

**Please fill out entire application, leaving no blanks.**

**If there are any blank spaces the application will be returned to you.**

**After completion of application you can:**

**Mail to P.O. Box 789 Newport, NC 28570 or**

**Hand deliver to 5898 Hwy 70W Newport**

**There is an after hour drop box located to the left of the office door.**

**Please be patient.**

**The committee only meets once a month.**

**Someone will contact you regarding your application.**



Corporate Office: P.O. Box 789, Newport, NC 28570  
 Jacksonville ReStore: 1200 Gum Branch Rd. Newport ReStore: 5898 Hwy70W  
 Ph: 252-223-2111 ~ Fax: 252-223-6111 ~ www.crystalcoasthabitat.org

**INFORMATION ON HOMEOWNERSHIP**

Attached is an application for homeownership through Crystal Coast Habitat for Humanity, Habitat for Humanity is a non-profit ecumenical Christian organization dedicated to eliminating substandard housing from Carteret & Onslow Counties.

Homeowner Partner Families are selected based on the following:

**1. Housing Need**

The foremost consideration in selecting a partnering family is the lack of adequate housing and the inability to access adequate housing through conventional means. This is identified by the following:

**Substandard conditions in current housing which may include; but are not limited to:**

- Structural problems;
- Problems with plumbing, sewage, or electrical systems;
- Unsafe heating system or no formal heating system;
- Lack of air conditioning;
- Little or no insulation;
- Lack of functioning entrance and exit points (front and back doors);
- Unhealthy conditions including, but not limited to, mold due to roof leaks or pest infestation due to structural cracks and crevices;
- Unsuitable neighborhood (unsafe or unsanitary);
- Inoperable kitchen or bathroom;
- Overcrowding (determined by number of persons, their ages, and gender);
- Cost-burdened (cost of rent plus utilities - excluding phone - is greater than 35% of family's monthly income);
- Homelessness (living with friends or relatives or in temporary housing);
- Family has been denied conventional or government assisted financing; or
- Living in government subsidized housing.

**Income Guidelines:** Use the chart below if you meet the income guidelines. Your family's annual gross (before taxes) income must be below the maximum income show in the chart below:

**FY 2011 Maximum Income Guidelines**

Family Size	2	3	4	5	6	7
Carteret County	\$28,740	\$32,340	\$35,880	\$38,760	\$41,640	\$44,520
Onslow County	\$23,760	\$26,760	\$29,160	\$32,100	\$34,500	\$36,840

**Note: The HFHI Covenant Standard for the upper limit of affiliate income guidelines is 60% of the AMI.**

## **2. Ability to Pay**

The CCHFH Selection Committee will review all applications to determine whether they satisfy Standard “Ability to Pay” requirements.

Those requirements help identify very low-income families who cannot obtain conventional financing, and who have sufficient income to afford the monthly mortgage payments and other costs associated with CCHFH homeownership.

Evidence of “Ability to pay” may include, but is not limited to, documented proof of the following:

- Stable source of income of which a projected CCHFH mortgage payment will not exceed 30% to 35% of monthly gross;
- A debt load that will not prevent the applicant from meeting normal cost of living expenses each month (including the projected mortgage payment);
- The absence of judgments or liens;
- Demonstrated ability to make regular payments for rent, utilities, etc. in current housing; and
- The absence of excessive collective items on the applicant’s credit report.

## **3. Willingness to Partner**

The third criterion to consider in the family selection process is the family’s willingness to meaningfully participate as a partner with CCHFH.

Examples of objective criteria for assessing willingness to partner include, but are not limited to, the following:

- The family makes “earnest money” deposits to their escrow account and has enough money saved to pay the first annual premium for homeowners insurance and other fees at closing;
- The family is willing to complete CCHFH Sweat Equity requirements of 400 hours in a timely manner; 150 hours before construction of home is started.
- The family agrees to avoid new consumer debt during this process.
- The family must be willing to move where the affiliate has land on which to build;
- The family notifies the affiliate of any change in family composition;
- The family notifies the affiliate of negative changes in economic circumstances, including any reduction in income;
- The family promptly notifies the affiliate of any changes in contact information;
- The family agrees to maintain the home and property after purchase, and
- The family agrees to pay the mortgage regularly and on time after purchase.

**Please answer the questions on the attached application form as accurately and completely as possible. If each section is not completed, the application will be returned to you to resubmit and will delay the application process.**

The information you provide will be verified. If false information is supplied, you will not be considered for homeownership. The more complete the information is, the better your chances for a successful application. All applications will be considered without regard to race, color, religion, sex or national origin.

Once our application is complete, return it to the address listed above. There is a drop box located to the left of the entrance to the office, for after hours. The committee meets once a month, so please be patient, they will contact you.

If you have any questions please contact Crystal Coast Habitat office at 252-223-2111.

## FOR HOUSING



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:** We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant	Co-Applicant
<b>Applicant's name</b>	<b>Co-Applicant's name</b>
Social Security Number _____ Home Phone _____ Age _____	Social Security Number _____ Home Phone _____ Age _____
<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)
<b>Dependents</b> and others who will live with you (not listed by co-applicant) Name _____ Age _____ Male _____ Female _____	<b>Dependents</b> and others who will live with you (not listed by applicant) Name _____ Age _____ Male _____ Female _____
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 _____
<b>If Living at Present Address for Less Than Two Years Complete the Following</b>	
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 _____

### 2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

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

More Information Requested?  Yes  No

Date Application Completed: \_\_\_\_\_

Accepted  Denied

Date Letter Sent: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family 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 other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

Applicant:	Yes	No
	<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  
 (Please supply a copy of your lease or a copy of a money order receipt or cancelled rent check.)

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

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

### 5. PROPERTY INFORMATION

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

Do you own land?     No     Yes    (If yes, please describe, including location) \_\_\_\_\_

Is there a mortgage on the land?     No     Yes    If yes:    Monthly Payment \$ \_\_\_\_\_    Unpaid Balance \$ \_\_\_\_\_

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

### 6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of <b>Current</b> Employer	Years On This Job	Name and Address of <b>Current</b> 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 One Year, Complete the Following Information</b>			
Name and Address of <b>Last</b> Employer	Years On This Job	Name and Address of <b>Last</b> Employer	Years On This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

**7. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

<b>Gross Monthly Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b><sup>2</sup>Others in Household</b>	<b><sup>3</sup>Monthly Bills</b>	<b>Monthly Amount</b>
<sup>1</sup> Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
<b>Total</b>	\$	\$	\$	<b>Total</b>	\$

<sup>1</sup>Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

<sup>3</sup>Please attach copies of last month's bills.

<sup>2</sup>List additional household members over 18 who receive income:

Name	Age	Monthly Wages
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS**

Where will you be getting the money to pay the down payment and closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

**9. ASSETS**

**List Checking and Savings Accounts Below**

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

<b>Do you own a:</b>	Yes	No	<b>Do you own a:</b>	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

**10. DEBT**

**To Whom Do You and the Co-Applicant Owe Money?**

Car	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Furniture	Monthly Payment	Unpaid Balance	Name and Address of Company	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Credit Card	Monthly Payment	Unpaid Balance	Alimony/Child Support	\$	/month
	\$	\$	Job-Related Expenses	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/month
Medical	Monthly Payment	Unpaid Balance	<b>Column 2: Subtotal of Payments</b>	\$	/month
	\$	\$	<b>Column 1: Subtotal of Payments</b>	\$	/month
	Mos. left to pay:				
<b>Column 1: Subtotal of Payments</b>	\$	/month	<b>Total Monthly Expenses</b>	\$	/month

**11. 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 debt 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 7 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 last 7 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. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question **a** through **e**, however, please explain on a separate sheet of paper.

**12. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. 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 receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

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.

Applicant's name \_\_\_\_\_

Co-Applicant's name \_\_\_\_\_

**13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**Please Read This Statement Before Completing the Box Below:** 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 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 furnish it or not. 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 information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> I do not wish to furnish this information  <b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Birthdate:</b> ____/____/____	<b>Birthdate:</b> ____/____/____
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview	
This application was taken by:  <input type="checkbox"/> Face-to-Face Interview  <input type="checkbox"/> By Mail  <input type="checkbox"/> By Telephone	Interviewer's Name (print or type) <hr/> Interviewer's Signature <span style="float: right;">Date</span> <hr/> Interviewer's Phone Number