Application for Housing Checklist

Skagit Habitat for Humanity
204 W Montgomery
Mount Vernon, WA 98273
360-428-9402 X112
www.skagithabitat.com

APPLICANTS: When you have checked off each item below, you will have a complete application package to turn in prior to the deadline.

- ☐ I/we filled out the entire application, along with the signed 'ORCA Authorization Release'.
- ☐ I/we have attached copies of photo identification for all applicants and household residents, along with proof of citizenship (passport and/or birth certificate), permanent residency card, or ITIN if applicable.
- ☐ I/we have attached copies of my/our online current credit scores **AND** credit reports obtained from: **Experian, TransUnion, or Equifax**
- ☐ I/we have attached copies of the last **TWO MONTHS** of pay statements, bank statements, **AND** retirement statements for all applicants.
- ☐ I/we have attached official letters from each source of assistance income (SSD, SSI, TANF, child support, etc.) if applicable.
- ☐ I/we have attached W2's for 2023, 2024, and 2025 as well as Federal Income Tax returns for 2023, 2024, and 2025 (if available) for all applicants.
- ☐ I/we have attached additional page(s) of documentation and explanation, if required.
- ☐ I/we have attached a letter of explanation explaining why I/we would like our household to be selected to become a Skagit Habitat Homeowner.
- ☐ **I/we have scheduled a time to turn in the application packet to: Skagit Habitat office at 204 W Montgomery, Mount Vernon. For questions, phone 360-428-9402, Ext. 112**

***All information provided is CONFIDENTIAL.**

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____ Complete? Yes No If incomplete, action required:

NOTICE: Skagit Habitat for Humanity is pledged to the letter and spirit of the US Policy for the achievement of equal housing opportunity. The Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, familial status, age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income deriving from any public assistance program. We encourage and support this affirmative advertising and marketing program in which there are no barriers to obtaining housing. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.

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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 for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Type of credit
U I am applying for **individual credit.**
U I am applying for **joint credit**. Total number of borrowers:__
U Each borrower intends to apply for joint credit. **Your initials:**

1A. APPLICANT INFORMATION

Applicant	Co-applicant
Applicant's name:	**Co-applicant's name:**
Alternative and former names:	**Alternative and former names:**
Social Security number	Social Security number
Home phone ( )	Home phone ( )
Cell phone ( )	Cell phone ( )
Work phone ( )	Work phone ( )
Age Date of birth (mm/dd/yyyy)	Age Date of birth (mm/dd/yyyy)
U Married U Separated U Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) **(Fill out Section 14.)**	U Married U Separated U Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) **(Fill out Section 14.)**

Dependents and others who will live with you:

Name	Age	Male	Female
		U	U
		U	U
		U	U
		U	U
		U	U

Dependents and others who will live with you (not listed by co-applicant):

Name	Age	Male	Female
		U	U
		U	U
		U	U
		U	U
		U	U

Present address (street, city, state, ZIP code): U Own U Rent	Present address (street, city, state, ZIP code): U Own U Rent
Number of years:	Number of years:

If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:

Previous address(es) (street, city, state, ZIP code): U Own U Rent	Previous address(es) (street, city, state, ZIP code): U Own U Rent
Number of years:	Number of years:

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:

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?
(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ❑ Yes ❑ No

If yes, check all that apply:

- ❑ Currently serving on active duty with projected expiration date of service/tour ____/_____/_____ (mm/dd/yyyy)
- ❑ Currently retired, discharged, or separated from service
- ❑ Only period of service was as a non-activated member of the Reserve or National Guard
- ❑ Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? ❑ Yes ❑ No

If yes, check all that apply:

- ❑ Currently serving on active duty with projected expiration date of service/tour ____/_____/_____ (mm/dd/yyyy)
- ❑ Currently retired, discharged, or separated from service
- ❑ Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.	**I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:** **Yes** **No** Applicant ❑ ❑ Co-applicant ❑ ❑

3. PRESENT HOUSING CONDITIONS

Currently, are you: ❑ Renting ❑ Rent-free ❑ Own
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):

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

If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.

Name, address and phone number of current landlord:

4. PROPERTY INFORMATION

❑ **I do not own any real estate (move to Section 5).**

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)? $ /month Unpaid balance $	Do you own land other than your residence? ❑ No ❑ Yes Monthly payment (including taxes, insurance, etc.) $

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens. **Note:** A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION			
Applicant		**Co-applicant**	
0 **Does not apply.**		0 **Does not**	
Name and address of **CURRENT** employer:	Start date (mm/dd/yyyy):	Name and address of **CURRENT** employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: $		Annual (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 **PREVIOUS** employer:	Years on this job:	Name and address of **PREVIOUS** employer:	Years on this job:
	Annual (gross) wages: $		Annual (gross) wages: $
Type of business:	Business phone:	Type of business:	Business phone:

0 **Check if you are the business owner or are self-employed.**

☐ I have an ownership share of less than 25%. ☐ I have an ownership share of 25% or more.

Monthly income (or loss) $

PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

6. MONTHLY INCOME				
Income source	**Applicant**	**Co-applicant**	**Others in household**	**Total**
Salary/wages (gross)	$	$	$	$
TANF	$	$	$	$
Alimony	$	$	$	$
Child support	$	$	$	$
Social Security	$	$	$	$
SSI	$	$	$	$
Disability	$	$	$	$
Housing voucher (e.g., Section 8)	$	$	$	$
Unemployment benefits	$	$	$	$
VA compensation	$	$	$	$
Retirement (e.g., pension)	$	$	$	$
Military entitlements	$	$	$	$
Other:	$	$	$	$
Total	**$**	**$**	**$**	**$**

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
Name	**Income source**	**Monthly income**	**Date of birth**

7. 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 gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					$
					$
					$
					$
					$
					$
					$

9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant		
Account	**Monthly payment**	**Unpaid balance**	**Months left to pay**	**Monthly payment**	**Unpaid balance**	**Months left to pay**
Auto loan	$	$		$	$	
Installment (e.g., boat, personal loan)	$	$		$	$	
Lease (e.g., furniture, appliances — includes rent-to-own)	$	$		$	$	
Alimony/separate maintenance	$	$		$	$	
Child support	$	$		$	$	
Revolving (e.g., credit cards)	$	$		$	$	
Student loan debt	$	$		$	$	
Open 30 days (balance paid monthly, e.g., travel card)	$	$		$	$	
Medical debt	$	$		$	$	
Other	$	$		$	$	
Other	$	$		$	$	
Total	**$**	**$**		**$**	**$**	

MONTHLY EXPENSES			
Account	**Applicant**	**Co-applicant**	**Total**
Rent	$	$	$
Utilities (electricity, water, gas)	$	$	$
Insurance (rental, car, health, etc.)	$	$	$
Child care	$	$	$
Internet service	$	$	$
Cell phone	$	$	$

Land line	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	$	$	$
Food and essential supplies	$	$	$
Entertainment	$	$	$
Other	$	$	$
Other	$	$	$
Total	**$**	**$**	**$**

10. DECLARATIONS		
Please check the box beside the word that best answers the following questions for you and the co-applicant.	**Applicant**	**Co-applicant**
a. Are there any outstanding judgments because of a court decision against you?	❑ Yes ❑ No	❑ Yes ❑ No
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: ❑ Chapter 7 ❑ Chapter 11 ❑ Chapter 12 ❑ Chapter 13	❑ Yes ❑ No	❑ Yes ❑ No
c. Have you had any property foreclosed upon in the past seven years?	❑ Yes ❑ No	❑ Yes ❑ No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	❑ Yes ❑ No	❑ Yes ❑ No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	❑ Yes ❑ No	❑ Yes ❑ No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	❑ Yes ❑ No	❑ Yes ❑ No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	❑ Yes ❑ No	❑ Yes ❑ No
h. Are you a U.S. citizen or permanent resident?	❑ Yes ❑ No	❑ Yes ❑ No
Note: If you answered “yes” to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

11. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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.

If this application is created as (or converted into) an “electronic application,” I consent to the use of “electronic records” and “electronic signatures” as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, 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** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
Ethnicity ***(check one or more):***	**Ethnicity** ***(check one or more):***
0 Hispanic or Latino	**0** Hispanic or Latino
0 Mexican **0** Puerto Rican **0** Cuban	**0** Mexican **0** Puerto Rican **0** Cuban
0 Other Hispanic or Latino – *Origin:*	**0** Other Hispanic or Latino – *Origin:*
For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	*For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*
0 Not Hispanic or Latino	**0** Not Hispanic or Latino
0 I do not wish to provide this information	**0** I do not wish to provide this information
Sex:	**Sex:**
0 Female **0** Male **0** I do not wish to provide this information	**0** Female **0** Male **0** I do not wish to provide this information
Race ***(check one or more):***	**Race** ***(check one or more):***
0 American Indian or Alaska Native — *Name of enrolled or principal tribe*:	**0** American Indian or Alaska Native — *Name of enrolled or principal tribe*:
0 Asian	**0** Asian
0 Asian Indian **0** Chinese **0** Filipino	**0** Asian Indian **0** Chinese **0** Filipino
0 Japanese **0** Korean **0** Vietnamese	**0** Japanese **0** Korean **0** Vietnamese
0 Other Asian — *race:*	**0** Other Asian — *race:*
For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. **0** Black or African American	*For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* **0** Black or African American
0 Native Hawaiian or Other Pacific Islander	**0** Native Hawaiian or Other Pacific Islander
0 Native Hawaiian **0** Guamanian or Chamorro **0** Samoan	**0** Native Hawaiian **0** Guamanian or Chamorro **0** Samoan
0 Other Pacific Islander — *race:*	**0** Other Pacific Islander — *race:*
For example: Fijian, Tongan, and so on.	*For example: Fijian, Tongan, and so on.*
0 White	**0** White
0 I do not wish to provide this information	**0** I do not wish to provide this information

To be completed only by the person conducting the interview

Was the ethnicity of the Borrower collected on the basis of visual observation or surname? **0** Yes **0** No
Was the sex of the Borrower collected on the basis of visual observation or surname? **0** Yes **0** No
Was the race of the Borrower collected on the basis of visual observation or surname? **0** Yes **0** No

This application was taken by:	Interviewer's name (print or type)	Interviewer's phone number
0 Face-to-face interview (included electronic media w/video component)		
0 By mail **0** By telephone	Interviewer's signature	Date

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? **0** No **0** Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

0 Civil union **0** Domestic partnership **0** Registered reciprocal beneficiary relationship
0 Other (explain):

State: _____

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, 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 at: 915 2nd Ave, Seattle, WA, 98104.

You need not 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 Habitat program.

Applicant(s):

X _____ X _____

Print name: _____ Print name: _____

Date: Date:

How did you hear about us:

- Newsletter
- Social media
- Website
- Email
- Search Engine
- Skagit Habitat Store
- Recommended by Friend or Colleague
- Other

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Skagit Habitat for Humanity
Phone: (360) 428-9402

RELEASE AUTHORIZATION

In connection with my final offer of employment and/or continued employment position with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, civil records, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Applicant's Signature: _____

The following must be filled out completely for your application to be considered. (Please print).

Position Applying for:Skagit Habitat for Humanity Homebuyer Applicant

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip		
Other Last Names Used				Driver's License # / State			
Other States and Counties I have lived in as an adult…	1		State	County	Zip	From (year)	To (year)
	2						
	3						
	4						

Have you ever been charged or convicted of a crime: Yes No

If yes, what State & County: _____

What was the nature of the crime? (give details):

_____

Estimated Annual Earnings:

***The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.
120 E. George Hopper Rd, Suite 108
Burlington, WA 98233
Phone: (800) 341-0022
Fax: (800) 522-6722

© Orca Information, Inc.

Skagit Habitat for Humanity
Phone: (360) 428-9402

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Place of Birth (City/State)	Current Address		City	State	Zip		
Other Last Names Used				Driver's License # / State			
Other States and Counties I have lived in as an adult…	1		State	County	Zip	From (year)	To (year)
	2						
	3						
	4						

Have you ever been charged or convicted of a crime: Yes No

If yes, what State & County: _____

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