



**NEW APPLICANT ORIENTATION
INFORMATION**

300 West Leonard Street
Pensacola, Florida 32501
850.434.5456

Thank you for your interest in our Home Buyer 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.

- Although attending a **New Applicant Orientation** is optional, it is your opportunity to get an overview of the program and its requirements and to have your questions answered by a Habitat representative.
- Applications will be accepted at our office by hand delivery or by U.S. Postal Service mail delivery only. To ensure the security of your information, please **DO NOT** send your application by fax or email.
- We accept completed applications on a “first come, first served” basis during office hours but request that you bring them in between 8:30am-4pm to allow time for a thorough review.
- For New Applicant Orientations, please arrive 10 minutes early to sign in and be seated before the start time. Orientations last 30 to 45 minutes and are open to the public.

NEW APPLICANT ORIENTATION SCHEDULE

Please call our office or check our website at www.pensacolahabitat.org or our Facebook page to confirm dates and locations in advance, as they are subject to change due to scheduling changes, holidays, or weather events.

ESCAMBIA COUNTY

Pensacola Habitat for Humanity – 300 W. Leonard Street, Pensacola, FL 32501

first Thursday of the month at 6pm
every Tuesday at 9am

first Saturday of the month at 10:30am
every Thursday at 3pm

Tryon Branch of West Florida Public Library – 1200 Langley Avenue, Pensacola, FL 32504

Wednesday at 6pm of every odd month, as follows:

March 21, 2018
September 19, 2018

May 30, 2018

July 18, 2018
November 13, 2018

Sanders Beach – Corinne Jones Resource Center – 913 South I Street, Pensacola, FL 32501

second Wednesday of the month at 6pm

EXCEPT November meeting will be held on November 7, 2018 at 6pm

SANTA ROSA COUNTY

Santa Rosa County Chamber of Commerce – 5247 Stewart Street, Milton, FL 32570

second Monday of the month at 6pm

Community Life Church – 4115 Soundside Drive, Gulf Breeze, FL 32563

fourth Tuesday of the month at 6pm

EXCEPT December meeting will be held on December 18, 2018 at 6pm

www.pensacolahabitat.org

850-434-5456



PHFH – Oct. 2018





HOME BUYER PROGRAM ELIGIBILITY CRITERIA

300 West Leonard Street
Pensacola, Florida 32501
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Pensacola Habitat for Humanity provides opportunities for affordable homeownership to persons and families of modest to moderate income in Escambia and Santa Rosa Counties. Habitat is not a give-away program, nor is it a quick fix for those with immediate housing needs.

GENERAL ELIGIBILITY CRITERIA

You may be eligible for Pensacola Habitat for Humanity's Home Buyer Program if you (and your co-applicant, if applicable) all of the statements below are true for you 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 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 no pending criminal cases and no disqualifying criminal history in my household.
- I am not a registered sexual offender and do not have a sexual offender who is or will be living in my home.
- I have two years' worth of stable, documented income or employment history.
- I have been employed in my current job for a minimum of six months (if applicable).
- I do not currently own a livable home or have an existing mortgage balance.
- My family size does not exceed six household members. (This is to prevent overcrowding based on HUD recommendations regarding square footage per person per home.)
- My total annual household income does not exceed the limit for my family size. (See the attached chart.)

NEED, ABILITY TO PAY, AND WILLINGNESS TO PARTNER

In order to be eligible for our Home Buyer Program, you must also:

- **DEMONSTRATE NEED:** You may qualify for our program if your family meets our income guidelines, and you are in need of affordable housing.
- **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 \$450-650 per month for a mortgage payment.
- **BE WILLING TO PARTNER:** Approved Home Buyers must be willing to complete all mandatory requirements of our Home Buyer Program, as noted below. You must also agree to incur no new debt if accepted into the program.

PARTNERSHIP GUIDELINES

Families approved for our Home Buyer Program complete 200 hours of sweat equity at a minimum of 15 hours per month. This includes 100 construction hours; 26 hours of financial literacy and homebuyer readiness workshops; and 74 other volunteer hours. Home Buyers also pay \$1,500 to \$2,000 toward the purchase price of their home before closing, based on household income upon entry into the program. Of this total, \$1,000 is paid as an \$80 monthly program fee that will be applied to the purchase requirement upon successful completion of the program and closing. The balance of funds is due within 90 days of completion of all other sweat equity and payment requirements.



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You may qualify for our Home Buyer Program if your total household income falls within these guidelines AND you meet our other eligibility criteria, including ability to pay and willingness to partner...

TOTAL PER YEAR

Family Size	Minimum Annual Gross Household Income (no less than)	Maximum Annual Gross Household Income (no more than)
1	\$20,000	\$ 36,550
2	\$20,000	\$ 41,750
3	\$20,000	\$ 46,950
4	\$20,000	\$ 52,150
5	\$20,000	\$ 56,350
6	\$20,000	\$ 60,500

The specific annual amounts noted above approximately equal the average monthly amounts noted below.

AVERAGE PER MONTH

Family Size	Minimum Monthly Gross Household Income (no less than)	Maximum Monthly Gross Household Income (no more than)
1	\$1,667	\$3,045
2	\$1,667	\$3,478
3	\$1,667	\$3,912
4	\$1,667	\$4,345
5	\$1,667	\$4,695
6	\$1,667	\$5,041

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

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) and who also demonstrate the ability to repay a mortgage and willingness to partner with us. Income limits are subject to change annually without prior notice, based on adjustments made by HUD. These income limits are effective as of April 1, 2018.



APPLICATION CHECKLIST & INSTRUCTIONS

300 West Leonard Street
Pensacola, Florida 32501
850.434.5456

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 Outreach or Family Services 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 Home Buyer 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 (both sides; current driver's license, government issued ID, etc.)
- most recent copies of **proof of all household income** (please provide all that are applicable to your household)

- 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, sex offender registry, and credit checks** (authorized by signing application forms)

To help the government fight the funding of terrorist and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that establishes the identity of each person who applies for the program. What does this mean for you? When you submit an application and again prior to closing on a Habitat mortgage, you must provide your name, address, date of birth, and other information that will allow us to identify you, as well as a copy of your valid driver's license or other photo identification.

If your application passes our initial screening process, you will then be required to provide at least:

- copy of **Social Security card** for applicant, co-applicant (if applicable), and each person who will live in the home
- income tax returns or Internal Revenue Service tax return transcripts for last two years; W-2's are helpful**
- proof of employment in current job for past six months** (if not already reflected by pay stubs, W-2's, etc.)
- proof of current rent or housing cost amount** (copy of current lease, payment receipts, etc.)
- copies of bank statements for the past three months** (full statements for all accounts, not just transaction history)

The full application process may take up to 90 days or so to complete, but the actual length of time it takes depends partly on how quickly you respond to our requests for additional information needed to evaluate your application.



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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 Home Buyer Program

Dear Applicant: Please complete this application to determine if you qualify for the Habit for Humanity Home Buyer 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

Both applicant and co-applicant must intend to live in the Habitat home.

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"/> Separated		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed)		<input type="checkbox"/> Separated	
Cell Phone	Home Phone	Work Phone		Cell Phone	Home Phone	Work Phone	
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			
Dependents & others who will live with you, not listed by co-applicant				Dependents & others who will live with you, not listed by applicant			
First & Last Name	Age	Male	Female	First & Last Name	Age	Male	Female
_____	_____	<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"/>	_____	_____	<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"/>
<input type="checkbox"/> N/A (except co-applicant and his/her dependents, if applicable)				<input type="checkbox"/> N/A (except applicant and his/her dependents, if applicable)			
Current Address (street address, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Current Address (street address, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Length of Time _____ Years _____ Months				Length of Time _____ Years _____ Months			
Since _____ Month & Year				Since _____ Month & Year			
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 in order 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. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, from savings or parents)? If you borrow the money, from whom will you borrow it, and how will you pay it back?

5. 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	
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	

6. 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"/>	\$	\$	
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
	N/A	Monthly Payment	N/A	Monthly Payment	Combined
Rent / Housing	<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"/>	\$	\$
Clothing	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Gasoline	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	\$
Vacation & Entertainment	<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		\$		\$	\$

7. 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 and make payments toward the total amount due before closing while you participate in the program. Your help in building your home and the homes of others is called "sweat equity" and may include helping with construction, painting, working in the Habitat office, attending homeownership education classes, or other approved activities. Please review our partnership guidelines for more information if you have not already done so.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS AND COMPLETE THE PAYMENT REQUIREMENTS IF APPROVED FOR THE HOME BUYER PROGRAM.

Applicant YES NO

Co-Applicant YES NO

8. PROPERTY INFORMATION

Do you currently own your own home? Yes No

If yes, what is the current mortgage payment? \$ _____/month Balance Due \$ _____

Do you own land? Yes No

If yes, is there an existing loan balance? \$ _____/month Balance Due \$ _____

If you own land or have a friend or relative who owns land and is interested in donating it on your behalf, would you would like it considered for building your Habitat home? Yes No N/A

PLEASE NOTE: If you answered "yes" to the last question, you will be required to complete a Land Donation Disclosure Form and may be asked to provide additional information or documents, which will enable us to begin evaluating the property.

9. 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. Are you or any of your household members on the sex offender registry?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
g. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
h. Have you ever been accepted as a Partner Family or Home Buyer in our program before?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
i. 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"/>	
j. Are you a U.S. citizen or legal permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
k. By initialing here, you confirm that you plan to live in the Habitat home and that you understand that you are financially and legally obligated to pay the debt if approved for the program and for a Habitat mortgage.	_____ Applicant Initials			_____ Co-Applicant Initials		

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 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 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"/> Male
<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 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)
	Interviewer's Signature Date
	Interviewer's Phone Number (850) 434-5456



300 West Leonard Street
Pensacola, Florida 32501
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, a background screening through a third-party service, and to make any other inquiries deemed necessary to determine my qualification to purchase a Pensacola Habitat for Humanity home and to secure a mortgage loan from you. 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 mortgager 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 homeowner and/or mortgager or borrower may be delayed or rejected.

Applicant Name (PRINTED)

Applicant Signature

Date

Co-Applicant Name (PRINTED)

Co-Applicant Signature

Date



300 West Leonard Street
Pensacola, Florida 32501
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RIGHT TO RECEIVE COPY OF APPRAISAL

Applicant Name: _____

Co-Applicant Name: _____

Dear Applicant(s):

This letter is to notify you that, if your application for our Home Buyer Program is approved and you are offered and accept a Habitat home purchase opportunity, we may order an appraisal or other property valuation in connection with your mortgage loan, and we may charge you for this appraisal or property valuation. Upon completion of the appraisal or property valuation, we will promptly provide a copy to you, even if the loan does not close.

Thank you for your interest in Pensacola Habitat for Humanity's Home Buyer Program. Please do not hesitate to contact us at (850) 434-5456 with additional questions.

Sincerely,

Pensacola Habitat Staff

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE	
To be completed by staff member accepting application prior to returning this disclosure to the applicant	
Staff Name _____	Date _____