



Successful Partnerships are built on Honesty, Mutual Respect and a Willing Attitude

HOMEOWNERSHIP PROGRAM REQUIREMENTS

We appreciate your interest in Habitat's homeownership program. Please review the information below and if you believe you meet the guidelines, please complete and submit the application and required paperwork to: Anne Plott 815 Court Street Charleston, WV 25301. Office hours are 9 am to 5 pm Monday through Friday if it more convenient for you to bring it in. If you have questions concerning the application process, please call Anne at 304-720-0141 ext. 12 or email aplott@hfhkp.org.

___I/We meet the monthly income guidelines based on the number of people in the household.

	Receive at	But not more
# in HH	Least	than
1	1,292	2,352
2	1,344	2,688
3	1,512	3,024
4	1,680	3,360
5	1,814	3,629
6	1,949	3,898
7	2,083	4,165
8+	2,218	4,435

I/We have lived in Kanawha or Putnam County for at least 3 months prior to application date.
I/We have not filed bankruptcy in the past 2 years and are responsible about paying bills.
I/We understand there is a down payment requirement. This can be paid in installments or a lump sum.
I/We understand Sweat Equity requirements and am/are willing to partner with Habitat to complete a minimum of 250 hours for each adult that will be living in the house.
I/We understand the I/We are applying for the Homeownership Program with Habitat. I/We understand the purpose of this program is to earn the opportunity to purchase a house. I/We understand that this mortgage like other mortgages requires an on time monthly payment.





When a partnership is established between a family and Habitat for Humanity, close cooperation by both parties with rights and responsibilities on each side is a requirement. Successful partnerships are built on *Honesty, Mutual Respect* and a *Willing Attitude*. Below you will find the requirements of that partnership if you are approved during our selection process.

Partnership Requirements

Completion of at least 250 hours of Sweat Equity for **each adult** that will be living in the house. The required Sweat Equity hours consist of:

- Complete Master Homeowner Education Program: This is designed to teach, inform and
 empower participants to become proud, property-owning members of their community.
 These classes give the future homeowner the knowledge and understanding required to
 maintain the house inside and out, keep it healthy and secure and how important good
 neighborhood relations are. Financial, legal and insurance needs and responsibilities are
 included in this program.
- Complete Dave Ramsey's Financial Peace University: This is a 9 week course that is held in the evenings. The cost is \$75.00 for the course materials.
- Working on the construction site. Helping build a partner family house and working on your house once construction begins on it.
- Working in ReStore 301 Piedmont Rd. Charleston, WV 25301
- Attend Partner Family Orientation
- Down Payment: May be paid in lump sum or installments.

DOCUMENT CHECKLIST FOR HABITAT HOMEOWNER APPLICATION 11-2015

Yes/No			
Tes/NO	Drivers License or Photo ID for Applicant		EQUAL HOUSING
	& Co-Applicant	DMV: 304-558-3900 or 1-800-642-9066	OPPORTUNITY
		Soc Security Office 500 Quarrier St. Suite 300 Charleston, WV 25301 304-347-5217 or 1-800-772-1213	
	Paystubs for last 3 months	12 stubs if you are paid every week. 6 stubs if you are paid every two weeks. 3 stubs if you are paid once a month.	Your Human Resources Department can provide these for you.
	Award Letter for Social Security/SSI/Disability	1-800-772-1213	
		Kanawha County DHHR 4190 Washington St. Chas., WV 25313 304-746-2360 or 1-800-642-2360	Putnam County DHHR 3405 Winfield Rd. Winfield, WV 25213 304-586-1520 or 1-800-642-8589
	Statement showing child support that you receive or must pay (divorce decree or court papers)	DHHR Child Support 231 Capitol St. Village Place Suite 111 Chas., WV 25301 304-347-8688 or 1-800-249-3778	
	Divorce Decree	Kanawh County Court House 407 Virginia St. Chas., WV 25301 304-357-0100	Putnam County Court House 3389 Winfield Rd. Winfield, WV 25213 304-586-0203
	Last 2 month's bank statements	Checking and/or Savings States how much & when you pay	Your local branch can print these for you.
	Statement of Day Care Costs	3 months of paid receipts	Ask your provider for copies.
	Rent Payment History Utility Payment History		Ask your landlord if you don't have receipts. Call provider& they will mail the statement to you or they can fax to us 304-720-4352.
	Cable/Dish/Satellite/Cell Phone/Land Line		
	Insurance (car, rent, home)		
	Credit Card(s)		
	Loans: Rent-to-Own, Personal		
	Student Loans		
	Most Recent Tax Return	IRS: 1-800-829-4477	Contact your tax preparer





Application for Housing

815 Court Street Charleston WV 25301 Ph: 304-720-0141 ext. 12 Fax: 304-720-4352

Dear Applicant: We need you complete this application to determine if you qualify for a Humanity home. Please complete this application as thoroughly and accurately as possible. All information you provide on this application will be kept confidential. Your application and all supporting documentation you provide will become the property of Habitat for Humanity of Kanawha and Putnam, therefore we ask that you please provide us copies and not original documents.

		•	I. Applicant Inf	ormati	on			
Last Name	First Name	M.I.	Social Security Nun	nber	Date of Birth	Home Phone	!	
						Cell Phone		
Married ☐ Single ☐	Separated	Driver's Li	cense Number:	Email:				
Are you a US Citizen?	Yes No							
Present Address				City		State	Zip Co	ode
Rent ☐ Own ☐ How	ı long have you liv	red at your p	resent address?					
Previous Address				City		State	Zip Co	ode
Rent ☐ Own ☐ How for the past five (5) year	o long did you live s. If you require	additional	space, please record	d info on	a separate piece of pa	se provide you aper and attach	r housing to applica	info ation.
Last Name	First Name	M.I.	Co-Applicant I Social Security Nun		Date of Birth	Home Phone		
Lastivame	FIISUNAINE	IVI.I.	Social Security Num	ibei	Date of Birth	Cell Phone		
Married ☐ Single ☐	Sonarated \square	Drivor's Lic	ense Number:	Email:		Cell Filone		
	·	DIIVOI 3 LIC	ense Number.	Linaii.				
Are you a US Citizen? Present Address	res NO			City		State	Zip Co	nde.
1 1036/11 / Ida 1033				ony		Oldio	Zip ot	54 0
Rent Own How	long have you liv	ed at prese	nt address?					
Previous Address				City		State	Zip Co	ode
Rent Own How long did you live at your previous address? Please provide your housing info for the past five (5) years. If you require additional space, please record info on a separate piece of paper and attach to application.								
-	endents of	Applican	t/Co-Applicant		Will Reside in Fa	mily Home		
Name of Dependents				Date	of Birth	M	ale Fem	nale
							Ш	Ш
If you have additional d	ependents and v	ou require	additional space, pl	ease reco	ord your information o	on a separate p	iece of pa	per.

Name and Address of Current	Employer			Business Phone	
Date of Hire	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business	5	
Job Title or Description:					
If you have been emplo	yed at your current job less that	n one year, please provide	your previous em	ployment information	
Name and Address of Previous	s Employer			Business Phone	
Employed From: To:	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business	3	
Job Title or Description:					
Name and Address of Current	Employer			Business Phone	
Date of Hire	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business	5	
Job Title or Description:			•		
If you have been emplo	yed at your current job less that	n one year, please provide	your previous em	nployment information	
Name and Address of Previous	s Employer			Business Phone	
Employed From:	Hourly Wage / Hours per Week	Average Monthly Income	Type of Business	5	
To:					
Job Title or Description:					
Have you ever owned a home	before? Yes ☐ No ☐ If ye	s, why do you no longer own	it?		
Dates of Ownership: to to					
Do you owi hand? Yes 🔲 K	io 🔝 ii yes, piease describe, irici	ude location:			
Land monthly loan payment: \$ Total unpaid loan balance on land: \$					
Have you ever applied for a Habitat Home before? Yes ☐ No ☐ If yes, when?					
How did you hear about Habitat for Humanity?					

If you have lived at your current address for less than one year, please provide the contact information to					
Other rooms in the home in which you are currently living: Kitchen					
Kitchen Bathroom Living Room Dining Room Family Room Finished Basement Other Rooms If you rent your residence, what is your monthly rent payment? Please provide the contact information for your current landlord in the space provided below: Landlord Name Address Ph If you have lived at your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than one year, please provide the contact information for your current address for less than your current addr					
□ Dther Rooms If you rent your residence, what is your monthly rent payment? Please provide the contact information for your <i>current landlord</i> in the space provided below: Landlord Name Address Ph If you have lived at your current address for less than one year, please provide the contact information to the provided below:	ıt ☐ Finished Attic				
Please provide the contact information for your <i>current landlord</i> in the space provided below: Landlord Name Address Ph If you have lived at your current address for less than one year, please provide the contact information of the space provide the space provide the contact information of the space provide the space pro	_				
Landlord Name Address Ph If you have lived at your current address for less than one year, please provide the contact information to					
If you have lived at your current address for less than one year, please provide the contact information to					
	none				
Previous Landlord Name Address Ph	for your previous landlord:				
	none				
In the space below, please describe your current housing situation and/or house condition. Why do you feel you	u need a Habitat Home?				
To be considered for a Habitat home, you and your family must be willing to be a long-term partne Being a long term partner means completing all partner requirements during the construction of homeowner and neighbor once you move into your home, and continuing to support the Habita after your home is built.					
During the partner phase of your relationship with Habitat all adults that will be living in the house minimum number of "sweat-equity" hours. "Sweat equity" is earned by completing the Master Homeowr build the house of other partner families, help build your house or work in ReStore. (If you or a fan disability, Habitat will work with you to help you successfully complete your required "sweat equity" hou	ner Education Program, help mily member has a physical				
Please sign below indicating that you and your family are willing to partner with Habitat for Hi being built and after construction, for as long as you own your Habitat home. By signing below you are willing to complete all "sweat equity" requirement.					
Applicant Date Co-Applicant	Date				

9. Combined Monthly Expenses and Debt					
Monthly Expenses	Name	of Creditor	Monthly Payment	Current Balance	Past Due?
Misc. Household Expenses					
House Rent					
Gas / Electric					
Trash / Water / Sewer					
Cable / Satellite TV / Internet					
Telephone					
Furniture					
Groceries					
Loans					
Automonths remaining					
Studentmonths remaining					
Personalmonths remaining					
Medical / Dental					
Doctor					
Hospital					
Dental					
Prescriptions					
Insurance					
Renter's					
Auto					
Medical / Health					
Dental					
Life					
Misc. Personal Care					
Cell Phones					
Hair Care / Salon Services					
Clothing					
Entertainment					
Ex-Family Expenses					
Child Support					
Alimony					
Other Expenses					
Car Repair					
Car Gas					
Credit Card:					
Credit Card:					
Children's School Expenses					
Childcare					
Other:					
Total Monthly Expenses	\$				

	10. Monthly Income—	-Applicant/Co-Applicant	
Monthly Income Source	Applicant Income	Co-Applicant Income	Others in Household Income
Base Employment Income			
Second Job Income			
AFDC / TANF			
Food Stamps			
Social Security (SSA)			
Social Security (SSI)			
Disability			
Alimony			
Child Support			
Other:			
Other:			
		Combined Monthly Income	\$
Are there additional members of yo Name	ur household over the age of 18 w Age	who are earning income? If Name	yes, please list below: Age
	11. /	Assets	
Please list all Checking and Savi	ngs Accounts below:		
Name and Address of Bank, Savinç	gs & Loan or Credit Union	Name and Address of Bank, Savin	gs & Loan or Credit Union
Account Number:	Balance: \$	Account Number:	Balance: \$
Name and Address of Bank, Savinç	gs & Loan or Credit Union	Name and Address of Bank, Savin	gs & Loan or Credit Union
Account Number:	Balance: \$	Account Number:	Balance: \$
Please list all other monetary ass	sets below, including Money Ma	rket Accounts, CD's, Stocks, Savir	ngs Bonds, etc.:
Source	Value	Source	Value

f you are approved for a Habitat hom	e, how will you get the money to pay for these co ney? How and when do you plan to pay the mor	sts? If you plan on borrowing the money to pay the nev back?
	13. Declarations	
 d. Are you a co-signer on another note e. Are there any outstanding judgment d. Have you declared bankruptcy in the g. Have you had any property foreclos d. Have you had anything repossesse 	t decision against you? efault on any federal debt or any other loan? ?? s against you? e past seven years? ed upon in the past seven years? d within the past seven years? ced into collections in the past three years? elony?	Applicant Co-Applicant Yes No Yes No
r you nave answered <i>yes</i> to any ques	ions "a" thru "k", please provide a detailed explar	nation delow:
	14. Affirmation Statemen	nt
Putnam to evaluate my actual of homeownership and my/out personal home visits, a credit capplication truthfully. I/We undernay be denied, and that ever	need for a Habitat home, my ability to re willingness to be a partner family. I use check, and employment verification. I/We erstand that if I/We have not answered in if I/We have already been selected The original or a copy of this application	ing Habitat for Humanity of Kanawha arepay a no-interest loan and other expense understand that the evaluation will include have answered all the questions on the questions truthfully, my/our application to receive a Habitat home, I/We may be no will be retained by Habitat for Humanic decumentation I/We have submitted along the submitted along
even if the application is not apwith this application. I/We also understand that Haapplicant families on the sex		ner paid or unpaid), board members ar ig this application, I/We am/are submittir



Habitat for Humanity Kanawha and Putnam 815 Court Street Charleston, WV 25301 (304) 720-0141

PRIVACY POLICY AND PRACTICES

We at Habitat for Humanity Kanawha and Putnam. (HFHKP) value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of **non-public personal information**. When you do business with HFHKP, you're asked to provide a variety of personal information. This information is important because it helps HFHKP get a better picture of your needs, provide better service, and complete your transaction more effectively.

Non-public personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. This includes personal financial information such as credit history from a credit reporting agency, income, employment history, financial assets, bank account information and financial debts. It also includes your Social Security number and other information that you have provided to HFHKP on any applications or forms that you have completed.

Non-public personal information does not include information that is available from public sources, such as government records, telephone directories, or real estate records. If we receive Non-public personal information from a nonaffiliated third party, we may disclose and use information in the ordinary course of business to carry out the purpose for which received.

HFHKP takes every measure to safeguard the information you give us or we receive. HFHKP values the customer relationship that we have with you. We have no intention of selling that personal information to third-party businesses.

Information HFHKP collects:

- Information that we receive from you on loan applications and other forms;
- Information about your transactions with us, our member organizations, or others;
- Information we receive from a consumer reporting agency

Information HFHKP shares with our member organizations about existing and former customers:

We may disclose the following information to companies that perform housing counseling and loan origination services on our behalf:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets and income; and
- Information about your transactions with us such as your account balance and payment history
- HFHKP may disclose personal information about you to nonaffiliated third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, HFHKP will give you an opportunity to direct that such information not be disclosed. See the **Privacy Choices Form** included with this notice.

Information HFHKP shares with our funders:

- Information we receive from you on applications or other forms, such as income, demographics, property information, financing and counseling information
- HFHKP may disclose personal information about you to nonaffiliated third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, HFHKP will give you an opportunity to direct that such information not be disclosed. See the **Privacy Choices Form** included with this notice.

Confidentiality and Security

HFHKP restricts access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans and making loan decisions. We maintain physical, electronic and procedural safeguards to protect the confidentiality of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication software to protect your information. Our safeguards comply with federal standards to guard your **non-public personal information**. We do not share account numbers or similar account access numbers for marketing purposes.

PRIVACY CHOICES FORM

Borrower: Borrower: Address: City, State, Zip Code:	
· · · · · · · · · · · · · · · · · · ·	rmation about you to unaffiliated third parties, you may opt out of those isclose such information (except as permitted by law).
•	KP not to make disclosures about your non-public personal ed by law) as described in this notice, check the appropriate
1 I direct HFHKP not to share no parties, except as provided in this Privac	n-public personal information about me with nonaffiliated third y Policy.
2 I direct HFHKP not to share non-provided in this Privacy Policy.	public personal information about me with its Affiliates, except as
Borrower:	Social Security Number:
Borrower:	Social Security Number:
Current Street Address:	
City/State/Zip Code:	
Home Telephone Number:	
Habitat for Hu	ns above, please mail this form in a stamped envelope to: umanity Kanawha and Putnam 815 Court Street arleston, WV 25301 (304) 720-0141

Please allow approximately 30 days from HFHKP's receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instruction will remain in effect until you request a written change. HFHKP will allow up to 30 days for you to exercise your right to opt out before we can share your information with nonaffiliated third parties.

Home Affordable Modification Program Government Monitoring Data Form

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER		CO-BORROWER		
☐ I do not wish to furnish this inform	ation	☐ I do not wish to	o furnish this information	
Ethnicity: Hispanic or Latino Not Hispanic or Latino		Ethnicity: Hispanic or Latino Not Hispanic or Latino		
Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White		Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White		
Sex: Female Male		Sex: Female Male		
To be complete	ed by Servicers		Name/Address of Interviewer's Employer	
This request was taken by: ☐ Face-to-face interview ☐ Mail	Servicer/Interview type) & ID Numbe	er's Name (print or r	Habitat for Humanity of Kanawha & Putnam	
Telephone Internet	Servicer/Interview	er's Signature	815 Court Street Charleston, WV 25301	
	Servicer/Interviewer's Phone Number (include area code) 304-720-0141			
Loan Number:	Servicer/Interviewer's Fax Number (include area code) 304-720-4352		Servicer/Interviewer's email address	