

Homeownership Program Application

We regret that we are not currently accepting applications for the general Homeownership Program. Please check our website (www.cmhfh.org) to find out when applications will be accepted.

*We are, however, accepting applications for the **Veterans Build Homeownership Program**. If you are currently serving, have served, or are the surviving spouse of someone who served in the U.S. Armed Forces, we invite you to complete the attached application.*

To apply for the Homeownership Program:

1. 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.
2. Make copies of all documents listed on page 15 (as they are relevant to your situation). **Keep your original documents;** we will not return any of the documents we receive with an application.
3. Mail the completed application and copies of documents to:
CMHFH
3335 W Saint Germain St, Suite 108
Saint Cloud, MN 56301
(As part of our efforts to stop the spread of COVID-19, we are no longer able to accept applications or other documents in person)
4. You should receive a letter from our office confirming receipt of the application within 2 weeks. If you do not receive this letter, please contact Eileen at ebitzan@cmhfh.org, or 320-248-7812.

You may wish to tear off this first page and keep it for your reference.

If you have any questions, please contact Eileen (Homeowner Services Director): ebitzan@cmhfh.org, or 320-248-7812.



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.

Before You Begin

Before you start filling out the Application, review the selection requirements listed below to see if your current situation is a good fit for this program.

need for adequate housing (financial and physical) – some of the factors considered include unsafe conditions, overcrowding, and cost burden (current housing costs are more than 30% of monthly household income). In addition, total household income must fall between 35% and 60% of the Area Median Income (AMI), as determined by HUD.

willingness to partner with Habitat – each household will need to complete 200 hours of Sweat Equity, including time doing construction work. Homeowner Education classes are required. Applicants must be willing to move to current or future Habitat house construction locations.

ability to pay for the Habitat home – in an effort to make sure applicants can succeed as homeowners, we will review income stability, debt repayment history and current debt-to-income ratio.

Applicants must also:

- live in our four-county service area for at least 1 year before applying (Stearns, Sherburne, Benton, or Wright).
- be able to provide documentation that they are a U.S. Citizen or Permanent Resident.
- not currently own a house.
- pass criminal background and sex offender registry checks.

AMI Tables

These tables show income requirements based on household size.

St. Cloud (zip codes 56301, 56303, 56304), Benton County, or Stearns County:

Household Size	Minimum (35% of AMI)	Maximum (60% of AMI)
1	\$19,900	\$34,100
2	\$22,750	\$39,000
3	\$25,600	\$43,850
4	\$28,400	\$48,700
5	\$30,700	\$52,600
6	\$32,950	\$56,500
7	\$35,250	\$60,400
8	\$37,500	\$64,300
9	\$39,800	\$68,200
10	\$42,050	\$72,100

Sherburne County (except zip code 56304) or Wright County:

Household Size	Minimum (35% of AMI)	Maximum (60% of AMI)
1	\$25,350	\$43,450
2	\$28,950	\$49,650
3	\$32,550	\$55,850
4	\$36,200	\$62,050
5	\$39,100	\$67,000
6	\$42,000	\$71,950
7	\$44,900	\$76,950
8	\$47,750	\$81,900
9	\$50,650	\$86,850
10	\$53,550	\$91,800

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit (sign below):

Applicant

Co-Applicant

1: APPLICANT INFORMATION				
	Applicant		Co-Applicant	
Name				
Social Security Number				
Date of Birth				
Phone				
Email				
Present Address (street, city, state, ZIP code)				
How long have you lived at your current address?				
Previous Address (street, city, state, ZIP code)				
How long did you live at your previous address?				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(Unmarried includes single, divorced, widowed)</small>		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(Unmarried includes single, divorced, widowed)</small>	
Have you served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently serving in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the surviving spouse of someone who served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Applicants who answer "Yes" to one of the 3 questions above may be eligible for our Veterans Build program.</i>				
Dependents and others who will live with you:				
Name:	Date of Birth:	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"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

If you need additional space, use a separate piece of paper and attach it to the application.

1: APPLICANT INFORMATION (continued)

How did you hear about Habitat for Humanity?	
Have you applied with Habitat for Humanity before? If yes, when and where?	
Have you ever owned a house before? Why don't you own it now?	If yes, when?
Why do you want to purchase a home through Habitat for Humanity?	
Does any member of your household have a disability or medical condition that is not accommodated by your current housing situation? <i>This is an optional question; health and medical information is not required. If you choose to answer this question, the information will be considered in determining need for housing.</i>	

2: WILLINGNESS TO PARTNER

Applicants must be willing to fulfill all the partnership requirements for Habitat homeownership.

Willingness to partner may be measured by the timeliness, completeness and cooperation with which the applicant(s) responds to application-related requests and questions.

The applicant(s) must be willing to move to current or future Habitat house construction locations.

Approved applicant(s) are required to put in a minimum of 200 hours of Sweat Equity per household before purchasing their new home. CMHFH requires that a minimum of 100 hours of each household's requirement be completed on construction, to the extent practical (accommodations will be made for those with physical limitations). Up to 100 hours can include volunteering in the community and/or some educational opportunities.

Approved applicant(s) are required to attend Homeowner Education classes (this counts toward the Sweat Equity hours required).

Approved applicant(s) are required to pay closing costs, the first year of Homeowners Insurance, and the first month of escrow payment at the time of purchase, up to a total of \$2,000.

I have read the requirements listed above, and am willing to fulfill the partnership requirements for Habitat homeownership.

	Applicant	Co-Applicant
Name (print)		
Signature		

3: CURRENT HOUSING CONDITIONS

Number of bedrooms: 1 2 3 4 5 6

Other rooms in the place where you currently live: Kitchen Bathroom Living Room Dining Room
 Other (please describe):

Describe the condition of the house or apartment where you live:

4: CURRENT HOUSING EXPENSES (please list the amount you pay each month)

Rent	\$
Utilities, if not included in rent (water/sewer, electricity, gas)	\$
Do you receive rental assistance? If yes, list the monthly amount here	\$

5: EMPLOYMENT INFORMATION: Applicant and Co-Applicant

	Applicant	Co-Applicant
Where do you work?		
Employer Name		
Start Date		
Monthly (gross) wages		
If working at current job less than one year, complete the following information for your Last Employer		
Employer Name		
Start Date		
End Date		
Monthly (gross) wages		

6: OTHER INCOME: Applicant and Co-Applicant (if applicable, list the amount you receive each month)

Income Source	Applicant	Co-Applicant
MFIP/TANF	\$	\$
Alimony	\$	\$
Child support	\$	\$
Social Security, SSI, or Disability	\$	\$
Other:	\$	\$

Do any dependents or other household members (besides the Applicant and Co-Applicant) have income?
If yes, please list below.

7: EMPLOYMENT INFORMATION: Dependents and other members of household

	Name:	Name:
Where do you work?		
Employer Name		
Start Date		
Monthly (gross) wages		
If working at current job less than one year, complete the following information for your Last Employer		
Employer Name		
Start Date		
End Date		
Monthly (gross) wages		

**8: OTHER INCOME: Dependents and other members of household
(if applicable, list the amount you receive each month)**

Income Source	Name:	Name:
MFIP/TANF	\$	\$
Alimony	\$	\$
Child support	\$	\$
Social Security, SSI, or Disability	\$	\$
Other:	\$	\$

9: FINANCIAL ASSETS (checking accounts, savings accounts, other investments)

Type of Account	Name of Bank(s) or other institution(s)	Account number(s)	Current Balance(s)
Checking			\$
Savings			\$
Other			\$

10: OTHER ASSETS

<p>Do you currently own land? If yes, please describe, including location:</p>
<p>Is there a mortgage on the land? If yes, what is the unpaid balance? If yes, what is the monthly payment?</p>

11: CREDIT CARDS

List all credit cards you have, including any credit cards from your bank or stores/brands.

Card Name	Monthly payment	Unpaid balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$

12: OTHER DEBT or OBLIGATIONS

Type of Debt	Company Name	Monthly payment	Unpaid balance
Car loan		\$	\$
Student loan		\$	\$
Medical bills		\$	\$
Alimony		\$	\$
Child support		\$	\$
Other:		\$	\$

If you currently have credit problems, or have resolved any credit problems in the past, please explain these situations on a separate sheet of paper. This includes late payments, charge offs, and accounts in collections. Attach copies of any documents you think may be helpful in understanding your situation.

13: DECLARATIONS

Please check the box beside the word that best answers the following questions.	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
j. Have you lived in the 4 county area (Stearns, Sherburne, Benton, and Wright) served by Central MN Habitat for Humanity for at least 1 year?	<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 if you answered "no" to questions i. or j., please explain on a separate piece of paper.

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14: AUTHORIZATION AND RELEASE

I understand that by submitting 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 (and all attached documents) will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants and household members age 18 or older on the sex offender registry. By completing this application, I am submitting myself and all persons age 18 or older listed under Section 1: Applicant Information to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons age 18 or older listed under Section 1: Applicant Information to a criminal background check.

Applicant signature	Date	Co-Applicant signature	Date

15: 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

16: 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:

Midwest Region
Federal Trade Commission
55 West Monroe Street, Suite 1825
Chicago, IL 60603

--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 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 Name (print)	Co-Applicant Name (print)
Applicant Signature	Co-Applicant Signature
Date	Date

17: COMBINED PRIVACY NOTICE AND TENNESSEN WARNING

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of the law. Please read the disclosures and acknowledgements outlined below carefully.

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Habitat for Humanity program and to help Habitat for Humanity manage the program.

Depending on the type of assistance being provided, either grant or loan assistance, different disclosures apply. For grant assistance, your name and address are private data. For loan assistance, your name and address are public data. Regardless of whether you receive grant or loan assistance, the amount of assistance you receive is public data.

With both grant and loan assistance, all other data we create or collect from you, including financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals under Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both the public data and the private data may be shared with nonaffiliated third parties as permitted by law, including Habitat for Humanity of Minnesota, the Federal Home Loan Bank and Minnesota Housing Finance Agency (MHFA) and staff whose jobs require them to see it in connection with our normal operating practices.

Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Under the Privacy Act of 1974, you may refuse to provide your Social Security Number (SSN) and it will not affect your eligibility for assistance. Disclosure of your SSN for the purpose of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

Applicant Name (print)	Co-Applicant Name (print)
Applicant Signature	Co-Applicant Signature
Date	Date

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18: 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	<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	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	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: _____ / _____ / _____	Birthdate: _____ / _____ / _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	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

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Documents Needed with Application

Keep your original documents; we will not return any of the documents we receive with an application. All copies must be made by the Applicant/Co-Applicant. CMHFH is unable to make copies at our office.

1. **Copies** of proof of U.S. citizenship or permanent residency, such as Birth Certificates, U.S. Passports, Certificates of Citizenship, Certificates of Naturalization, Certificates of Birth Abroad, or Residency Cards for Applicant and Co-Applicant
2. **Copies** of paystubs for the last 3 months for all members of household who are employed
3. **Copies** of tax returns for the last 3 years for all members of household who are employed
4. **Copies** of W-2s and/or 1099s for the last 3 years for all members of household who are employed
5. If Applicant or Co-Applicant have any credit cards, **copies** of statements with the current balance
6. If Applicant or Co-Applicant have any other debt, **copies** of statements with the current balance
7. **Copies** of statements (checking, savings, any other accounts) for the last 3 months for Applicant and Co-Applicant; must include bank name and address, account number, and name on account
8. If self-employed, please provide an income statement for the current year-to-date (similar to the information you would include on a Schedule C for your tax return) and current balance sheet (showing the business assets and debts)
9. If receiving cash assistance for anyone listed on the Application (such as MFIP, SSI, Social Security or Disability), **copies** of the current year award letter & proof of payment for the last 3 months
10. If receiving rental assistance, **copy** of the letter listing the current amount of assistance.
11. If receiving or paying court-ordered child support, **copies** of the legal document that defines the award amount and the documentation of payment history for the last 2 years
12. If divorced, **copy** of completed divorce decree
13. If you have declared bankruptcy or had a property foreclosed on in the last 7 years, **copies** of discharge papers along with a written explanation as to why you filed for bankruptcy and/or had a foreclosure
14. Completed *Request for Landlord Reference* form (see attached); if you have lived at your current residence less than 2 years, you must provide an additional reference letter from your previous landlord

Return your completed Application (with copies of all the documents listed above) **by August 31, 2020** to Central Minnesota Habitat for Humanity, 3335 West Saint Germain Street, Suite 108, Saint Cloud, MN 56301.

If you have any questions, please contact Eileen (Homeowner Services Director):
ebitzan@cmhfh.org, or 320-248-7812.

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Request for Landlord Reference

**3335 West Saint Germain Street, Suite 108
Saint Cloud, MN 56301**

To Whom It May Concern:

The person(s) listed below has applied for Central Minnesota Habitat for Humanity’s homeownership program. Please complete this form or provide this information on your own form as soon as possible. You can return it to the applicant, email it to ebitzan@cmhfh.org or fax it to 320.656.8841. If you have any questions, please call me at 320.248.7812. Thank you for your assistance.

Eileen Bitzan, Director of Homeowner Services

TO BE COMPLETED BY APPLICANT(S)	
Name(s) of Applicant(s)	
Address in Reference (street, city, state, ZIP code)	
I hereby request and authorize the release of the following information from my records. I am aware that the purpose or need for collecting this information is to determine eligibility for Central Minnesota Habitat for Humanity’s homeownership program. I understand that even if I have been accepted to partner with Habitat for Humanity that this authorization can continue to be used to verify eligibility until I become a homeowner. I understand that I may revoke this consent at any time. I understand, further, that this consent expires upon fulfillment of the above-stated purposes.	
Applicant Signature	Date
Co-Applicant Signature	Date

TO BE COMPLETED BY LANDLORD		
Rental period (please list the date the applicant first moved in [not the start date of the current lease])	From	To
Amount of monthly rent	\$	
Does this amount include utilities? If yes, which ones?		
Applicant’s payment history (please circle one)	Excellent	Satisfactory Unsatisfactory
Number of late payments over the past 12 months		
Name (print)	Title	
Phone	Email	
Signature	Date	