



Dear Applicant,

Thank you for expressing interest in the Transylvania Habitat for Humanity Homeownership Program. We believe in providing a safe, affordable place to call home, offering a hand-up, not a hand-out. Our multi-step application process is designed to help you prepare for the responsibilities of homeownership. Below, we've provided an explanation of each requirement:

1. **Need for Housing:** We assess your household income and the need for better housing to determine if any of the following apply to your situation.
 - a) Current residence is temporary.
 - b) Over-crowded
 - c) Costs more than 30% of your income to rent.
 - d) Inadequate such as problems with the structure; electrical or sewage service systems.
2. **Ability to Pay:** We evaluate your income and debts to evaluate your ability to pay an affordable mortgage.
 - a) Debts: Car Payment, Credit Cards, Student Loans, Insurance, Household Utilities, Personal Loans
 - b) Income: Job, Self-Employment, Social Security, Child Support. Income must fall within the following guideline, based on Household Size.

Household Size	Yearly Income
1	\$21,560 - \$43,100
2	\$24,640 - \$49,250
3	\$27,720 - \$55,400
4	\$30,800 - \$61,600
5	\$33,240 - \$66,550
6	\$35,720 - \$71,500
7	\$38,160 - \$76,350
8	\$40,640 - \$81,300

3. **Willingness to Partner:**
 - a) Approved applicants must complete 200 sweat equity hours. Hours include the following:
 - i. Classes on financial education, budget, working, working in the ReStore, assisting in the construction, and home maintenance.
 - b) Save \$2,000.00 to be applied to closing costs.
4. **Additional Requirements:**
 - a) Must be a US Citizen
 - b) Must have lived or worked in Transylvania County for one year prior to applying.
 - c) Must not have owned a home in the last three years
 - d) Married couples must apply together

Please include the following documents with the Homeownership Application

For both APPLICANT and CO-APPLICANT include the following items:

- Letter explaining the need for a Habitat Home.
- Three references names, phone numbers and mailing addresses
- Proof of eligibility to work and reside in United States of America
- Proof of residency, NC Driver’s License and/or Government issued Picture ID
- Rental information
 - Most recent 12 months proof of payment, receipts or bank statements showing rent payments.
 - Copy of the Lease
- Income information **for all household members aged 18 and older.**
 - If employed 3 most recent pay stubs to cover a 30-day period.
 - Most recent 2 yrs. W2’s, signed tax returns
 - If Self-Employed – the past 2 years of signed income tax returns all pages
 - Other Income –Social Security, Retirement, provide the award or benefit letter; Child Support and other court mandated payments like alimony, provide the court order, payment record.
- Financial Information
 - Copies of the last 2 utility bills (gas, water, sewer, electric, cable, phone, etc.)
 - Divorce Decree or Marriage Certificate, as applicable
 - Most recent 3 months of statements for each credit card and loans, showing amounts owed.
 - Most recent quarterly 401(k) or 403(b), or other retirement statement
 - Most recent 3 months of bank statements for each bank account held – jointly and or sole owner, as applicable.
 - Discharge papers if you declared bankruptcy within the last 7 years.

Signed by applicant and co-applicant (as applicable)

- Habitat Application
- Borrowers Authorization
- E-SIGN Disclosure
- Personal Information Release Authorization
- Equal Credit Opportunity Notice

Habitat Office Use Only

Date Application received _____ Application ID Number _____



Join the Journey to Your Dream Home with Habitat!

Ready to take the exciting step toward homeownership with Habitat for Humanity? Our application process is simple and designed to guide you through each stage. Check out the [5 easy steps](#) below:

Step 1: Get Started!

- Fill out and sign your application.
- Provide documents from page 2 of the Applicant Letter.
- In case anything's missing, we'll send a friendly reminder to complete your application within 30 days.

Step 2: Review!

- We'll assess your income, credit status, and debt-to-income ratios to see your "Ability to Pay" mortgage.
- Background and Credit Checks will be reviewed by staff.
- Based on the information you provide in your letter and the application we will determine your "Need for Housing"
- If you meet the criteria, you will be asked to come into the office for an Application Review meeting with the Family Services Manager.
- If not, don't worry – you'll get clear steps to try again!

Step 3: Interview & Approval!

- The Homeowner Services Committee (HSC) will interview you and your family to determine "Willingness to Partner", when and how you would complete the required Sweat Equity.
- If the HSC approves your application, it is sent to the Board of Directors (BOD)
- The BOD reviews the recommendation and votes.
- If approved, you are accepted into the Homeownership Program.
- If denied, we'll chat through the reasons and answer your questions.

Step 4: Let the Fun Begin!

- A Partnership Agreement is assigned.
 - Sweat Equity schedule is completed.
 - Savings Schedule is completed.
- Start Sweat Equity
- Sign up for Ontrack financial education classes.

Step 5: Move In!

- Sweat Equity is completed!
- Education is completed!
- \$2,000.00 in savings account!

Remember, if you ever have questions or need a hand with forms, our Family Services Manager is here for you! Reach out anytime – we're here to support you on your homeownership journey.



692 Ecusta Rd., Brevard NC 28712 • Phone: 828-862-5117

Email: Jenni.Kerr@TransylvaniaHabitat.org

60 - 90 Days

1.5 - 2 years



Transylvania
Habitat
for Humanity®

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

1A. APPLICANT INFORMATION

Applicant	Co-applicant																																																
Applicant's name: _____ Alternative and former names: _____ _____	Co-applicant's name: _____ Alternative and former names: _____ _____																																																
Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																																																
Dependents and others who will live with you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dependents and others who will live with you (not listed by co-applicant): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ 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): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ 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	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

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 Diningroom

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	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
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:
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> 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
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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
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
<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p>

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type) Interviewer's signature	Interviewer's phone number 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? No 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.

Civil union Domestic partnership Registered reciprocal beneficiary relationship

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 (Federal Trade Commission Regional Office for the Southwestern Region, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington DC 20580), or Federal Trade Commission, Equal Credit Opportunity Washington DC 20580.

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 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 Transylvania County Habitat Program.

Applicant(s):

X _____

Print Name: _____

Date: _____

Applicant(s):

X _____

Print Name: _____

Date: _____



E-SIGN ACT DISCLOSURE AND AGREEMENT

We are pleased to offer you the opportunity to receive information about your account electronically. If you would like to receive correspondence and notices from us electronically, instead of paper copies through the mail, please review this notice and provide your consent.

1. **Scope of Communications to Be Provided in Electronic Form.** When you use a product or service to which this disclosure applies, you agree that we may provide you with any communications in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic communications and transactions includes, but is not limited to:
 - All legal and regulatory disclosures and communications associated with the product or service available through Transylvania Habitat for Humanity
 - Notices or disclosures about a change in the terms of your account or associated payment feature and responses to claims.
 - Privacy policies and notices.
2. **Method of Providing Communications to You in Electronic Form.** All communications that we provide to you in electronic form will be provided either (1) via e-mail, (2) by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or (3) to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose Transylvania Habitat for Humanity
3. **How to Withdraw Consent.** You may withdraw your consent to receive communications in electronic form by contacting us at Jenni.Kerr@TransylvaniaHabitat.org. 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.
4. **How to Update Your Records.** It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this E-Sign Act disclosure and your account, and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at Jenni.Kerr@TransylvaniaHabitat.org
5. **Hardware and Software Requirements.** In order to access, view, and retain electronic communications that we make available to you, you must have:
 - sufficient electronic storage capacity on your computer's hard drive or other data storage unit;
 - an e-mail account in order to participate in our electronic communications programs;
 - a personal computer, tablet or smartphone capable of receiving, accessing, displaying, and either printing or storing communications received from us in electronic form,

6. **Requesting Paper Copies.** We will not send you a paper copy of any communication, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made within a reasonable time after we first provided the electronic communication to you. To request a paper copy, contact us at Jenni.Kerr@TransylvaniaHabitat.org, Transylvania Habitat for Humanity 692 Ecusta Rd., Brevard NC 28712. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.
7. **Communications in Writing.** All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure and any other communication that is important to you.
8. **Federal Law.** You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means. **The Electronic Signatures in Global and National Commerce ("E-Sign") Act is a federal law that authorizes the use of electronic records and electronic signatures in certain circumstances when specific conditions are met. This form is intended to comply with the disclosure requirements of the E-Sign Act, 15 U.S.C. § 7001(c)(1).**
9. **Termination/Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.
10. **Consent.** By signing below you agree that you have read, understand, and agree to the E-Sign Act. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that your computer satisfies the hardware and software requirements specified above and that you have provided us with a current e-mail address at which we may send electronic communications to you.

Acknowledged and Agreed to by:

APPLICANT:

CO-APPLICANT

Sign: _____

Sign: _____

Name: _____

Name: _____

Email: _____

Email: _____

Date: _____

Date: _____



692 Ecusta Road, Brevard NC 28712
Office: 828-884-3464



Personal Information Release Authorization

I/We hereby authorize the release of any personal and financial information requested by **Transylvania Habitat for Humanity** including:

- Employment & Income Records
- Checking & Savings Account Deposit Records and balances
- Personal and credit references
- Credit Report
- Landlord Statements
- Criminal Records
- Sexual Offender Registration Checks
- Driving Record
- Social Services Information
- Payment Verification
- Personal Budget
- Title Search/Property Appraisal (if applicable)

I/We, the undersigned that a credit report will be obtained through Service 1st Information system.

A photographic copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

_____	_____
Applicants Signature	Co-Applicants Signature
_____	_____
Applicants Social Security Number	Co-Applicants Social Security Number
_____	_____
Applicants Date of Birth	Co-Applicants Date of Birth
_____	_____
Applicants Drivers License Number	Co-Applicants Drivers License Number
_____	_____
Applicants Mailing Address	Co-Applicants Mailing Address
_____	_____
Applicants Email Address	Co-Applicants Email Address
_____	_____
Applicants Phone Number	Co-Applicants Phone Number

HABITAT FOR HUMANITY TRANSYLVANIA

692 ECUSTA ROAD
BREVARD, NC 28712
Fax: 8288843464

SERVICE FIRST INFORMATION SOLUTIONS LLC

2285 HILLTOP DR, STE 200
REDDING, CA 96003

BORROWER SIGNATURE AUTHORIZATION FORM

I/We hereby authorize HABITAT FOR HUMANITY TRANSYLVANIA to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process my mortgage loan application. I/We further authorize HABITAT FOR HUMANITY TRANSYLVANIA to order a consumer credit report and verify other credit information, including past and present mortgages, and landlord references.

HABITAT FOR HUMANITY TRANSYLVANIA may also utilize the services of SERVICE FIRST INFORMATION SOLUTIONS LLC to further verify my personal credit information and the information HABITAT FOR HUMANITY TRANSYLVANIA obtains is only to be used in the processing of my application for a mortgage loan. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Borrower Signature Borrower Name SSN Date

Borrower Signature Borrower Name SSN Date

Borrower Signature Borrower Name SSN Date

Borrower Signature Borrower Name SSN Date