



The following documentation must be provided for an applicant(s) to be considered for the CDHFH Homeownership program. Submit all documents listed on the checklist in addition to the completed application forms to the address below. Be sure to send copies when noted; originals will NOT be returned. If you have questions contact us at: 302-526-2366 ext. 106

Submit application and requested documentation in person or by mail to:

CENTRAL DELAWARE HABITAT FOR HUMANITY
ATTN: HOMEOWNER SERVICES
544 WEBBS LANE DOVER, DE 19904

Schedule an appointment with Danielle Santos at

dsantos@centraldelawarehabitat.org

Office: (302) 526-2366 Cell: (415)465-9498

- Applicant(s) will have to, resubmit and/or update requested financial documents and application forms during the application process to be considered for the CDHFH Homeownership Program.

Completed Application Checklist for applicant(s):

- _____ Attend an Application & Program Orientation
- _____ Completed CDHFH Application Forms
- _____ Copies of Applicant's paystubs &/or income statements for last **2 Months**
- _____ Copies of Co-Applicant's paystubs &/or income statements for last **2 Months**
- _____ Copies of Applicant's 2 Most Recent (2016 & 2017): Tax Forms or Transcripts and corresponding W2's
- _____ Copies of Co- Applicant's 2 Most Recent (2016 & 2017): Tax Forms or Transcripts and corresponding W2's
- _____ Photocopies of government issued photo identification and social security card for all applicants
- _____ **Credit Check Fee:** \$25.00 for Single Applicant / \$50 for Applicant & Co- Applicant (Cash or Money Order payable to CDHFH)





Applicant ID: _____

CDHFH 2019 BUILD PLAN DISCLOSURE

For the foreseeable future Central Delaware Habitat for Humanity "CDHFH" will be building houses in the downtown Dover area. Currently, we are not identifying partners to build in areas that are not listed on our current construction schedule. We are also unable to build on private property/lots already owned by applicants. Eligible applicants will be considered for homeownership based on our current build schedule as listed below:

S. Governor's Street, N. Kirkwood Street, S. Queen Street, N. Fulton Street, & N. New Street
All Properties are located in Downtown Dover

The construction and build schedule are subject to change based on CDHFH ability and needs.

By signing below I understand that if I am accepted as a potential Habitat partner household, I agree that am willing to build & purchase a house in Dover on the locations listed above. I understand that CDHFH is not responsible or liable for neighborhood conditions now or in the future.

Applicant

Date

Co-Applicant

Date





Applicant ID: _____

CDHFH PARTNERSHIP COMMITMENT FORM

Central Delaware Habitat for Humanity requires that partner households complete our sweat equity requirement of 250 hours per adult in the household, NCALL's homeownership and finance education program & counseling through CDHFH, required CDHFH partner terms as outlined in the CDHFH conditional partnership agreement and any additional items that may arise during a potential partnership with CDHFH. If your household is selected, failure to meet all CDHFH homeownership program requirements in addition to maintaining financial ability to repay a CDHFH mortgage at any point in the partnership will result in a termination from the CDHFH Homeownership program.

In addition to CDHFH Sweat Equity, Homeowner Counseling, and Financial Literacy education requirements selected partner households will be required to meet with the Homeowner Services Director on a monthly basis.

By signing below, you understand that if accepted as a potential Habitat partner household, you agree to meet all Central Delaware Habitat for Humanity program requirements. CDHFH is not responsible for personal or extenuating circumstances that prevent a household from completing program requirements and as a potential partner, you are committing to meet all program requirements.

Applicant

Date

Co-Applicant

Date





Applicant ID: _____

CDHFH APPLICANT CONTACT INFORMATION

As an applicant for the Central Delaware Habitat Homeowner program please provide the following contact information:

Applicant:

- Home Phone Number: _____
- Cell Phone Number: _____
- Address: _____
- Email Address: _____

Co-Applicant:

- Home Phone Number: _____
- Cell Phone Number: _____
- Address: _____
- Email Address: _____



Applicant ID: _____



EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices in the East Central Region, East Central Region, Federal Trade Commission, 1111 Superior Ave, Suite 200 Cleveland, OH 44114-2507.

You do not need to disclose income from alimony, child support, or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Central Delaware Habitat for Humanity Homeownership program.

Applicant(s):

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____





180245

Application

Habitat Homeownership Program

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's name _____	Co-applicant's name _____																																																
Social Security number _____	Social Security number _____																																																
Home phone _____ Age _____	Home phone _____ Age _____																																																
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
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Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____																																																
Number of years _____	Number of years _____																																																
If you have lived at your present address for less than two years, complete the following:																																																	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____																																																
Number of years _____	Number of years _____																																																

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living room Dining room

Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

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

5. PROPERTY INFORMATION

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

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

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

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

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

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?

Account	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been 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
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. 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 applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date	Co-applicant signature	Date
X _____	_____	X _____	_____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ Co-applicant's name _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: 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 or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (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