



Scott/Bourbon Counties Habitat for Humanity
 111 N. Hamilton St, Suite 1-D
 Georgetown, KY 40324
 Phone: (502) 868-1050
www.scottcountyhabitat.org



"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 is an Equal Housing Opportunity."

Homeownership Program Eligibility & Pre-Qualification

Date Received: _____
 (Office Use Only)

Dear Program Candidate: Please complete this pre-qualification form to determine if you are eligible to participate in the Scott/Bourbon Counties Habitat for Humanity homeownership program. All information you include on this form will remain confidential in accordance with the Gramm-Leach-Bliley Act. All sections of this form must be filled out completely and accurately. Please allow 2-4 weeks for processing.

SELECTION CANDIDATE INFORMATION

How did you learn about the Scott/Bourbon Counties Habitat homeownership program?

Candidate's Name: _____ Nickname: _____
Last First MI

Current Address: _____ (_____) _____
Street Address Apt # City Zip Code County

How long have you lived at this address? _____ (Months/Years)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Marital Status: Married *Separated Unmarried (single, *divorced or widowed)

*Legal documentation of marital status will be required in order to complete qualification process

Phone: Home/Cell: _____ Work: _____ E-mail: _____

How long have you lived or worked in Scott or Bourbon County? _____ (Months/Years)

Employer/Major Income Source: _____ Employment Start Date: ____/____/____

Hourly Wage: \$ _____ # hours worked per week: _____ Total Annual (gross) income: \$ _____

Other Annual Income: \$ _____ SSI/Disability Child Support Social Security Other

If you have been employed by your current employer less than one year, please provide two years of employment history. You may use an additional sheet of paper, if needed.

Start date	End date	Employer	Hours/week	Hourly wage
____/____/____	Currently employed			
____/____/____	____/____/____			
____/____/____	____/____/____			

RESIDENT INFORMATION

Number of Adults (18 and over) to occupy the Home: _____ **Number of Children** (17 and younger) to occupy the Home: _____

Dependents: *please list all other individuals who live in your home*

NAME	GENDER	SOCIAL SECURITY #	DOB / AGE (write both)	RELATIONSHIP

NEED FOR HOUSING

How long have you lived at your current residence? (Month, year) _____

Are you currently residing in subsidized housing? YES NO

Do you currently live with relatives or friends? YES NO

How much rent do you pay monthly? \$ _____ Current Landlord/Property Manager: _____

Address: _____

City State Zip Code

Fax #: _____

Is the cost of utilities included in your rent?..... YES NO

Does the amount of monthly rent change when your income changes?..... YES NO

Do you have central heating and or air?..... YES NO

Do you feel safe in your current housing?..... YES NO

Is your plumbing in need of repair?..... YES NO

Do you have electrical problems?..... YES NO

Are there any structural problems?..... YES NO

Is maintenance/management responsive to your repair requests?..... YES NO

How many bedrooms do you have?: _____ How many bathrooms do you have?: _____

Tell us why you believe you need a Habitat for Humanity home. *Please feel free to use an additional sheet of paper if needed.*

ABILITY TO PAY

DEBTS				
	Monthly Payment Amount	Interest Rate	Balance on Account	# of Months until Paid
Car Payment	\$ <input style="width: 80%;" type="text"/>		\$ <input style="width: 80%;" type="text"/>	
Student Loans	\$ <input style="width: 80%;" type="text"/>		\$ <input style="width: 80%;" type="text"/>	
Credit Card(s)	\$ <input style="width: 80%;" type="text"/>		\$ <input style="width: 80%;" type="text"/>	
Other _____	\$ <input style="width: 80%;" type="text"/>		\$ <input style="width: 80%;" type="text"/>	

MONTHLY HOUSEHOLD INCOME

Gross Monthly Income Source	Candidate	Co-Candidate	Others in Household	Total
Salary/Wages	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TANF	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alimony	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Child Support	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Social Security	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SSI	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Retirement/Pension	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Disability	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other _____	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**** Please Note:** Self-employed candidates will be asked to provide additional documentation such as tax returns and financial statements

ESTIMATED MONTHLY EXPENSES

	Candidate	Co-Candidate
Rent	\$ <input type="text"/>	\$ <input type="text"/>
Utilities	\$ <input type="text"/>	\$ <input type="text"/>
Insurance	\$ <input type="text"/>	\$ <input type="text"/>
Child Care	\$ <input type="text"/>	\$ <input type="text"/>
Telephone	\$ <input type="text"/>	\$ <input type="text"/>
Internet/Cable	\$ <input type="text"/>	\$ <input type="text"/>
Groceries	\$ <input type="text"/>	\$ <input type="text"/>
Gasoline	\$ <input type="text"/>	\$ <input type="text"/>
Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Savings Deposits	\$ <input type="text"/>	\$ <input type="text"/>
Church/Charity	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

Is there anything else you would like Scott/Bourbon Counties Habitat for Humanity to know about you and your family? Please include any physical or mental limitations, special needs or accommodations required for your family.

You may use an additional sheet of paper if needed.

WILLINGNESS TO PARTNER

To be considered for Habitat for Humanity homeownership, you and your family must be willing to complete a certain number of "sweat equity" hours. "Sweat Equity" is helping build your home and the homes of others and may include clearing the lot and helping with construction, as well as working in the Habitat office, attending classes, or other approved community service activities. Please read each question below and answer truthfully. Co-candidates and spouses must also answer.

	Candidate	Candidate	Co-Candidate	Co-Candidate
Scott/Bourbon Counties Habitat for Humanity is a drug-free organization and I am willing to keep all family members in my home drug-free.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to earn at least 250 "sweat equity" hours.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to work in partnership with Habitat staff and volunteers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to participate in all required homeownership education classes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to accept a home in the areas where Habitat is building, and understand that while my location preferences are considered, they cannot be guaranteed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am willing to provide all documents and information within 7 days of request in order to ensure my file is complete.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please read the following statements carefully. Your signature on page 7 indicates that you understand and agree to the terms outlined below:

I understand that by submitting this eligibility & pre-qualification form, I am authorizing Scott/Bourbon Counties Habitat for Humanity to continually evaluate my actual need for a Habitat for Humanity home, my ability to repay the loan and manage other expenses of homeownership, and my willingness to be a partner family throughout my participation in the program.

I understand that the evaluation of my participation will include credit checks, background checks, sex offender registry screenings, employment verifications, landlord references, a financial assessment, personal references and a home visit. My submission of this eligibility form is for program qualification purposes only, and my selection as a partner family is not guaranteed, but contingent upon successful completion of the program and all of its requirements as well as pre-approval for financing. I understand that completion of this form in no way guarantees that I will receive housing through the Scott/Bourbon Counties Habitat for Humanity homeownership program.

(continued)

I certify that all of the information provided in this eligibility & pre-qualification form is accurate and truthful. I understand that providing false or misleading information to Habitat is grounds for rejection of my participation in the program and future assistance with affordable housing through Habitat for Humanity.

I understand that I must notify Habitat immediately of any changes in my information, including but not limited to telephone number, address, employment, and the persons to occupy the home. Failure to do so may be grounds for rejection of my participation in the program and future assistance with affordable housing through Habitat for Humanity.

I understand that this pre-qualification form and all documents received by Habitat becomes the sole property of Scott/Bourbon Counties Habitat for Humanity, even if I am deemed ineligible or disqualified from the program.

Signature of Candidate

Date

Signature of Co-Candidate

Date

AUTHORIZATION AND RELEASE OF INFORMATION

I understand that by completing this qualification form, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to replay the mortgage loan offered to me and any other expenses related to homeownership including maintenance and repair, as well as my willingness to be a partner through sweat equity. I understand that the evaluation will include a personal interview, home visit, pre-approval for financing, a credit check, a background check, and a sex offender registry screening.

I have answered all the questions on this form truthfully and understand that my participation will be denied and I will be disqualified from the program if I have provided any false or misleading information, even if I have already been approved to receive a Habitat home. The original or a copy of this form will be retained by Habitat for Humanity even if I am deemed ineligible for the program.

By completing this form and signing below, I am also submitting myself to such inquiries listed above.

Signature of Candidate

Date

Signature of Co-Candidate

Date

Mail or drop-off completed form to:

Scott/Bourbon Counties Habitat for Humanity
111 N. Hamilton St, Suite 1-D
Georgetown, KY 40324

Email completed form to schfh@scottcountyhabitat.org

THIS PAGE IS INTENTIONALLY LEFT BLANK

HOMEOWNER APPLICANT VOLUNTARY INFORMATION FORM

SCOTT/BOURBON COUNTIES HABITAT FOR HUMANITY

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 the 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 not furnish it. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

APPLICANT

Race/national origin:

- I do not wish to furnish this information.
- American Indian or Alaskan Native
- Asian
- White
- Native Hawaiian/Pacific Islander
- Black or African American
- American Indian or Alaskan Native and White
- Asian and White
- Black or African American and White
- American Indian/Alaskan Native and Black/African American
- Other/Multiracial (specify)_____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Sex:

- Female
- Male

TO BE COMPLETED BY THE AFFILIATE:

This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	Received by (print or type name)

	_____ Signature Date

Note to affiliate: Once the homebuyer applicant submits an application form, an affiliate representative not involved in the homeowner selection must detach this sheet from the application form and keep it in a separate file to which no one involved in the homeowner selection process has access.