



WE BUILD STRENGTH, STABILITY, SELF-RELIANCE AND SHELTER

Dear Applicant:

Thank you for your interest in applying for the Habitat for Humanity of the Eastern Bighorns (HFHEB) Homeownership Program. Habitat's mission is to work in partnership with hardworking families in Sheridan County to provide simple, decent and affordable housing. HFHEB is an equal opportunity lender.

Enclosed is information for your review and an application. **The application and accompanying documentation must be received or postmarked by April 31, 2022.**

You must provide the application fee and all applicable documents as stated in the forms attached. Failure to comply with providing these documents may result in disqualification from the selection process. Applicants are encouraged to supplement their application with letters of support from employers, community organizations, landlords, friends and family.

Please complete the application and return in person, by mail or email to:

Habitat for Humanity of the Eastern Bighorns
PO Box 6196
1981 Double Eagle Drive, Suite C
Sheridan, WY 82801
habitat@sheridanhabitat.org

If you have questions or need assistance, please contact Christine Dieterich at 307-672- 3848 or habitat@sheridanhabitat.org

Sincerely,

Habitat for Humanity of the Eastern Bighorns





Eligibility Requirements and Conditions

Habitat for Humanity of the Eastern Bighorns is a non-profit organization which utilizes family members along with volunteers, to build homes which are sold with a no-interest mortgage that includes property taxes and insurance. Monthly payments are approximately \$500-\$800. This is an estimate only and actual expenses may vary.

In order to become a Habitat homeowner, an applicant must:

- Meet all of the eligibility requirements and conditions listed below.
- Provide all the required supporting documentation (Additional Documentation Requirements)
- Complete an application for housing
- Be selected as the family partner
- Meet the financial requirements
- Complete all sweat equity requirements
- Demonstrate a willingness to partner

If you are interested in owning a Habitat home and you believe that you meet the following eligibility requirements and conditions, you are encouraged to complete an application. If you need assistance completing an application, please call (307) 672-3848 or email habitat@sheridanhabitat.org. All information gathered is considered confidential and will be used only for the family selection process.

If you are able to answer “Yes” to the following statements, you are invited to complete this application for the Habitat for Humanity Homeownership program:

- I/We meet the minimum annual/monthly income requirement.
- I/We have lived in the service area for at least the last 12 months.
- I/We acknowledge that in order to qualify for a Habitat home, I/We must be a U.S. citizen or have Legal Permanent Resident status.
- I/We understand the Sweat Equity requirements and am/are willing to partner with Habitat for Humanity of the Eastern Bighorns.
- I/We understand that I/We must pay a down payment of \$3,000.00 towards our home.
- I/We are responsible for paying our bills and I/We have not filed for bankruptcy in the past seven years.
- I/We understand that I/We am/are applying for a homeownership program offered by Habitat for Humanity of the Eastern Bighorns. I/We am/are prepared to make monthly mortgage payments.



Habitat for Humanity Homeownership Program – HUD Income Requirements

| Number in Home | Annual Income Range | Monthly Income Range |
|----------------|---------------------|----------------------|
| 1 | \$17,050 - \$45,450 | \$1,420 - \$3,790 |
| 2 | \$19,500 - \$51,950 | \$1,625 - \$4,330 |
| 3 | \$22,960 - \$58,450 | \$1,830 - \$4,870 |
| 4 | \$26,550 - \$64,900 | \$2,210 - \$5,410 |
| 5 | \$31,040 - \$70,100 | \$2,585 - \$5,840 |
| 6 | \$35,580 - \$75,300 | \$2,965 - \$6,275 |
| 7 | \$40,120 - \$80,500 | \$3,345 - \$6,710 |
| 8 | \$44,660 – 85,700 | \$3,720 - \$7,140 |

Application Checklist

*****All documents must be submitted for HFHEB to process your application*****

Along with a completed and signed application, please include the following information and documentation for both the Applicant and Co-Applicant:

- Copies of your last three months' pay stubs for all employment
- If applicable, submit a copy of the most recent verification of public assistance (Award letters, food stamps, SSDI, TANF, SNAP, WIC, POWER, LIEAP, etc.).
- Previous 2 years federal Tax returns and W-2's (This year's and last year's). To obtain copies, call 1-800-829-1040 and request a free copy of past tax returns.
- For all that apply, submit a copy of the most recent:
 - Bank account statements for all accounts (checking, saving, etc.).
 - Current rental or lease agreement OR provide a copy of your most recent rent payment receipt
 - Home and cell phone bills
 - Electric and gas bills OR credit reference from electric and gas companies
 - All other statements including credit cards, medical bills, car loans, student loans, debt in collections, child support statements, alimony statements, copy of marriage license or divorce decree (if applicable).
- Letter sharing your story and how a Habitat home would change your life.
- We require a \$30 nonrefundable application fee.

Please remember! Submit the original application and photocopies of all other documentation. If you have applied previously, you must resubmit all documentation. Failure to comply with providing these documents indicate an unwillingness to partner and will result in disqualification from the Homeownership Program.



Credit Report Authorization and Release

Authorization is hereby granted to Habitat for Humanity of the Eastern Bighorns to obtain a standard factual date credit report through a credit reporting agency chosen by Habitat for Humanity of the Eastern Bighorns.

My signature below authorizes the release to the credit reporting agency a copy of the credit application and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization, if necessary, to obtain any information regarding the above-mentioned information.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Habitat for Humanity of the Eastern Bighorns and any credit reporting organization harmless in so mailing the copy requested.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Borrower's Signature Date

Co-Borrower's Signature Date

Borrower's Printed Name

Co-Borrower's Printed Name





Print out and mail to:
 Habitat for Humanity of the Eastern Bighorns
 PO Box 6196
 Sheridan, WY 82801 or
 bring to:
 1981 Double Eagle Drive, Suite C in Sheridan

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 _____ | | | |
| Email _____ Date of Birth _____ | | | | Email _____ Date of Birth _____ | | | |
| <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) | | | |
| Dependents and others who will live with you (not listed by co-applicant) | | | | Dependents and others who will live with you (not listed by co-applicant) | | | |
| Name | Age | Male | Female | 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"/> | _____ | _____ | <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"/> |
| 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 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?

APPLICANT

CO-APPLICANT

| Account | 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 |

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
Equal Credit Opportunity
600 Pennsylvania Ave, NW
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(s):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____