

Dear Applicants,

Thank you for your interest in our **Critical Home Repair program!** Critical home repair is designed to help keep people in their homes by alleviating critical health, life, and safety issues or code violations. In the past, we've done things like replacing windows or doors, building a ramp to make the home wheelchair accessible, or replacing a broken furnace or water heater. We want to help homeowners who are affected by age, disability, or family circumstances and struggle to maintain the integrity of their homes.

Here are a few of the requirements to be selected to this program:

1. You have owned your home for a minimum of one year.
2. You are willing to give a little time volunteering on your project or another non-profit (depending on your abilities).
3. Your home requires a repair that you are unable to pay for.
4. You live in Marion County.
5. You meet our income requirements by being under 80% of the local median income:
 - a. Households of 1 or 2: *Make under \$76,160/year.*
 - b. Households of 3 to 7: *Make under \$84,584/year.*
 - c. Households of 8 or more: *Make under \$94,000/year.*
6. You are open and honest with all information provided in this application.

All awards are subject to availability of funding. **Please don't hesitate to reach out if you have questions! Call 641.828.8844.**

Please check boxes as you submit the following documents:

Check when completed	Required Documents
	A full and complete application packet (<i>all pages signed, even if not applicable</i>)
	Three months of income verification including paycheck stubs and/or annual social security letter for all members in the household
	Three months of recent bank statements for all bank accounts
	Two years of your most recent tax returns and W2's (<i>if you file taxes yearly</i>)
	Proof of child support or alimony (<i>if applicable</i>)
	Declarations page from your Homeowners Insurance Policy covering property
	Copy of utility bill in property owner's name

Please describe your top three needed house repairs. If you have acquired any estimates or bids for the repairs, please include that info:

2004 Hempstead Drive • Pella, IA 50219 • www.HFHMCI.org • (641) 828-8844

Please send completed application to:
 Habitat for Humanity of Marion County, Inc.
 2004 Hempstead Drive
 Pella, IA 50219
 (641) 828-8844

Application

for Critical Home Repair



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.

This is an Equal Opportunity Program. Discrimination is Prohibited by Federal Law.

*Dear Applicant: Please complete this application to determine if you qualify for Critical Home Repair. 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		
Applicant's Name		Birth Date	Co-Applicant's Name		Birth Date
Social Security Number		Home Phone	Social Security Number		Home Phone
Married Separated Unmarried (E.g. single, divorced, widowed)			Married Separated Unmarried (E.g. single, divorced, widowed)		
Dependents and others who will live with you:					
Name	Social Security Number		Birth Date		Male Female
_____	_____		_____		
_____	_____		_____		
_____	_____		_____		
_____	_____		_____		
_____	_____		_____		
Present Address (street, city, state, ZIP)			Own	Rent	
Number of Years _____					
Present Address (if different from Applicant)			Own	Rent	
Number of Years _____					
If Living at Present Address for Less Than Two Years, Complete the Following					
Last Address (street, city, state, ZIP)		Own	Rent	Last Address (street, city, state, ZIP)	
Number of Years _____				Number of Years _____	

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE					
Date Received: _____			Date Letter Sent: _____		
More Information Requested? Yes No			Date of Home Visit: _____		
Date Application Completed: _____			Date Letter Sent: _____		
Accepted Denied					

3. WILLINGNESS TO PARTNER

To be considered for the Critical Home Repair program, you and your family must be willing to complete a certain number of "sweat equity" hours by either helping with your home project or helping your community in another way.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Applicant YES NO
Co-Applicant YES NO

4. PRESENT HOUSING SITUATION

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)

5. PROPERTY INFORMATION

What is your monthly mortgage payment? _____ /month Unpaid Balance _____

Do you own land (other than what your house is located on)? 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 the Critical Home Repair program, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of current employer	Years on This Job	Name and Address of current employer	Years on This Job
	Monthly (gross) Wages \$		Monthly (gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If working at current job less than one year, complete the following information:			
Name and Address of last employer	Years on This Job	Name and Address of last 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

gross monthly income	Applicant	Co-Applicant	² others in household	³ monthly bills	monthly amount
¹ Base employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Medical Insurance	
SSI				Child Care	
Disability				Auto Insurance	
Alimony				Avg. Total Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
total	\$	\$	\$	total	\$

¹Self-employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³Please attach a copy of a utility bill to show proof of occupancy.

²List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. 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 \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat			Car (#1)		
Camper/RV/Mobile			Make and Year _____		
Another Home			Car (#2)		
Vehicle/ATV/ETC			Make and Year _____		

9. Debt

To whom do you and the Co-Applicant owe money?

column 1			column 2		
Car	Monthly Payment	Unpaid Balance	Cell Phone Contracts	Monthly Payment	Unpaid Balance
	\$	\$		\$	\$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment	Unpaid Balance	other money You owe		
	\$	\$	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	column 2: subtotal of payments	\$	/month
	\$	\$	column 1: subtotal of payments	\$	/month
	Mos. left to pay:		total monthly expenses	\$	/month
column 1: subtotal of payments	\$	/month	total monthly expenses	\$	/month

10. 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?	Yes	No	Yes	No
b. Have you been declared bankrupt within the past seven years?	Yes	No	Yes	No
c. Have you had property foreclosed on in the past seven years?	Yes	No	Yes	No
d. Are you currently involved in a lawsuit?	Yes	No	Yes	No
e. Are you paying alimony or child support?	Yes	No	Yes	No
f. Are you a U.S. citizen or permanent resident?	Yes	No	Yes	No
g. If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.				

11. Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for Critical Home Repair, my ability to repay the no-interest loan (if required) and other expenses of the Critical Home Repair program and my willingness to be a partner family. I understand that the evaluation will include personal visits, a background 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 Critical Home Repair, 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.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and Applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check and credit check.

Signature _____

Date _____

Signature _____

Date _____

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.

12. 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
<p>I do not wish to furnish this information.</p> <p>race/national origin: American Indian or Alaskan Native, Native Hawaiian, or Other Pacific Islander</p> <p>Black/African American</p> <p>Caucasian</p> <p>Caucasian Asian</p> <p>American Indian or Alaskan Native AND Caucasian Asian AND Caucasian</p> <p>Black/African American AND Caucasian</p> <p>American Indian or Alaskan Native AND Black/African American or Other (specify)</p> <p>ethnicity:</p> <p>Hispanic Non-Hispanic</p> <p>sex:</p> <p>Female Male</p> <p>birthdate: ____ / ____ / ____</p> <p>marital status:</p> <p>Married</p> <p>Separated</p> <p>Unmarried (Incl. single, divorced, widowed)</p>	<p>I do not wish to furnish this information.</p> <p>race/national origin: American Indian or Alaskan Native, Native Hawaiian, or Other Pacific Islander</p> <p>Black/African American</p> <p>Caucasian</p> <p>Caucasian Asian</p> <p>American Indian or Alaskan Native AND Caucasian Asian AND Caucasian</p> <p>Black/African American AND Caucasian</p> <p>American Indian or Alaskan Native AND Black/African American or Other (specify)</p> <p>ethnicity:</p> <p>Hispanic Non-Hispanic</p> <p>sex:</p> <p>Female Male</p> <p>birthdate: ____ / ____ / ____</p> <p>marital status:</p> <p>Married</p> <p>Separated</p> <p>Unmarried (Incl. single, divorced, widowed)</p>

Did someone help you complete this form?		Yes	No	(if yes, enter information below)
This application was taken by: Face-to-face Interview By Mail By Telephone	Interviewer's Name (print or type)			
	Interviewer's Signature		Date	
	Interviewer's Phone Number			



NOTE: please fill out pages 9-12 even though you aren't applying for new housing.
Our grant funder (IFA) requires this form to be filled out for all Critical Home Repair projects.



APPLICATION FOR HOUSING

Complete one application per adult household member who will occupy the unit at time of move-in.

Property Name:					IFA Project Number:
Address:					
For Office Use Only:	Application Date		Desired Move-in Date:		Pre-Application? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Received:		Time Received:	Received by (agent):	Initial App <input type="checkbox"/> Recert App <input type="checkbox"/>

Bedroom Size Requested: 1 2 3 4

Applicant Name _____ MI _____ Last _____
 Current Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

HOUSEHOLD COMPOSITION

Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Gender	Optional			Current Student Yes or No	Marital Status	Last 4 digits of SSN#
					Race	Ethnicity	Disabled			
1.										
2.										
3.										
4.										

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above
Gender: M –Male; F –Female NR –chose not to respond
Marital Status: M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed
Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 –Other; or 8 –Chose not to respond
Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 –Chose not to respond
Disabled: 1-Yes; 2-No; NR -chose not to respond –. See Fair Housing Act for definition of handicap (disability)
http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201

QUESTIONS – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

- Do you expect any additions to the household within the next 12 months? Yes No
 If Yes, explain: _____
- Is there anyone living with you now who won't be living with you at this property? Yes No
 If Yes, explain: _____
- Do you have any minor children? Yes No
- Are there any absent household members who normally would live with you? Yes No
 If Yes, explain: _____
- Do any of the following statements apply to you:
 - I have filed for bankruptcy Yes No
 - I have been convicted of a felony Yes No
 - I have been convicted for dealing or manufacturing illegal drugs Yes No
 - I have been convicted of property damage Yes No



- 10. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer) Yes No
- 11. Have you been a student in the past 12 months? Yes No
- 12. Are you currently a student or do you plan to become a student in the next 12 months? Yes No
- 13. Will you or anyone in your household require a live-in care attendant? Yes No
- 14. Will your household be receiving Section 8 rental assistance at the time of move-in? Yes No
- 15. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No

Name of Current Landlord

Phone Number

How long have you resided at your current address? _____ Years _____ Months Amt. of Rent/Payment: \$ _____

PREVIOUS HOUSING STATUS (Provide information on 2 previous addresses where you have resided)

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord	_____ Phone Number		

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord	_____ Phone Number		

HOUSEHOLD INCOME INFORMATION (NOTE: All information will be verified by a third party)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1.	Social Security, SSI or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Unemployment benefits or workman's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Alimony or child support (either court ordered or paid directly from the payor)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from a severance package from a previous employer	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Regular payments from disability, death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Regular payments from lottery winnings or inheritances	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Regular payments from rental property (land contracts or other real estate transactions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Educational grants, scholarships or other student benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Any other sources of income not listed	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Yes, Please explain:			
18.	If you have answered no to questions 1-17, Are you claiming that you have ZERO income	<input type="checkbox"/>	<input type="checkbox"/>	

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.



Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, <u>AND</u> ADDRESS, PHONE & FAX NUMBERS (i.e. employers, public assistance office, social security, pension fund, etc.)				
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:

HOUSEHOLD ASSETS (NOTE: All information will be verified by a third party)

	DO YOU HAVE MONEY HELD IN:	YES	NO	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or treasury bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	IRA, KEOGH or other retirement accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Cash on hand over \$500 (other than money previously reported in checking or savings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Have you sold, disposed or given away any property in the last two years? (i.e., charitable contributions > \$500)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Personal property held as an investment (such as paintings, coins, art work or antiques)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Whole or universal life insurance policies (not including term policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	A safe deposit box with a monetary content of \$500 or more	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/FAX NUMBER (i.e. employers, public assistance office, social security, pension fund, etc.)				
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Fax:	
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Fax:	
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Fax:	
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Fax:	



If **Yes** was answered to Question 10, Please complete the following:

I/we certify that I/we have or have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management with all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

PERSONAL INFORMATION

Full Name (first, middle, last): _____

Current Address: _____ Zip Code: _____

Previous Address: _____ Zip Code: _____

Indicate Maiden Name (if married): _____

Gender: _____ Civil Status: _____ Age: _____

Date Of Birth: _____ Place of Birth: _____

Phone Number: _____ E-mail Address: _____

Social Security No.: _____ Driver's License No.: _____

MISC. INFORMATION

Have you been arrested or convicted of any administrative or criminal offense in any court of law?

 YES **NO**If **YES**, please indicate reason(s) here:

I hereby authorize Habitat for Humanity of Marion County, Inc. to use this information for the investigation of my background including my conduct and other pertinent information deemed necessary for my participation. I also hereby authorize other concerned entities or agencies to disclose any verbal or written information to the investigator that is imperative to the inquiry in accordance with the law. I swear that all details provided herein are true and correct based on my knowledge.

Signature_____
Signature_____
Print Name_____
Print Name_____
Date_____
Date

We are pleased you have made it this far in the homeowner/critical home repair selection process. It is often quicker to communicate electronically compared to paper copies through the mail. Please review this document and provide your consent.

1. Scope of Communications to be provided in electronic form. Habitat for Humanity will continue to meet you in person and use paper copies for all contracts and legally binding agreements. The purpose for electronic communication will be restricted to scheduling appointments, confirming appointments, and planning and organizing dedication events including but not limited to invitation lists, programs, schedules, and deadlines. If at any time it is deemed better for communications sake to discuss these things in person an appointment will be made to meet in person.

2. Method of communications in electronic form. By providing your consent you are granting us permission to contact you via email and texts to your personal device.

3. How to withdraw your consent. You may withdraw your consent to receive communications in electronic form by contacting us at our office. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

Signature

Signature

Print Name

Print Name

Date

Date

Email Address

Email Address

Cell Phone No.

Cell Phone No.

Not applicable (please check box and sign/print name below)

I, _____ (print name), certify that I am a full-time student.

Please fill out the following information:

Name of Educational Institution: _____

Address of Education Institution: _____

Years Remaining to Complete Degree or Program: _____

Signature

Print Name

Date

Applicant name: _____

CHILD SUPPORT SELF AFFIDAVIT

(The use of white out, black out, or alteration of original information will void this document.)

TO BE COMPLETED BY APPLICANT / TENANT

Not applicable (please check box and sign below)

I certify that I have been legally awarded child support in the amount of \$ _____
Weekly Monthly Annually. (Provide copy of legal document)

I certify that I receive the following amount for child support:
Child Support \$ _____ Weekly Monthly Annually

I certify that I have not been legally awarded child support and that I do not expect to receive payments within the next 12 months.

I certify that I do not receive payments of the legally awarded child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect. (Failure to list attempts made to collect requires the full amount awarded to be included as income.)

Case Number:	
List Covered Dependents:	
List attempts to collect:	

Signature of Applicant/Tenant

Address

Date

City/State/Zip Code

Telephone Number

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

ZERO INCOME SELF AFFIDAVIT

(To be completed by adult household members only, if appropriate.)

Not applicable (please check box and sign/print name below)

- 1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

- 2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. Yes No

I will be using the following sources of funds to pay for rent/mortgage and other necessities:

- 3. I will be actively looking for employment, although I have no source of employment at this time. Yes No

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

USDA Rural Development
VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013 (VAWA) SUGGESTED FORMAT OF
CERTIFICATION OF VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR
STALKING

NOTICE TO TENANT OR APPLICANT: If you are or have been a victim of domestic violence, dating violence, sexual assault or stalking, you will be asked to provide the information below by the owner/manager or the Rural Development (RD) Multi-Family Housing (MFH) Program Director in your State (State MFH Program Director). The information in Part I below may be provided by you or by someone on your behalf, and given to the owner/manager or the State MFH Program Director for use in determining eligibility for protections under VAWA. The Certification and Signature in Part II, and the Confidentiality Statement in Part III are mandatory statements that must be included with your application.

Purpose of The Form of Certification: VAWA provides protections for applicants and tenants who are or have been victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protects applicants and tenants from being evicted, denied housing assistance, or terminated from housing assistance, based on acts of domestic violence dating violence, sexual assault or stalking, committed against them.

If you are an applicant or tenant and a victim of domestic violence, the information requested below is one type of documentation that you may be asked to complete by the “responsible entity,” as indicated on the Notice of Occupancy Rights distributed to you.

Use of This Form of Certification Is Optional: Instead of this form, upon the written request by the owner/manager or the RD State MFH Program Director, the tenant or applicant may be asked to submit the alternate documentation below:

- (1) A document signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault or stalking, or the effects of abuse;
- (2) A document signed by the applicant or tenant who states under penalty of perjury that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under VAWA;
- (3) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (4) At the discretion of the owner/manager or RD MFH Program Director, a statement or other evidence provided by the applicant or tenant.

Time Period For Submission of Documentation: The time period to submit documentation is 14 business days from the date that the owner/manager or RD State MFH Program Director submits a written request to the tenant or applicant to provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. The time period to submit the documentation may be extended, if the tenant or applicant requests an extension of the time period. If the requested information is not received by the 14th business day or any extension of the date provided, none of the VAWA protections have to be provided to the tenant or applicant. Distribution or issuance of this form does not serve as a written request for certification.

Part I – Required Information:

1. Date of applicant’s receipt of written request for documentation
2. Name of victim
3. Name of person completing this form (if different from victim)
4. Name of other family members and lawful tenants listed on the lease
5. Address of victim
6. Name of accused perpetrator (if known and can be disclosed)
7. Relationship of the accused perpetrator to the victim
8. Date(s) of incident(s)
9. Time(s) of incidents(s)
10. Location of incident(s)
11. Description of incident(s) in your own words (attach as many sheets as needed)

Part II – Mandatory Statement of Certification and Signature: This is to certify that the information provided on this form is true and correct and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature

Date

Part III – Mandatory Statement of Confidentiality:

All information provided to the owner/manager or other responsible entity concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of the owner/manager or other responsible entity are not to have access to these details unless to provide or deny VAWA protections to the applicant or tenant, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by the victim in writing; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

- I do not choose to disclose this information at this time
- I have not been a victim of domestic violence, dating violence, sexual assault, or stalking

Signature

Date