

Home Repair Applicant Information

Dear Applicant,

Thank you for your interest in our Neighborhood Revitalization (NR) Home Repair Program. You are welcome to submit your application as soon as you have it completed and have gathered all required documents, but please consider the following items.

- Applications will only be accepted at our office - by hand delivery (between the hours of 8:30 a.m. to 4:30 p.m.) or by U.S. Postal Service mail delivery. For security reasons, please **DO NOT** send your application by fax or email.
- If you have any question while completing your application, please call the office to speak with a staff member.

NR's Home Repair Program Information

Pensacola Habitat for Humanity's Neighborhood Revitalization Department offers home repair services for low to moderate-income families within Escambia and Santa Rosa Counties to:

- Assist low and moderate-income families and individuals in achieving economic self-sufficiency and family stability through affordable home ownership;
- Empower residents to become involved in the solution to their housing needs and revitalization of their neighborhoods; and
- Facilitate the repair/renovation of substandard and unsafe housing and promotion of neighborhood improvement and stability.

Who performs the repairs?

The program pairs Habitat construction staff, volunteer contractors and skilled tradespeople, who act as project crew leaders, with volunteer crews having various skill levels

Pending availability, Pensacola Habitat for Humanity's Construction Department also completes repair projects and. In some cases, a licensed contractor will be required and will be paid based on an approved cost estimate.

Repayment of the repair work.

Repayment includes materials and associated costs (such as paid crew leaders, permit fees, contractors, etc.) needed for the repair of the home is mandatory through an agreement that requires equal monthly installments over a term of time not to exceed five years. The homeowner's obligation to pay for the applicable repair costs will be evidenced by a 0% interest promissory note or mortgage in the amount of the price, payable by the homeowner to PHFH. The amount of the monthly payments must be "affordable" for the applicant household (*total housing burden \leq 30% household income*).

In addition to repayment, what are my other obligations?

The homeowner(s) and any additional able-bodied residents of the household 18 years or over must agree to contribute a certain number of "sweat equity" hours (or other types of volunteer hours) established by the Neighborhood Revitalization department, commensurate to the work being done on the home or other tasks specified by Habitat. Homeowner's extended family and friends may contribute a percentage of the total hours of the required sweat equity.

ELIGIBILITY CRITERIA

I. GENERAL ELIGIBILITY CRITERIA

You may be eligible for Pensacola Habitat for Humanity's Owner-Occupied Repair Program if you (and your co-applicant, if applicable) can answer "yes" to all statements below on the date of your application. You must also meet our criteria for need, ability to pay, and willingness to partner.

- I am at least 18 years old and legally able to contract.
- I am a U.S. citizen or permanent legal resident.
- I have lived or worked in Escambia County or Santa Rosa County for the past 12 months.
- I am unmarried or married but not separated. (If married, your spouse must also apply jointly with you.)
- I have not had a bankruptcy discharged in the last two years and have not had multiple bankruptcies.
- I have not had a foreclosure finalized in the last two years and owe no deficiency balance from a prior mortgage.
- I have been employed in my current job for a minimum of six months (if applicable).
- My total annual household income does not exceed the limit for my family size. (See chart on the following page)

II. NEED, ABILITY TO PAY, AND WILLINGNESS TO PARTNER

To be eligible for our Owner-Occupied Repair Program, you must also:

- **DEMONSTRATE NEED:** You may qualify for our program if your family meets our income guidelines, and you meet all application requirements.
- **HAVE THE ABILITY TO PAY:** The ability to pay is reviewed on a case-by-case basis. It is predicated on income, expenses, current debt, and other obligations. You must have a stable, documented source of income; acceptable credit; no unsatisfied liens, judgments, or levies; and the ability to pay the amount calculated per month for a loan.
- **BE WILLING TO PARTNER:** You must be willing to complete all mandatory requirements of our Owner-Occupied Repair Program, including completion of a specified number of hours of sweat equity and/or other volunteer opportunities with Pensacola Habitat for Humanity Neighborhood Revitalization Department based on the amount of the loan.

III. MAXIMUM REPAIR COST/TERM OF PAYMENT

1. The maximum repair cost is \$7,500.
2. The maximum term is 60 months.

CALCULATING REPAIR COSTS

To determine the full cost associated with an Owner-Occupied Home Repair project, the following must be included:

1. Cost of purchased building materials and supplies;
2. Cost of professional services and contracted labor if applicable;
3. Direct costs of affiliate labor in supervising or coordinating the work; and
4. Permits and other fees or costs directly attributable to the home repair.

INCOME GUIDELINES

Pensacola Habitat serves individuals and families whose gross annual household income is up to 80% of the area median income (AMI) limits set by the U.S. Department of Housing and Urban Development (HUD). Income limits are subject to change annually without prior notice, based on adjustments made by HUD. ***The following se income limits are effective as of April 1, 2018.***

TOTAL PER YEAR

Family Size	Minimum Annual Gross Household Income (no less than)	Maximum Annual Gross Household Income (no more than)
1	\$13,700	\$ 36,550
2	\$16,460	\$ 41,750
3	\$20,780	\$ 46,950
4	\$25,100	\$ 52,150
5	\$29,420	\$ 56,350
6	\$33,740	\$ 60,500

Yearly income from applicant, co-applicant, and any household members 18 and over who live in the house and have an income. If anyone in the household is unable to work or is not working for any reason, an affidavit to this effect that states the reason for no income must be provided.

PRICING MODEL FOR REPAIRS

The affiliate provides a 0% interest loan to the homeowner for all eligible home repairs.

The affiliate offers a sliding scale pricing model in which the price a homeowner pays for the repair loan is based on household income per U.S. Department of Housing and Urban Development’s annual income limits summary calculated from the area median income (AMI). The following table shows the repayment model using an example of a project valued at \$5,000:

Household Area Median Income (AMI) Range	Percentage of Project Cost Paid	Amount Charged for Project Valued at \$5,000
66% – 80%	100%	\$ 5,000
41% – 65%	70%	\$ 3,500
30% – 40%	50%	\$ 2,500

If you submit a joint application, both applicant and co-applicant must live in the home. If approved for a repair loan, both applicants are financially and legally responsible for the debt throughout the duration of the loan.

APPLICATION CHECKLIST & INSTRUCTIONS

Please use this checklist to help you gather the information we need to begin processing your application in a timely, efficient manner. Additional information may be required as we evaluate your application. **Submitting an application that is not filled out completely or is missing required documents is considered INCOMPLETE, which will delay or impede our ability to fully evaluate your application.** To ensure the security of your information, we accept applications by hand delivery or U.S. Postal Service mail only, **NOT** by fax or email. If you have questions or need assistance, please call our Neighborhood Revitalization (NR) staff at (850) 434-5456. Thank you for your interest in our program.

- Please **print legibly in blue or black ink**. Pencil is not allowed.
- White-out and correction tape are not allowed. If you make a mistake while completing the application, **mark through the incorrect information with one line only, and initial and date your changes.**
- If a particular question does not apply to you, **please mark or write N/A** so that we know you did not overlook it.

In order to begin evaluating your eligibility, you must provide the following documents:

- Application for Owner-Occupied Repair Program** (fully complete; signed and dated by both applicants)
 - Authority to Verify Information** (attached to application, signed and dated by both applicants)
 - Copy of **valid photo identification** for both applicants (current driver's license, state/government issued ID card, etc.)
 - Most recent copies of **proof of all household income** (please provide all that are applicable to your household)
 - proof of home ownership** (deed, current tax statement, etc)
 - copies of bank statements for the past three months**
 - copy of **Social Security card** for applicant, co-applicant (if applicable), and each person who will live in the home
- Examples:
- most recent pay stubs or earning statements for a full three months prior to date of application
 - court order for child support or alimony AND payment history for the last 12 months (Family Law Case History from Clerk of Court, third-party proof of payment if paid directly to applicant, etc.)
 - Social Security Award Letters for all household members (entire document)
 - V.A. Benefits Determination Letter
 - retirement award statements

For self-employed persons or those paid by commission:

- previous two years' federal income tax returns with all schedules (actual returns, no transcripts)
- year-to-date bank statements (no less than most recent 6 months if at beginning of the year)
- consent to **background and credit checks** (authorized by signing application forms)

The full application process may take up to 60 days to complete, but the actual length of time it takes depends partly on how quickly you respond if additional information is needed to evaluate your application.



Pensacola Habitat for Humanity
300 West Leonard Street
Pensacola, Florida 32501
(850) 434-5456



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.

Application

for Owner-Occupied Repair Program

Dear Applicant: Please complete this application to determine if you qualify for the Habit for Humanity Owner-Occupied Repair 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.

1. APPLICANT INFORMATION

APPLICANT			CO-APPLICANT		
Applicant Name - Last, First, Middle (include Jr. or Sr. if applicable)			Co-Applicant Name - Last, First, Middle (include Jr. or Sr. if applicable)		
Social Security Number	Date of Birth		Social Security Number	Date of Birth	
<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (single, divorced, widowed)		<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (single, divorced, widowed)	
<input type="checkbox"/> Separated			<input type="checkbox"/> Separated		
Cell Phone	Home Phone	Work Phone	Cell Phone	Home Phone	Work Phone
Disabilities?			Disabilities?		
Previous Names Used (maiden, prior marriage, legal name change)			Previous Names Used (maiden, prior marriage, legal name change)		
<input type="checkbox"/> N/A			<input type="checkbox"/> N/A		

Current Address (street address, city, state, ZIP)

Length of Time _____ Years _____ Months Since _____ Month _____ Year

List names and ages for everyone living in the home in addition to Applicant/Co-Applicant, and special needs for each, if applicable

First & Last Name	Age	Male	Female	Disabilities, if any
_____	_____	<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"/>	_____

If living at current address less than two years, complete below and provide AT LEAST TWO YEARS of address history.

Last Address (street address, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Address (street address, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Length of Time _____ Years _____ Months	Length of Time _____ Years _____ Months



2. EMPLOYMENT INFORMATION

APPLICANT		CO-APPLICANT	
Current Employer Name & Address <input type="checkbox"/> Self-Employed		Current Employer Name & Address <input type="checkbox"/> Self-Employed	
Job Title / Type of Business		Job Title / Type of Business	
Business Phone	Gross Monthly Wages (pre-tax) \$	Business Phone	Gross Monthly Wages (pre-tax) \$
Dates: from _____ to _____ (month & year) (month & year)		Dates: from _____ to _____ (month & year) (month & year)	
Time in this Line of Work/Profession: _____ Years _____ Months		Time in this Line of Work/Profession: _____ Years _____ Months	

If employed in your current job less than two years or if you currently work more than one job, complete the following. You must give AT LEAST TWO YEARS of employment history. If you need more space, please attach a separate sheet.

Employer Name & Address <input type="checkbox"/> Self-Employed		Employer Name & Address <input type="checkbox"/> Self-Employed	
Job Title / Type of Business		Job Title / Type of Business	
Business Phone	Monthly Gross Wages (pre-tax) \$	Business Phone	Monthly Gross Wages (pre-tax) \$
Dates: from _____ to _____ (month & year) (month & year)		Dates: from _____ to _____ (month & year) (month & year)	
Employer Name & Address <input type="checkbox"/> Self-Employed		Employer Name & Address <input type="checkbox"/> Self-Employed	
Job Title / Type of Business		Job Title / Type of Business	
Business Phone	Monthly Gross Wages (pre-tax) \$	Business Phone	Monthly Gross Wages (pre-tax) \$
Dates: from _____ to _____ (month & year) (month & year)		Dates: from _____ to _____ (month & year) (month & year)	

NOTE: You must provide your most recent earnings statements for three full months for us to evaluate your wages. If you are self-employed, you must provide the last two years' income tax returns with all schedules (actual returns, no transcripts) and bank statements, either year-to-date or a minimum of the most recent six months (whichever is greater). Other financial statements may be requested if needed.



3. MONTHLY INCOME

Alimony, child support, or separate maintenance income must be reported for purposes of evaluating approval for the program. However, it will not be considered at the time of your mortgage application if you choose not to have it considered for purposes of repaying the loan. Any income received on behalf of a minor child should be listed for Others.

Income Source	Applicant	Co-Applicant	Others in Household * (see below)	Total
Earned Income (gross, pre-tax)	\$	\$	\$	\$
Child Support			\$	\$
Alimony	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

*** Household members (other than applicant and co-applicant) whose income is listed above.**

Name	Income Source	Monthly Income	Date of Birth
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

4. PROPERTY INFORMATION

Do you currently own your own home? Yes No
 If yes, what is the current mortgage payment? \$ _____ /month Balance Due \$ _____

5. WILLINGNESS TO PARTNER

To be considered for a Habitat home repair, you and your family must be willing to complete a certain number of "sweat equity" hours. Your "sweat equity" may include helping with construction, painting, working in the Habitat office, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS REQUIRED IF APPROVED FOR THE PROGRAM.

Applicant YES NO
 Co-Applicant YES NO



6. ASSETS

List all checking, savings, money market, and retirement accounts, stocks and bonds, etc. that you have.

APPLICANT		CO-APPLICANT	
Name of Bank, Credit Union, or Other Financial Institution		Name of Bank, Credit Union, or Other Financial Institution	
Address and/or City and State of Financial Institution		Address and/or City and State of Financial Institution	
Account Type (checking, savings, 401K, etc.)	Balance \$	Account Type (checking, savings, 401K, etc.)	Balance \$
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account		<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	
Name of Bank, Credit Union, or Other Financial Institution		Name of Bank, Credit Union, or Other Financial Institution	
Address and/or City and State of Financial Institution		Address and/or City and State of Financial Institution	
Account Type (checking, savings, 401K, etc.)	Balance \$	Account Type (checking, savings, 401K, etc.)	Balance \$
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account		<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	
Name of Bank, Credit Union, or Other Financial Institution		Name of Bank, Credit Union, or Other Financial Institution	
Address and/or City and State of Financial Institution		Address and/or City and State of Financial Institution	
Account Type (checking, savings, 401K, etc.)	Balance \$	Account Type (checking, savings, 401K, etc.)	Balance \$
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account		<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	
Name of Bank, Credit Union, or Other Financial Institution		Name of Bank, Credit Union, or Other Financial Institution	
Address and/or City and State of Financial Institution		Address and/or City and State of Financial Institution	
Account Type (checking, savings, 401K, etc.)	Balance \$	Account Type (checking, savings, 401K, etc.)	Balance \$
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account		<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	
Do you have an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete the info below.		If yes, complete the info below.	
Make, Model, & Year (auto #1) _____		Make, Model & Year (auto #1) _____	
Do you have a loan balance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a loan balance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Make, Model, & Year (auto #2) _____		Make, Model, & Year (auto #2) _____	
Do you have a loan balance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a loan balance? <input type="checkbox"/> Yes <input type="checkbox"/> No	



7. DEBT

To whom do you owe money? List all debts, including those in which you are a joint account holder or co-signor with someone other than the applicant or co-applicant. **MAKE SURE TO MARK THE "N/A" BOX IF A DEBT OR EXPENSE DOES NOT APPLY TO YOU.**

Account & Name of Lender	APPLICANT				CO-APPLICANT			
	N/A	Monthly Payment	Unpaid Balance	Months Left to Pay	N/A	Monthly Payment	Unpaid Balance	Months Left to Pay
Automobile _____	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Other Motor Vehicle or Boat	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Child Support	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Alimony	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Credit Card _____	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Credit Card _____	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Total Student Loan Debt	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Total Medical Debt	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Furniture, Appliances, TVs (includes rent-to-own) _____	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Other (specify) _____	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
Other (specify) _____	<input type="checkbox"/>	\$	\$		<input type="checkbox"/>	\$	\$	
TOTAL		\$	\$			\$	\$	

MONTHLY EXPENSES

NOTE: For "Other," please include **recurring** payments for expenses such as gym memberships; gaming, movie, or music streaming subscription services; insurance; and other similar accounts or financial obligations.

Account	APPLICANT		CO-APPLICANT		TOTAL Combined
	N/A	Monthly Payment	N/A	Monthly Payment	
Property Taxes (if not paid through escrow)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Homeowners' Insurance (if not paid through escrow)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Electricity	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Food (SNAP/food stamp amount \$ _____)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Telephone	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Water, Trash & Sewage	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Insurance (automobile)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Insurance (medical, dental, visual, life)	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Cable TV and/or Internet Service	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Tuition & Schooling	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Child Care / Babysitting	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Other (specify) _____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Other (specify) _____	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
TOTAL		\$		\$	\$



8. DECLARATIONS

Please check the box that best answers the following questions. PLEASE NOTE: Answering “yes” to any question through i or “no” to question j does not automatically disqualify you but must be explained on the next page.

	APPLICANT			CO-APPLICANT		
	Yes	No	N/A	Yes	No	N/A
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
If yes, has it been at least two full years since the bankruptcy was discharged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
If yes, has it been at least two full years since the foreclosure was finalized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you currently involved in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
e. Are you obligated to pay alimony or child support, by court order or other agreement?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
f. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
g. Have you ever been accepted as a Partner Family or Owner-Occupied Repair in our program before?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
h. Have you lived in any cities outside of Escambia or Santa Rosa County in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
i. Are you a U.S. citizen or legal permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
j. By initialing here, you confirm that you plan to live in your home throughout the loan repayment term and that you understand that you are financially and legally obligated to pay the debt if approved for the program and for a Habitat repair loan. You also confirm that if you move out of your home and lose your homestead exemption status, or sell your home, or if the home is willed to someone in the event of your death, that you understand any loan debt remaining is due and payable in full.	_____ Applicant Initials			_____ Co-Applicant Initials		

9. AUTHORIZATION AND RELEASE

I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Owner-Occupied Repair program, my ability to repay the 0% interest loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. I understand that the evaluation will include a credit check and employment verification for the applicant, co-applicant, and others 18 years of age or older, if applicable. 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 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

E-mail Address

E-mail Address

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 clearly indicate whether the additional information or comments relate to the applicant or co-applicant.



Applicant's Name _____ Co-Applicant's Name _____

County of Residence Escambia North Santa Rosa (Pace, Milton) South Santa Rosa (Gulf Breeze, Navarre)

11. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: The following information is requested 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 ethnicity, 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.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Race (applicant may select more than one racial designation)	Race (applicant may select more than one racial designation)
<input type="checkbox"/> American Indian or Alaska Native (I)	<input type="checkbox"/> American Indian or Alaska Native (I)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Asian (A)
<input type="checkbox"/> Black or African American (B)	<input type="checkbox"/> Black or African American (B)
<input type="checkbox"/> Caucasian or White (W)	<input type="checkbox"/> Caucasian or White (W)
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (P)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (P)
<input type="checkbox"/> Other Not Listed	<input type="checkbox"/> Other Not Listed
Ethnicity	Ethnicity
<input type="checkbox"/> Hispanic or Latino (H)	<input type="checkbox"/> Hispanic or Latino (H)
<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino
Sex	Sex
<input type="checkbox"/> Male <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Male <input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Female _____	<input type="checkbox"/> Female _____
Birthdate ____/____/____	Birthdate ____/____/____
Marital Status	Marital Status
<input type="checkbox"/> Married	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
<input type="checkbox"/> Unmarried (includes single, divorced, widowed)	<input type="checkbox"/> Unmarried (includes single, divorced, widowed)

TO BE COMPLETED ONLY BY THE PERSON CONDUCTING THE REVIEW

Reviewer's Name (print or type)		
Reviewer's Signature	Date	
Reviewer's Phone Number	(850) 434-5456	



AUTHORITY TO VERIFY INFORMATION

Pensacola Habitat for Humanity, Inc.
P.O. Box 13204
Pensacola, FL 32591-3204

To Whom It May Concern:

This release serves as your authorization to verify my bank accounts, employment record, outstanding debts (including any present or previous mortgages), public assistance aid, and social security benefits from the Social Security Administration. It also serves as your authorization to order a consumer credit report, criminal background screening, and to make any other inquiries deemed necessary to determine my qualification to secure a home repair loan from Pensacola Habitat for Humanity. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship, and that party may treat such as an original.

Privacy Act Notice: This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a prospective borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective borrower may be delayed or rejected.

Applicant Name (PRINTED)

Applicant Signature

Date

Co-Applicant Name (PRINTED)

Co-Applicant Signature

Date



Briefly Describe the Repairs Your Home Needs

Please **PRINT CLEARLY** (Remember that the Owner-Occupied Repair Program may be unable to make ALL the repairs you would like, so please prioritize your repair needs carefully. If you need additional space for comments, use page 5).

A. Accessibility Modifications: (Do you need a wheelchair ramp, bathroom grab bars, stairway handrails, repairs to landing/porch, or anything else to help a handicapped person?)

B. Exterior Repairs: (Describe problems with roof, doors, porches, steps, exterior walls, fascia, soffits, etc.)

C. Doors and Windows: (Locks, frames, sashes, broken glass, weather-stripping)



www.pensacolahabitat.org

850-434-5456

September 26, 2018



D. Exterior Painting: (List whether siding or trim, or both, on main house or porch or both, etc.) need paint;

E. Electrical: (Describe electrical issues)

F. Plumbing: (Describe plumbing issues)

Homeowner(s) Statement

Write a brief statement explaining why you feel your home should be selected and how the program would help you (use a separate page if additional space is needed).