER APPLICANT Credit Check Fee** (to be paid at application appointment). Cash or Credit/Debit card only

Please  
sign  
and  
date

Applicant

Date

Co-Applicant

Date



IF YOU HAVE ANY QUESTIONS, PLEASE CALL 970-650-2509 AND ASK TO SPEAK TO THE FAMILY SERVICES MANAGER

**Equal Housing Opportunity Statement:** 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.





**Habitat**  
for Humanity  
of the San Juans

# Application

**Habitat for Humanity of the San Juans**  
1601 N. Townsend Ave  
Montrose, CO 81401



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 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.

APPLICANT INFORMATION									
Applicant					Co-applicant				
Applicant name					Co-applicant name				
Phone number		Birth Date		Age	Phone number		Birth Date		Age
Email address:					Email address:				
Are you a lawful resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you a lawful resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you a permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<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 applicant)				
Name	Age	Male	Female		Name	Age	Male	Female	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				
Number of Years _____					Number of Years _____				
If living in 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 _____				
Have you applied with Habitat before? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____									
Did you or anyone in your house serve or is currently serving in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____									
<b>2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE</b>									

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

Orientation Attended: \_\_\_\_\_

**WILLINGNESS TO PARTNER**

To be considered for the Habitat program, you and your household 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 or ReStore, 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

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

In the space below, describe the condition of the house or apartment where you live.

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

Do you own land?     No     Yes                      Monthly payment \$ \_\_\_\_\_                      Unpaid balance \$ \_\_\_\_\_

**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
<b>If working at current job less than TWO years, complete the following information</b>			
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	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

<b>PLEASE NOTE:</b> Self-employed applicants will be required to provide additional documentation such as profit and loss statements and financial statements.	Household members whose income is listed as "Others" above			
	Name	Income source	Monthly income	Date of birth

**8. SOURCE OF CLOSING COSTS**

How do you plan to save your \$1,500 in closing costs?

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
Automobile	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, televisions (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Student loans	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>TOTAL</b>	\$	\$		\$	\$	

MONTHLY EXPENSES			
Expense	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phones	\$	\$	\$
Land line	\$	\$	\$
Business expense	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

Does anyone in your household have a disability or handicap?  Yes  No

If yes, can this person use all parts of the house?  Yes  No

If no, please explain.

Does any part of your home affect a household member's health? Please explain.

**12. DECLARATIONS**

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

	Applicant		Co-applicant	
a. Do you have any 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 in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are you a US citizen or a Permanent Legal 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 f, or "no" to question g, please explain on a separate piece of paper.

By signing this form, I (we) testify to the following:

- I (we) currently live or work in the San Juan Service area.
- I (we) have not filed bankruptcy in the past two years and any bankruptcy has been discharged at least 2 years prior to application.
- I (we) have not owned a home within the past three years (this does not include mobile homes).
- I (we) understand that I (we) will be required to save \$1,500 toward closing costs.
- I (we) understand the sweat-equity requirements as explained in the Online Applicant Orientation.
- I (we) understand that I (we) will be subjected to a credit history check.
- I (we) understand that I (we) will be subjected to a criminal background check and a sex offender registry check.

**13. 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 purchase a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or 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.

**14. DEMOGRAPHIC INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: **The purpose of collecting this information** is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one of more designation for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

<b>APPLICANT NAME:</b>	<b>CO-APPLICANT NAME:</b>
------------------------	---------------------------

**Ethnicity: Check one or more**

- Hispanic or Latino  
 Mexican       Puerto Rican       Cuban  
 Other Hispanic or Latino - *Print origin:* \_\_\_\_\_

*For example: Argentinian, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.*

- Not Hispanic or Latino  
 I do not wish to provide this information

**Sex**

- Female  
 Male  
 I do not wish to provide this information

**Race: Check one or more**

- American Indian or Alaska Native - *Print name of enrolled or principal tribe:* \_\_\_\_\_  
 Asian  
      Asian Indian       Chinese       Filipino  
      Japanese       Korean       Vietnamese  
 Other Asian - *Print race:* \_\_\_\_\_

*for example: Kmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

- Black or African American  
 Native Hawaiian or Other Pacific Islander  
      Native Hawaiian       Samoan       Guamanian or Chamorro  
 Other Pacific Islander - *Print race:* \_\_\_\_\_

*For example: Fijian, Tongan, and so on.*

- White  
 I do not wish to provide this information

**Ethnicity: Check one or more**

- Hispanic or Latino  
 Mexican       Puerto Rican       Cuban  
 Other Hispanic or Latino - *Print origin:* \_\_\_\_\_

*For example: Argentinian, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.*

- Not Hispanic or Latino  
 I do not wish to provide this information

**Sex**

- Female  
 Male  
 I do not wish to provide this information

**Race: Check one or more**

- American Indian or Alaska Native - *Print name of enrolled or principal tribe:* \_\_\_\_\_  
 Asian  
      Asian Indian       Chinese       Filipino  
      Japanese       Korean       Vietnamese  
 Other Asian - *Print race:* \_\_\_\_\_

*for example: Kmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

- Black or African American  
 Native Hawaiian or Other Pacific Islander  
      Native Hawaiian       Samoan       Guamanian or Chamorro  
 Other Pacific Islander - *Print race:* \_\_\_\_\_

*For example: Fijian, Tongan, and so on.*

- White  
 I do not wish to provide this information

**To be completed by Financial Institution (for application taken in person):**

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname?       NO       YES  
 Was the sex of the Borrower collected on the basis of visual observation or surname?       NO       YES  
 Was the race of the Borrower collected on the basis of visual observation or surname?       NO       YES

**The demographic information was provided through:**

- Face-to-Face interview (includes electronic media w/ video component)       Telephone Interview       Fax or mail       Email or Internet

## ADDITIONAL APPLICATION QUESTIONS

### Tax Returns

1. How does your name appear on your last 3 years of tax returns?

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

Co-borrower: \_\_\_\_\_

What names have you used in the past 7 years (maiden/former/alias other) \_\_\_\_\_

\_\_\_\_\_

2. What is the address on your most recently filed tax returns?

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

Co-borrower: \_\_\_\_\_

What addresses have you used in the past 7 years? Indicate B (borrower) or C (co-borrower)

\_\_\_\_\_

\_\_\_\_\_

3. How did you file on your last 3 years of tax returns?

Jointly

Separately

4. Did you write off un-reimbursed business expenses (Form 2106) on your last 3 years of tax returns?

Borrower:    Yes    No    Co-borrower:    Yes    No

5. Does your last year's tax return have any additional business income or loss other than what you have already disclosed (Sole Proprietorship, LLC Partnership, Sub Chapter or Corporation)?

Borrower:    Yes    No    Co-borrower:    Yes    No

If yes, explain: \_\_\_\_\_

### Employment

6. Do you have an ownership interest in your place of employment?

Borrower:    Yes    No    Co-Borrower:    Yes    No

If yes, indicate percentage of ownership: \_\_\_\_\_ %

7. Are you related to your employer?

Borrower: Yes No Co-borrower: Yes No

**Assets**

8. Do you have any other assets you have not disclosed on your application?

Borrower: Yes No Co-Borrower: Yes No

If yes, indicate: 401K Trust Funds  
IRA Valuable Personal Property  
Savings Mobile home

Other:(explain) \_\_\_\_\_

**Liabilities**

9. Do you have any loans or debts being deducted from your paycheck?

Borrower: Yes No Co-Borrower: Yes No

If yes, explain: \_\_\_\_\_

10. Have you acquired any new debt within the last 30 days?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_

11. Do you have any additional loans or debts not reported on your credit report?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_

**Real Estate**

12. Do you own vacant land or any other real estate property?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_



13. Do you own a timeshare?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_

14. Are you on title to any property with or without another person regardless of financial liability?  
(Trust, Partnership, LLC, Inheritance, etc.?)

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_

15. Have you co-signed on a mortgage?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_

**Signatures:**

Borrower \_\_\_\_\_

Date \_\_\_\_\_

Co-borrower \_\_\_\_\_

Date \_\_\_\_\_

## EMPLOYMENT VERIFICATION

### Agreement to Release Information

I, \_\_\_\_\_ authorize the release of the following information to Habitat for Humanity of the San Juans for use in determining eligibility for the Habitat for Humanity homeownership program.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

To whom it may concern:

The person named below is applying for housing through the Habitat for Humanity of the San Juans homeownership program. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Thank you for your assistance.

Sincerely,

Habitat for Humanity of the San Juans

### TO BE COMPLETED BY EMPLOYER ONLY

Company/Employer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

1. Employee's Current Position/Title: \_\_\_\_\_

2. Date Employment Began: \_\_\_\_\_

3. Current gross base pay

Amount: \$ \_\_\_\_\_ Annually: \$ \_\_\_\_\_ Per hour: \$ \_\_\_\_\_ Salaried? Yes No

4. Scheduled hours per week: \_\_\_\_\_

5. Earnings: Calendar year to date \$ \_\_\_\_\_ Last calendar year \$ \_\_\_\_\_

6. Does this person regularly receive overtime or bonuses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, average number of overtime hours per month: \_\_\_\_\_

If yes, bonus type, payment schedule and average amount: \_\_\_\_\_

7. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

Name of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_



## VERIFICATION OF DEPOSIT (one per bank)

**Regarding:**

Applicant Name: \_\_\_\_\_ Co-applicant name: \_\_\_\_\_

Applicant address: \_\_\_\_\_ City, state, ZIP: \_\_\_\_\_

I (we) authorize the release of the following information to Habitat for Humanity of the San Juans for use in determining eligibility for the Habitat for Humanity homeownership program.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_ Co-applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by bank representative only**

Account Type	Date opened	Current balance	Average balance (3 months)	Number of overdrafts	Dates of overdrafts
Checking		\$	\$		
Checking		\$	\$		
Savings		\$	\$		
Savings		\$	\$		
Money Market		\$	\$		
Other		\$	\$		

Loan type	Date opened	Loan balance	Scheduled monthly payments	Past-due balance
Home		\$	\$	
Other real estate		\$	\$	
Car		\$	\$	
Car		\$	\$	
Other		\$	\$	
Other		\$	\$	

Please include any additional information that might help us determine the creditworthiness of this applicant:

Name of Banking Institution: \_\_\_\_\_

Signature of Employee filling out form: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_



## AFFIDAVIT AND RELEASE OF INFORMATION

\*\*\* PLEASE READ CAREFULLY – INITIAL AND SIGN ON BACK \*\*\*

### **Fair Credit Reporting Act Disclosure and Authorization**

As an applicant for housing through Habitat for Humanity of the San Juans, you are a consumer with rights under the Fair Credit Reporting Act. For determining your qualification for this housing program, Habitat for Humanity of the San Juans may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you.

### **Disclosure Regarding Background Report**

Habitat for Humanity of the San Juans may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your program application. If you are selected, to the extent permitted by law, Habitat for Humanity of the San Juans may obtain from STERLING further reports without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

### **Authorization to Obtain Background Report**

I have read the Disclosure Regarding Background Report provided by Habitat for Humanity of the San Juans and this Authorization to Obtain Background Report. By my signature on the next page, and the subsequent SSA Release, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), of background reports regarding me and the release of such reports to Habitat for Humanity of the San Juans and its designated representatives, to assist Habitat for Humanity of the San Juans in making a decision involving me at any time after receipt of this authorization to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the COMPANY itself and authorize STERLING to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

## AFFIDAVIT AND RELEASE OF INFORMATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALING AND SIGNING

\_\_\_\_\_ I (we) acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

\_\_\_\_\_ I (we) authorize Habitat for Humanity of the San Juans to conduct a **CREDIT HISTORY CHECK** for both Applicant and Co-Applicant. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize Habitat for Humanity of the San Juans to conduct an extensive and thorough **BACKGROUND HISTORY CHECK** for every household member 18 and older. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize Habitat for Humanity of the San Juans to conduct a search on the **SEX OFFENDER REGISTRY** for every household member 18 years of age and older. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize any person, school, **CURRENT AND PAST EMPLOYERS, CURRENT AND PAST LANDLORDS, law enforcement authorities, and organizations** named in this application to provide and release any information and opinions concerning our background. I (we) release such persons and organizations from any legal liability for any damage whatsoever for making such statements.

\_\_\_\_\_ I (we) authorize Habitat for Humanity of the San Juans and/or any of its agents to verify and investigate any or all statements contained in this application.

\_\_\_\_\_ I (we) understand that this application does not create a contract for housing.

\_\_\_\_\_ I (we) further certify that I (we) have read and understand the instructions, conditions and other information provided in this document.

### Applicant Authorization

By signing below, I \_\_\_\_\_, hereby voluntarily agree to the statements above and authorize Habitat for Humanity of the San Juans to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Habitat for Humanity of the San Juans. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Co-Applicant (or household member 18 or older) Authorization

By signing below, I \_\_\_\_\_, hereby voluntarily agree to the statements above and authorize Habitat for Humanity of the San Juans to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Habitat for Humanity of the San Juans. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please copy and fill out this form for any additional household members 18 years of age and older.)



### Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service
- Background Check
- Credit Check
- Banking Service
- License Requirement
- Other

with the following company ("the Company"):

Company Name: STERLING INFOSYSTEMS, INC.

Company Address: 1 State St. New York, NY 10004

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Sterling Info System Inc 1 State St. New York, NY 1004

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for N/A days from the date signed. N/A (Please initial.)

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Privacy Act Statement**

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U. S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

TEAR OFF

**NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>

## 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 FTC Regional Office for the Western region, Los Angeles, California 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(s):

X \_\_\_\_\_ X \_\_\_\_\_

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

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

