

103 N. Court St. 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	<b>Program</b>
Eligibility &	
<b>Pre-Qualification</b>	

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:			Nicknar	me:	
Last	Fi	irst	MI		
Current Address:			(	)	
Street Ad	ldress A	Apt # City	Zip Co	de County	
How long have you lived at	this address?	(Months/Years)			
Social Security Number:		Date of Birth:			
Marital Status:	larried □ *Separated	☐ Unmarried (single,	*divorced or widowed)		
•	*Legal documentation of mar	ital status will be require	d in order to complete qualifica	ation process	
Phone: Home/Cell:	Work:		_ E-mail :		<u>-</u>
How long have you lived or	worked in Scott or Bourbo	on County?	(Months	s/Years)	
Employer/Major Income So	ource:		Employment Star	t Date:/_	
Hourly Wage: \$ # hours worked per week: Total Annual (gross) income: \$					
Other Annual Income: \$ SSI/Disability \( \Boxed{\text{Child Support}} \( \Boxed{\text{Social Security}} \( \Boxed{\text{Child Support}} \( \Boxed{\text{Child Support}} \)					
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				0-

Please explain any gaps	s in employment over	the last two ye	ears. You may use	e an additional s	heet of pap	er, if needed.	
		CO-CANDIDA	ATE/SPOUSE IN	FORMATION			
Candidate's Name: La:		First			Nic	kname:	
Current Address:	t Address	Apt #		City	_(	)	ounty
		•		City	Zip Co	ue C	ounty
How long have you live	d at this address?	(	(Months/Years)				
Social Security Number	:	Date o	of Birth:/	/			
Marital Status: 🗆 Ma					1161		
	egal documentation of r						
What is your relationsh	nip to the primary cand	didate? 🗌 S	Spouse/Life Partr	ner 🗌 Parent	☐ Othe	r	
Phone: Home/Cell:	Wo	ork:		E-mail :			
How long have you live	d or worked in Scott o	r Bourbon Cou	ınty?		(Months	s/Years)	
Employer/Major Incom	ie Source:			Employme	ent Start Da	ite:/	/
Hourly Wage: \$	# of Houi	rs worked per v	week:	Total Annua	al (gross) in	come: \$	
Other Annual Income: 9	\$SSI/Disa	bility 🗌 Chile	d Support 🗆 S	ocial Security $\Box$	l Other □	]	
	,	<b>,</b> —		, —			
If you have been emplo		mployer less th	han one year, ple	ease provide two	years of e	mployment hist	ory. You may us
an additional sheet of p Start date	End date	Empl	lawau			Hours/week	Hourly wage
/ /	Currently employ		loyer			Hours/ week	Hourry wage
	/ /						
	_						
Please explain any gaps	s in employment over	the last two ye	ars. You may use	an additional s	heet of pap	er, if needed.	
_							

# **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 DOB / AGE (write both) GENDER **SOCIAL SECURITY # RELATIONSHIP NEED FOR HOUSING** How long have you lived at your current residence? (Month, year) \_\_\_\_ Are you currently residing in subsidized housing? ☐ YES Do you currently live with relatives or friends? ☐ YES $\square$ NO How much rent do you pay monthly? \$ Current Landlord/Property Manager: Address: Zip Code City State Fax #: Is the cost of utilities included in your rent?.... $\square$ NO Does the amount of monthly rent change when your income changes?..... $\square$ NO

Do you have central heating and or air?.....

Do you feel safe in your current housing?.....

Is maintenance/management responsive to your repair requests?.....

Do you have electrical problems?....

Are there any structural problems?....

How many bedrooms do you have?: \_\_\_\_\_ How many bathrooms do you have?: \_\_\_\_\_

## **ABILITY TO PAY**

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

 $\square$  NO

 $\square$  NO

 $\square$  NO

 $\square$  NO

 $\square$  NO

 $\square$  NO

☐ YES

☐ YES

DEBTS				
	Monthly Payment Amount	Interest Rate	Balance on Account	# of Months until Paid
Car Payment	\$		\$	
Student Loans	\$		\$	
Credit Card(s)	\$		\$	
Other	\$		\$	

MONTHLY HOUSEHOLD INCOME				
Gross <u>Monthly</u> Income Source	Candidate	Co-Candidate	Others in Household	Total
Salary/Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

<sup>\*\*</sup> 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	\$	\$		
Utilities	\$	\$		
Insurance	\$	\$		
Child Care	\$	\$		
Telephone	\$	\$		
Internet/Cable	\$	\$		
Groceries	\$	\$		
Gasoline	\$	\$		
Clothing	\$	\$		
Savings Deposits	\$	\$		
Church/Charity	\$	\$		
Total	\$	\$		

	Financ	ial Institution Name, City		Currer	nt Balance
Checking				\$	
Savings				\$	
Credit Union				\$	
Other					
				\$	
Other				\$	
Total				\$	
	DECL	ARATIONS Candidate		Co-Can	didate
1. Are you a US citizen or pe	ermanent resident?	☐ YES ☐ I	NO	☐ YES	
2. Do you have any outstan because of a court deci	ding judgments or liens	☐ YES ☐ I	NO	☐ YES	□NO
3. Have you declared bankr	uptcy within the last 2 years?	☐ YES ☐ I	NO	☐ YES	□NO
4. Are you a co-signer on ar	ny loans?	☐ YES ☐ I	NO	☐ YES	□NO
5. Have you ever applied fo	r a mortgage?	☐ YES ☐ I	NO	☐ YES	□NO
6. Have you ever owned a h	nome?	☐ YES ☐ I	NO	☐ YES	□NO
7. Have you had a home or in the past 2 years?	property foreclosed on	☐ YES ☐ I	NO	☐ YES	□ NO
8. Are you currently involved in any lawsuit?		☐ YES ☐ I	NO	☐ YES	$\square$ NO
9. Are you paying alimony of	or child support?	☐ YES ☐ I	NO	☐ YES	□NO
10. Have you ever served in	n the Armed Forces?	☐ YES ☐ I	NO	☐ YES	□ NO
11. Have you ever been arrested, cited, charged or been placed on probation for any criminal violation? ☐ YES ☐ NO ☐ YES			$\square$ NO		
If you answered "yes" to any question 2-11 above, please explain briefly below:					
	INCOME CE	RTIFICATION			
I HEREBY CERTIFY that the information I have given about my income and assets is correct. I further consent to release of information required or requested by Department of Family Services.					
Candidate Signature	Date	Co-Candidate Signature			Date
DECLARATION OF CITIZENSHIP  I HEREBY CERTIFY that I am a citizen or permanent resident of the United States of America.					
Candidate Signature	Date	Co-Candidate Signature			Date

**ASSETS** 

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.

	Candio	late	Co-Candi	date
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.	☐ YES	□NO	☐ YES	□NO
I am willing to earn at least 250 "sweat equity" hours.	☐ YES	□NO	☐ YES	□NO
I am willing to work in partnership with Habitat staff and volunteers.	☐ YES	□NO	☐ YES	□NO
I am willing to participate in all required homeownership education classes.	☐ YES	$\square$ NO	☐ YES	□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.	☐ YES	□NO	☐ YES	□NO
I am willing to provide all documents and information within 7 days of request in order to ensure my file is complete.	☐ YES	□NO	☐ YES	□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 receive Counties Habitat for Humanity, even if I am deemed ineligible or disqu	
Signature of Candidate	 Date
Signature of Candidate	Date
Signature of Co-Candidate	Date
AUTHORIZATION AND RELEAS	E OF INFORMATION
I understand that by completing this qualification form, I am authorizing Habitat homeownership program, my ability to replay the mortgage los homeownership including maintenance and repair, as well as my willing that the evaluation will include a personal interview, home visit, pre-again sex offender registry screening.	oan offered to me and any other expenses related to ngness to be a partner through sweat equity. I understand
I have answered all the questions on this form truthfully and understand disqualified from the program if I have provided any false or misleadin a Habitat home. The original or a copy of this form will be retained by program.	g information, even if I have already been approved to receive
By completing this form and signing below, I am also submitting mysel	f to such inquiries listed above.
Signature of Candidate	Date

Date

Mail or drop-off completed form to:

Scott/Bourbon Counties Habitat for Humanity 103 N. Court St. Georgetown, KY 40324

Email completed form to <a href="mailto:schfh@scottcountyhabitat.org">schfh@scottcountyhabitat.org</a>

**Signature of Co-Candidate** 

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## 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	n this information.	
□ American Indian or Ala	askan Native	
□Asian		
□White		
□ Native Hawaiian/Pacifi	ic Islander	
□Black or African Ameri	ican	
□ American Indian or Ala	askan Native and White	
☐ Asian and White		
□Black or African Ameri	can and White	
□ American Indian/Alask	an Native and Black/African American	
☐ Other/Multiracial (spec	cify)	
Ethnicity:		
☐Hispanic or Latino		
☐ Not Hispanic or Latino		
_		
Sex:		
□ Female		
□Male		
TO BE COMPLETED BY THE	AFFILIATE:	
This application was taken by:	Received by (print or type name)	
☐ Face-to-face interview		
□Mail		
□Telephone	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.