

**Greater Reidsville Habitat for Humanity builds homes for working families of modest means. The path to Habitat homeownership requires hard work, time, and dedication. Applications are evaluated on three principles: need, ability to pay, and willingness to partner with Habitat.**

**Program requirements:**

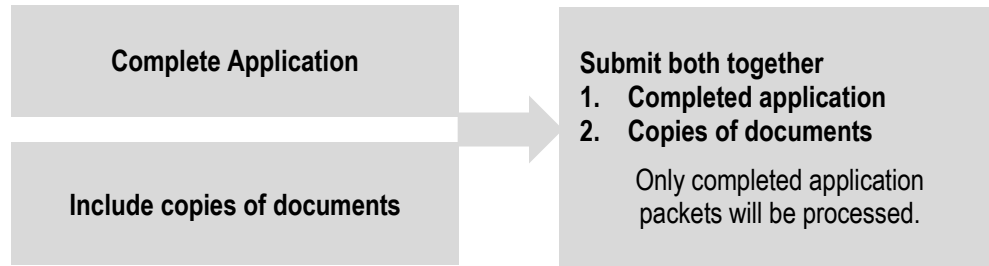
- Be a citizen or legal resident of the United States and at least 18 years of age.
- Have primary residency or permanent employment in Reidsville or Rockingham County for at least one year.
- Provide financial information and agree to credit and criminal background checks.
- Have a current lease in applicant's name for at least one year.
- Be willing to complete financial education courses.
- Be willing to complete 300 hours of "sweat equity," time volunteered in the construction of a Habitat home.

**KEEP THIS PAGE FOR YOUR RECORDS**

Application # \_\_\_\_\_

### Instructional Page

- Fill out the Greater Reidsville Habitat for Humanity (GRHH) application completely and accurately.
- Include copies of required documents. Do not submit original documents.
- Submit your completed application and copies of your documents together.



### Important Information

- Your information will be kept confidential. (Privacy Statement and Notice – next page.)
- Only **completed** applications with all required documents will be processed.
- Information intentionally **not** reported may disqualify you for consideration.
- Submitting an application packet **does not** qualify you for a home or acceptance into the GRHH Homeowner Program.

#### MAIL YOUR COMPLETED APPLICATION PACKET TO:

#### FOR QUESTIONS:

MAIL

Greater Reidsville Habitat For Humanity  
Attn: Home Ownership Application  
P. O. Box 2593  
Reidsville, NC 27323-2593

- Email: [reidsvillehabitat@gmail.com](mailto:reidsvillehabitat@gmail.com)
- Call: (336) 361-0016

**KEEP THIS PAGE FOR YOUR RECORDS**

**PRIVACY STATEMENT AND NOTICE (KEEP THIS PAGE)**

At Greater Reidsville Habitat for Humanity ("GRHH"), we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to serve our customers more efficiently, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When we collect, store, and retrieve applicant, family, tenant, and homeowner data, such as tax returns, pay stubs, credit reports, employment verifications and payment history, we maintain internal controls throughout the process to ensure security and confidentiality.

**We collect non-public personal information about you from the following sources:**

- Information we receive from you on applications or other forms
- Information about your transactions with us, our affiliates, or others
- Information we receive from a consumer reporting agency

**We may disclose the following kinds of non-public personal information about you:**

- Information we receive from you on applications or other forms, such as your name, address, Social Security number, assets, debts, income, etc.
- Information about your transactions with us, our affiliates, or others such as your loan balance, payment history, monthly payment, etc.
- Information we receive from a consumer reporting agency such as your credit worthiness and credit history.

Habitat employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law.

**As permitted by law, we may disclose non-public personal information about you to the following types of third parties:**

- Financial service providers, such as mortgage servicing agents
- Nonprofit organizations or governments
- Credit counseling agencies

If you prefer that we do not disclose non-public personal information about you to non-affiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to non-affiliated third parties, you may call Greater Reidsville Habitat for Humanity at (336) 361-0016.

**KEEP THIS PAGE FOR YOUR RECORDS**

Application # \_\_\_\_\_

**APPLICATION CHECKLIST - (Return with your completed application and copies of required documentation.)**

**Print Clearly:**  
Applicant

Total Household Members  
 (Including Applicant & Co-Applicant)   
Co-Applicant (  Yes  No )

\_\_\_\_\_  
 First Name Last Name First Name Last Name

**Application Sections**

- Page Complete all sections below
- 1  Application Checklist (this page)
  - 2  Applicant & Co-Applicant Personal Information
  - 3-4  Household Members
  - 5  Rental History
  - 6  Employment and Wages
  - 6-7  Non-Wages Form (Optional) - Official Statements required and documents showing consecutive receipt for 3 years  
 (and no less than 1 year)
    - Disability Income
    - Social Security
    - Court-ordered Child Support
    - Veteran's benefits
    - Pension
  - 7  Household Size & Gross Income Summary
  - 8  Declarations
  - 9  Credit Authorization
  - 10  Background Check Authorization

All household members 18 years and older are required to complete a Background Check Authorization

**Documents Required – Copies of all pages of each document**

- Current lease and all leases (Past 12 months with all pages or written statement signed and dated by landlord.)
- Social Security cards for all household members
- Non-Wages statement for all household members

**Applicant**

**Co-Applicant**

Current Valid Driver's License or State ID :

Separated or Divorce Official Decree:  Yes  N/A

Yes  N/A

Pay Stubs (Most recent last **two** months):  Yes  Not Employed

Yes  Not Employed

Self-Employed (provide documents below)  Yes  N/A

Yes  N/A

Income and Loss on two most recent tax returns:  Yes  N/A

Yes  N/A

Year-to-Date Profit & Loss Statement:  
 and all supporting documentation  Yes  N/A

Yes  N/A

W2s and Tax returns (for last 3 years below):

Year	Not Employed	W2	Tax Return	Not Employed	W2	Tax Return
2020	<input type="checkbox"/> Not Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Employed	<input type="checkbox"/>	<input type="checkbox"/>
2021	<input type="checkbox"/> Not Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Employed	<input type="checkbox"/>	<input type="checkbox"/>
2022	<input type="checkbox"/> Not Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Employed	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICANT & CO-APPLICANT'S PERSONAL INFORMATION**

Print Clearly (A copy of current valid Driver's License or State ID and SSN required)

**Applicant**

First Name					Last Name				
/					/				
Date of Birth					Age				
			-						

Social Security Number (Copy of card Required)

List all other names or Social Security Numbers you have used, and the years changed.

**Co-Applicant**

First Name					Last Name				
/					/				
Date of Birth					Age				
			-						

Social Security Number (Copy of card Required)

List all other names or Social Security Numbers you have used, and the years changed.

**Contact Information**

Contact # (      ) - \_\_\_\_\_

Email \_\_\_\_\_

**Marital Status**

Single  Married  Widowed  Separated  Divorced

If separated or divorced a copy of decree required)

**Contact Information**

Contact # (      ) - \_\_\_\_\_

Email \_\_\_\_\_

**Marital Status**

Single  Married  Widowed  Separated  Divorced

If separated or divorced a copy of decree required)

**Relationship to applicant** \_\_\_\_\_

**For Government Monitoring Purposes**

We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. **You are not required to provide this information.** We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

**Applicant**

I do not wish to furnish

**Sex:**  Male  Female

**Ethnicity:**

Hispanic or Latino  
 Not Hispanic or Latino

**Race:**

- Alaskan Native
- American Indian
- Asian
- Black or African American
- Bi-racial or Multi-racial
- Caucasian or White
- Native Hawaiian
- Pacific Islander
- Other: \_\_\_\_\_

**Co-Applicant**

I do not wish to furnish

**Sex:**  Male  Female

**Ethnicity:**

Hispanic or Latino  
 Not Hispanic or Latino

**Race:**

- Alaskan Native
- American Indian
- Asian
- Black or African American
- Bi-racial or Multi-racial
- Caucasian or White
- Native Hawaiian
- Pacific Islander
- Other: \_\_\_\_\_

**Background Information**

List any felony or misdemeanor criminal convictions, guilty pleas, or pleas of nolo contendere/no contest, deferred prosecutions, prayers for judgment, or pending charges (excluding minor traffic violations. Note: offenses such as DUI/DWI, vehicular manslaughter, and reckless driving are not minor traffic violations and must be listed.) Provide dates, courts of jurisdiction, counties/parishes, and states. Attach another page if necessary.

**Applicant**

**Co-Applicant**

**HOUSEHOLD MEMBERS: List household members - If 18 Years old or older a background check is required.**

**If Employed - Copies of paystubs for all current jobs for last two months are required.**

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth
1.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /			<b>Tel:</b>
	How often are you paid? (Check One)		Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly			\$ _____ Per Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth
2.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /			<b>Tel:</b>
	How often are you paid? (Check One)		Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly			\$ _____ Per Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth
3.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /			<b>Tel:</b>
	How often are you paid? (Check One)		Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly			\$ _____ Per Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth
4.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /			<b>Tel:</b>
	How often are you paid? (Check One)		Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly			\$ _____ Per Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth
5.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /			<b>Tel:</b>
	How often are you paid? (Check One)		Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly			\$ _____ Per Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HOUSEHOLD MEMBERS: List household members - If 18 Years old or older, a background check is required.**

**If Employed - Copies of paystubs for all current jobs for last two months are required.**

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth	
6.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /	
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>	<b>Tel:</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /				
	How often are you paid? (Check One)			Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly		\$ _____ Per Hours		<input type="checkbox"/> Yes <input type="checkbox"/> No

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth	
7.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /	
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>	<b>Tel:</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /				
	How often are you paid? (Check One)			Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly		\$ _____ Per Hours		<input type="checkbox"/> Yes <input type="checkbox"/> No

#	First Name	Last Name	Gender	Relationship to Applicants	Date of Birth	
8.			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	/ /	
	<b>Employed</b>	<b>Start Date</b>	<b>Employer's Name</b>		<b>Address</b>	<b>Tel:</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /				
	How often are you paid? (Check One)			Hours worked weekly	Wages	Self Employed
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly		\$ _____ Per Hours		<input type="checkbox"/> Yes <input type="checkbox"/> No

**RENTAL HISTORY**

At least one full year (12 months) of rental history is required. A copy of your current lease is required.  
 If someone else pays the rent on your current residence, submit a signed & dated letter from that person, including rental dates, amount of monthly rent, and the length of time you have lived at the residence.  
 If you have been at your current residence less than one year, complete the previous addresses section.

Current Landlord/Apartment Name	/ /	Move in Date	\$	Monthly Rent
How long is your lease				

**Current Physical Address:**

Address	City	State	Zip
Number of bedrooms	How many people live in this home?		

Is the lease in your name?  Yes  No If not, in whose name is the lease? \_\_\_\_\_

Relationship to Applicant and Co-applicant (Print first and last Names) \_\_\_\_\_

**Your current housing.** Check all that apply:

- |                                                                                                                                         |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Cost Burdened (paying 30%+ gross monthly income on housing)                                                    | <input type="checkbox"/> Temporary housing                                 |
| <input type="checkbox"/> Subsidized Housing (public housing, public assistance, or Section 8)                                           | <input type="checkbox"/> Substandard living conditions (hazardous, unsafe) |
| <input type="checkbox"/> Overcrowded                                                                                                    | <input type="checkbox"/> Cannot afford a conventional loan                 |
| <input type="checkbox"/> Other - Provide additional current housing details or attached additional details on a separate sheet of paper |                                                                            |

**List previous addresses within the past 2 years (if applicable):**

#	Move in Date	Move Out Date	Address	City	State	Zip
1.	/ /	/ /				
2.	/ /	/ /				
3.	/ /	/ /				
4.	/ /	/ /				
5.	/ /	/ /				



**EMPLOYMENT AND WAGES**

List a minimum of 2 Years of employment history.

**Copies of paystubs for all current jobs for last two months required. Enter total gross yearly wages at bottom.**

**Applicant (Employed  Yes  No)**

Current Employer \_\_\_\_\_  
 Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Address: (\_\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY

How often are you paid? (Check One)  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 How many hours do you work? \_\_\_\_\_  
 Hourly wages \$ \_\_\_\_\_ per hour  
 Self Employed  Yes  No

**Current**  **Previous if less than two years**

Employer \_\_\_\_\_  
 Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Address: (\_\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY  
 To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY

How often are you paid? (Check One)  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 How many hours do you work? \_\_\_\_\_  
 Hourly wages \$ \_\_\_\_\_ per hour  
 Self Employed  Yes  No

**Current**  **Previous if less than two years**

Employer \_\_\_\_\_  
 Position \_\_\_\_\_  
 Phone # (\_\_\_\_\_) \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY  
 To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY

How often are you paid? (Check One)  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 How many hours do you work? \_\_\_\_\_  
 Hourly wages \$ \_\_\_\_\_ per hour  
 Self Employed  Yes  No

**Enter total gross yearly wages:**

**Co-Applicant (Employed:  Yes  No)**

Current Employer \_\_\_\_\_  
 Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Address: (\_\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY

How often are you paid? (Check One)  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 How many hours do you work? \_\_\_\_\_  
 Hourly wages \$ \_\_\_\_\_ per hour  
 Self Employed  Yes  No

**Current**  **Previous if less than two years**

Employer \_\_\_\_\_  
 Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Address: (\_\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY  
 To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY

How often are you paid? (Check One)  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 How many hours do you work? \_\_\_\_\_  
 Hourly wages \$ \_\_\_\_\_ per hour  
 Self Employed  Yes  No

**Current**  **Previous if less than two years**

Employer \_\_\_\_\_  
 Position \_\_\_\_\_  
 Phone # (\_\_\_\_\_) \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY  
 To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM/DD/YYYY

How often are you paid? (Check One)  
 Weekly  Bi-Weekly  Bi-Monthly  Monthly  
 How many hours do you work? \_\_\_\_\_  
 Hourly wages \$ \_\_\_\_\_ per hour  
 Self Employed  Yes  No

**Enter total gross yearly wages:**

**Non-Wages (Optional)**

Copies of official statements and documentation must show consecutive receipt for a period no less than 1 year and proof of continuation for at least 3 years (36 full months). You must provide a copy of a court order or support agreement. For child support: 25% of the yearly amount is calculated and included.

#	First name	Last name	Type		Monthly Amt	Yearly Amt
1.	_____	_____	<input type="checkbox"/> Alimony <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Disability	<input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran's	_____	_____
2.	_____	_____	<input type="checkbox"/> Alimony <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Disability	<input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran's	_____	_____
3.	_____	_____	<input type="checkbox"/> Alimony <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Disability	<input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran's	_____	_____
4.	_____	_____	<input type="checkbox"/> Alimony <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Disability	<input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran's	_____	_____
5.	_____	_____	<input type="checkbox"/> Alimony <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> Disability	<input type="checkbox"/> Pension <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran's	_____	_____
<b>Total Non-Wages:</b>					_____	_____

**HOUSEHOLD SIZE & GROSS INCOME SUMMARY**

Greater Reidsville Habitat for Humanity uses HUD guidelines to determine your household income when reviewing your application for our homeownership program.

Enter total members in your household (from pp. 3-4): \_\_\_\_\_

Enter gross Income (from p.6): \$ \_\_\_\_\_

Enter your total yearly non-wages (from p.7): \$ \_\_\_\_\_

Total Income (Add gross income and non-wages): = \_\_\_\_\_

**INCOME GUIDELINES** The income guidelines for Greater Reidsville Habitat for Humanity, is defined by the U.S. Department of Housing and Urban Development (HUD).

INCOME GUIDELINES		
Household Size	Minimum Income	Maximum Income
1	\$ 25,153	\$ 40,880
2	\$ 25,153	\$ 46,720
3	\$ 25,153	\$ 52,560
4	\$ 27,501	\$ 58,400
5	\$ 37,556	\$ 63,120
6	\$ 31,850	\$ 67,760
7	\$ 35,642	\$ 72,480
8	\$ 35,642	\$ 77,120

**DECLARATION**

If you answer "Yes" to questions 1 – 7, use a separate sheet of paper to explain.

**Applicant**

**Co-Applicant**

- |                                                                                                                                               |                                                          |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 1. Are there any outstanding judgments or collections against you?                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you declared bankruptcy within the past 7 years?                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you a party to a lawsuit?                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you directly or indirectly obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you presently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you obligated to pay alimony, child support, or separate maintenance?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you a U.S. citizen?                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you a permanent resident alien?                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you intend to occupy (live in) this property as your primary residence?                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have you had ownership interest in any property in the last three (3) years?                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you a veteran of the US Armed Forces?                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you currently serving in the US Armed Forces?                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

How did you hear about Greater Reidsville Habitat for Humanity?

- Habitat for Humanity Website
- Habitat for Humanity social media:     Facebook  Instagram  Other: \_\_\_\_\_
- Habitat for Humanity homeowner - print name here: \_\_\_\_\_
- Newspaper or periodical – print name Here: \_\_\_\_\_
- Acquaintance – print name here: \_\_\_\_\_
- Event – enter name here: \_\_\_\_\_
- Other – enter name here: \_\_\_\_\_

**CREDIT AUTHORIZATION\***

The undersigned ("Buyer") desires to purchase a house from Greater Reidsville Habitat for Humanity ("GRHH"), which will involve the loaning to the Buyer a sum equal to the entire purchase price of the house. The Buyer understands that GRHH will need to obtain from various firms or agencies information about the Buyer's credit history, financial situation, employment, and other matters affecting the Buyer's ability to repay the loan from GRHH. The Buyer understands that these are necessary procedures for GRHH to evaluate the Buyer's ability to maintain the home in proper condition and repay the GRHH loan. The Buyer understands that information about the Buyer's personal circumstances will be treated as confidential and that no information about the Buyer will be accessible to any party who is not directly involved in the Buyer's purchase of home.

The Buyer therefore authorizes Greater Reidsville Habitat for Humanity to obtain from any third parties any information related to the Buyer's personal or financial circumstances as may be necessary to determine the Buyer's credit-worthiness.

In compliance with the Federal Fair Credit Reporting Act, Greater Reidsville Habitat for Humanity is hereby informing you that it may obtain and consider criminal records, credit reports, driving records, consumer reports, and other background checks to determine your eligibility to purchase a Habitat home.

Please sign and date this Credit Authorization form.

**Applicant**

\_\_\_\_\_ Sign → \_\_\_\_\_ / \_\_\_\_\_  
 First Name Last Name Applicant's Signature Date

**Co-Applicant**

\_\_\_\_\_ Sign → \_\_\_\_\_ / \_\_\_\_\_  
 First Name Last Name Co- Applicant's Signature Date

**BACKGROUND CHECK AUTHORIZATION**

**Authorization to Conduct and Consider Background Checks**

I hereby authorize Greater Reidsville Habitat for Humanity to obtain consumer reports and investigative consumer reports on me and to consider such reports when making decisions regarding my application for home ownership. Such reports may include, but are not limited to, information regarding my criminal record, driving record, credit, employment history and performance, and other investigative reports. I understand that the agencies from which such reports may be sought may include, without limitation, criminal records search agencies, consumer information/credit bureaus, and the like. I also understand that this authorization, in original or copy form, authorizes Greater Reidsville Habitat for Humanity to obtain and consider such reports regarding me at any time when evaluating my potential or continued engagement with Greater Reidsville Habitat for Humanity, both now and in the future.

**Applicant (Print, Sign & Date)**

**Co-Applicant (Print, Sign & Date)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sign → \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Applicant's Signature Date

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sign → \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Co-Applicant's Signature Date

**Background check required for all household members 18 years of age and older - Household members must print their full name, sign, and date below**

**Certification of Information Submitted to Greater Reidsville Habitat for Humanity**

I acknowledge that I have read the information contained on this form carefully. I also certify that all of the information I provided on my application and any attachments were and are true and complete to the best of my knowledge. I further understand that any omission of fact or false or misleading information on this application may disqualify me for consideration for home ownership.

#	First Name	Last Name	Social Security Number (Copy of card required)			Signature	Date
1.	_____	_____	_____	-	_____	-	_____ / _____ / _____
2.	_____	_____	_____	-	_____	-	_____ / _____ / _____
3.	_____	_____	_____		_____		_____ / _____ / _____
4.	_____	_____	_____		_____		_____ / _____ / _____
5.	_____	_____	_____		_____		_____ / _____ / _____
6.	_____	_____	_____		_____		_____ / _____ / _____
7.	_____	_____	_____		_____		_____ / _____ / _____
8.	_____	_____	_____		_____		_____ / _____ / _____

INTERNAL USE ONLY

Family Size \_\_\_\_\_

Application # \_\_\_\_\_

Applicant

Co-Applicant ( Yes  No)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Economic Status: Ability to Pay \_\_\_\_\_  Income qualifies

Ability to Pay \_\_\_\_\_  Income **does not** qualify

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the above and have concluded completion to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Qualified loan originator (QLO) name

\_\_\_\_\_  
(QLO signature)

\_\_\_\_\_  
Date