



2019 Family Selection Round

All applications must be returned to the Habitat office. Only complete applications will be accepted.

DUE DATE: ASAP – OPEN APPLICATION ROUND FOR 2019

(If a deadline has been announced, but has passed, you may still apply, however your application may not be reviewed until our next round is opened.)

Please keep the top two instruction pages for your records.

Dear Applicant,

Habitat for Humanity is a non-profit, faith-based organization that is financed through donations to build homes using volunteer labor. Our purpose is to build homes and work with low to moderate income families so that they may successfully qualify for an affordable mortgage. Our goal is to create housing opportunities for those who could not otherwise afford to purchase a home.

- 1. Before completing the application, please read the following items to determine if you have an interest in our program AND to see if you meet our eligibility guidelines.**
- To qualify you must have **A NEED FOR HOUSING**. *Some examples of need include: high utility bills, overcrowding, unsafe or unsanitary conditions, unaffordable rent.*
- You need to have **lived in Broome or Tioga County for at least one year**. You must be a U.S. citizen or a permanent legal resident to qualify for a Habitat home.
- Selected families are supported in the journey towards the purchase of a home, build by Habitat for Humanity. Partnership families are supported as they seek to qualify for an affordable mortgage, with the **ABILITY TO PAY** a monthly principal payment along with real estate taxes and homeowner’s insurance. Therefore, regardless of household size, **each applicant must have a steady and verifiable monthly income of at least \$2,230 or an annual income of at least \$26,760. (Maximum amounts see chart below.)** Habitat targets families whose income does not fall below 40% or exceed approximately 60% of the average median income (AMI) for Broome and Tioga County. Therefore, your household income must not exceed the income levels below for your family size. Families with income below or above the amounts below are not eligible for Habitat’s partnership program.

2019 Income Guidelines for Broome and Tioga Counties

Family Size	Approximate MINIMUM	Approximate MAXIMUM	Approximate MINIMUM	Approximate MAXIMUM
	MONTHLY GROSS	MONTHLY GROSS	ANNUAL GROSS	ANNUAL GROSS
1-4	\$2,230	\$3,345	\$26,760	\$40,140
5	\$2,408	\$3,612	\$28,900	\$43,351
6	\$2,586	\$3,880	\$31,041	\$46,562
7	\$2,765	\$4,147	\$33,182	\$49,774
8	\$2,943	\$4,415	\$35,323	\$52,985

5. Habitat is required to verify that applicants fall within the above income guidelines and therefore, **applicants must return the following documents with the completed application** to be further considered for selection.
 - a. A copy of prior 2 year's Federal Income Tax Return
 - b. Completed, signed and dated Landlord Verification form
 - c. Completed, signed and dated Employment Verification form
 - d. If you or anyone in your household is receiving benefits from the Department of Social Services (TANF, SNAP, etc.) or Social Security (SSI, SSD, etc.), you must submit a printout of benefits with your application.
 - e. Proof of Citizenship (i.e. Birth Certificate) or Legal Resident Alien Status (Green Card)
6. All families who meet Habitat's income guidelines will be invited via mail to a mandatory **Family Selection Information Session** to review important applicant information. If you do not attend this session and do not make other arrangements with Habitat's Director, your application will be declined.
7. Criminal Background checks, sex offender registry checks and OFAC (Office of Foreign Assets Control) checks will be done for each applicant prior to consideration for selection as a family partner.
8. If you are approved for eligibility for a **Habitat Family Partnership**, we require that you attend budgeting and financial management workshops, as well as home repair and maintenance classes.
9. If approved for a **Habitat Family Partnership**, "sweat equity" volunteer hours must be completed by your household, most of which will be in home construction. If there are 2 adults in your household, the 2nd adult must complete a minimum of 100 hours towards the required 500 hours to ensure that both adults are contributing. Friends and family may also contribute, but the majority of hours must be completed by the applicants.
10. If selected for a **Habitat Family Partnership**, you must make a **\$500** "in good faith" payment to Habitat with another \$3,000 MINIMUM saved during construction for a total of **\$3,500 MINIMUM**. These funds will be used toward the future closing costs, should you reach the goal of qualifying for a mortgage for the purchase of a Habitat home. (Each applicant will be guided through the process of applying for First Time Homebuyer funds to potentially cover closing costs, but you must be prepared to pay the closing costs if the First Time Homebuyer funds are not available.) **Habitat Family Partnership** is not a mortgage offer. The sales of homes are based on a partnership family's application for qualified mortgage. (Closing costs may be higher than listed above.)
11. If you are approved for a **Habitat Family Partnership**, have completed all the "sweat equity" volunteer hours, and met all the financial obligations, Habitat will assist you in seeking a qualified mortgage with the hope that you are able to purchase one of our safe, affordable homes.
12. Habitat for Humanity builds where we receive land donations and current construction plan for the **2019** selection round are for houses built in **the City of Binghamton and Town of Dickinson**. If you are not willing to live in those areas, you may not want to apply to Habitat's program at this time. **However, it is always possible that new lots or houses could become available.**

If you have a **WILLINESS TO PARTNER** to work towards the goal of home ownership and believe you qualify according to the above guidelines, we encourage you to fill out and return the enclosed application with all required documentation to seek eligibility for **Habitat Family Partnership**. All information is treated confidentially and is used only for family selection. The application review and selection process can take a few months. Applicants will receive regular communication regarding their application via mail. Please understand that Habitat **does not** maintain a waiting list. The family/families who best fits the selection criteria will be invited into partnership. If you are not selected, you will be notified by letter and your application will be held for one year. **BEST OF LUCK TO YOU!**

**If you have any questions or need help completing the application,
please call the Habitat office at 607-239-4783.**

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.



DATE OF APPLICATION:

DATE RECEIVED AND REVIEWED BY COMMITTEE:

1. APPLICANT INFORMATION

Applicant Information	Co-Applicant Information
Applicant's name:	Co-Applicant's name:
Social Security Number:	Social Security Number:
Home phone number:	Home phone number:
Cell phone number:	Cell phone number:
Work phone number:	Work phone number:
Email Address:	Email Address:
Birth date: Age:	Birth date: Age:
How long have you lived in Broome County?	How long have you lived in Broome County?
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Other _____	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Other _____
Current Address:	Current Address:
City/State/Zip Code:	City/State/Zip Code:
What month & year did you move in to this address?	What month & year did you move in to this address?
Landlord Name and phone:	Landlord Name and phone:
Landlord Address:	Landlord Address:
City/State/Zip Code:	City/State/Zip Code:

**If you have NOT lived at the above address for at least 2 years,
please list your former address below.**

Former Address:	Former Address:
City/State/Zip Code:	City/State/Zip Code:
What month & year did you move in to this address?	What month & year did you move in to this address?
Landlord Name:	Landlord Name:
Landlord Address:	Landlord Address:
City/State/Zip Code:	City/State/Zip Code:
Landlord Phone Number:	Landlord Phone Number:

Please list the names of all members of your current household & their relationship to the Applicant. Also, list anyone who may live with you if you are selected into the Habitat program.

1. _____	Relationship: _____	Birth date: _____ M F
2. _____	Relationship: _____	Birth date: _____ M F
3. _____	Relationship: _____	Birth date: _____ M F
4. _____	Relationship: _____	Birth date: _____ M F
5. _____	Relationship: _____	Birth date: _____ M F
6. _____	Relationship: _____	Birth date: _____ M F
7. _____	Relationship: _____	Birth date: _____ M F
8. _____	Relationship: _____	Birth date: _____ M F

2. WILLINGNESS TO PARTNER

To be considered for Habitat's FAMILY PARTNERSHIP PROGRAM, the following amount of volunteer hours must be completed by your household:

-1 adult: 350 hours
-2 adults: 500 hours

If there are 2 adults in your household, the 2nd adult must complete a minimum of 100 hours. This is to ensure that both adults are contributing towards construction of Habitat homes and other initiatives.

I am willing to complete the required hours of sweat equity.

Applicant: Yes No

Co-applicant: Yes No

3. PRESENT HOUSING CONDITIONS

Do you: Own Rent

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

Other rooms: Kitchen Bathroom Living Room Dining Room Other: _____

If you rent your residence, what is the monthly rent payment? _____

How much of the rent do you pay? _____

How much of the rent is paid by rental assistance? _____

If you own your own residence:

What is your monthly mortgage payment? \$ _____

Unpaid balance \$ _____ Approximate value of home \$ _____

Do you own any other land? No Yes If yes, approximate value: \$ _____

Have you ever owned a home? No Yes

Have you ever applied for a mortgage? No Yes

3. PRESENT HOUSING CONDITIONS (continued)

- 1. Describe the condition of the house or apartment where you live.**
- 2. Explain why you feel you need a Habitat home.**
- 3. Does a member of your household have a disability requiring special housing arrangements?
If so, please describe that need.**
- 4. What things have you done to try and solve your current housing issues?**

4. EMPLOYMENT INFORMATION

Applicant Information	Co-Applicant Information																
Name of Current Employer:	Name of Current Employer:																
Employer's Address:	Employer's Address:																
Position Held:	Position Held:																
City/State/Zip Code:	City/State/Zip Code:																
Employer's Phone Number:	Employer's Phone Number:																
Amount of time at this job: Current wage: <table style="margin-left: 100px; border: none;"> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">Circle One:</td> </tr> <tr> <td></td> <td style="text-align: center;">per hour</td> </tr> <tr> <td></td> <td style="text-align: center;">per week</td> </tr> <tr> <td></td> <td style="text-align: center;">per year</td> </tr> </table>	\$	Circle One:		per hour		per week		per year	Amount of time at this job: Current wage: <table style="margin-left: 100px; border: none;"> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">Circle One:</td> </tr> <tr> <td></td> <td style="text-align: center;">per hour</td> </tr> <tr> <td></td> <td style="text-align: center;">per week</td> </tr> <tr> <td></td> <td style="text-align: center;">per year</td> </tr> </table>	\$	Circle One:		per hour		per week		per year
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	per week																
	per year																
\$	Circle One:																
	per hour																
	per week																
	per year																

**If you have NOT worked at the above job for at least 2 years,
please list your former employer below.**

Name of Current Employer:	Name of Current Employer:																
Employer's Address:	Employer's Address:																
Position Held:	Position Held:																
City/State/Zip Code:	City/State/Zip Code:																
Employer's Phone Number:	Employer's Phone Number:																
Amount of time at this job: Current wage: <table style="margin-left: 100px; border: none;"> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">Circle One:</td> </tr> <tr> <td></td> <td style="text-align: center;">per hour</td> </tr> <tr> <td></td> <td style="text-align: center;">per week</td> </tr> <tr> <td></td> <td style="text-align: center;">per year</td> </tr> </table>	\$	Circle One:		per hour		per week		per year	Amount of time at this job: Current wage: <table style="margin-left: 100px; border: none;"> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">Circle One:</td> </tr> <tr> <td></td> <td style="text-align: center;">per hour</td> </tr> <tr> <td></td> <td style="text-align: center;">per week</td> </tr> <tr> <td></td> <td style="text-align: center;">per year</td> </tr> </table>	\$	Circle One:		per hour		per week		per year
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	per week																
	per year																

5. MONTHLY INCOME

*Please Enter Gross Monthly Income	Applicant	Co-Applicant	Others in Household who receive income
Employment Income	\$	\$	\$
AFDC/TANF (cash assistance)			
Food Stamps			
SSI Supplemental Security Income			
SSD Social Security Disability			
Alimony			
Child Support			
Other (worker's compensation, unemployment, etc)			
TOTAL	\$	\$	\$

NOTES OR EXPLANATIONS REGARDING ANY OF THE ABOVE:

6. EXPENSES & DEBT

EXPENSE	Monthly Payment	List all debtors here (vehicles, credit cards, etc) DEBT Address of Debtor	Monthly Payment	Total Balance
Rent:	\$			
Gas/Electric:	\$			
Phone:	\$			
Cable:	\$			
Water:	\$			
Child Care:	\$			
Alimony:	\$			
Child Support:	\$			
Car Insurance:	\$			
Other	\$			
TOTAL	\$	TOTALS	\$	\$

7. ASSETS

List all asset information below

<p>Name & Address of Bank or Credit Union:</p> <p>Account Holder:</p> <p>Account #: _____ Balance \$ _____</p>	<p>Do you own a car? Yes _____ No _____</p> <p>Car (#1) Make & Year: _____</p> <p>Car (#2) Make & year: _____</p>
<p>Name & Address of Bank or Credit Union:</p> <p>Account Holder:</p> <p>Account #: _____ Balance \$ _____</p>	<p>Please list any other assets you may have: (retirement account, stocks, bonds, life insurance)</p> <p>Asset: _____ Value: \$ _____</p> <p>Asset: _____ Value: \$ _____</p> <p>Asset: _____ Value: \$ _____</p>

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

If approved for a HABITAT FAMILY PARTNERSHIP, you will need to be prepared to apply for a qualified mortgage loan. You will be asked to save approximately \$2,500 during your partnership and application process to be used toward the closing costs of your home. Each applicant will be guided through the process of applying for a mortgage and First Time Homebuyer funds to cover these costs, but must be prepared to pay the closing costs if the First Time Homebuyer funds are not available.

If you are successful in applying for a qualified mortgage loan, how do you plan to cover your down payment and closing costs?

9. DECLARATIONS

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

	Applicant		Co-Applicant	
a. Do you have any debt 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 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 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. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are you a legal permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to questions a-e, please explain below.

10. AUTHORIZATION & RELEASE

I understand that by filing this application, I am authorizing Broome County Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay a qualified mortgage loan, and my willingness to be a partner with Habitat. I understand that the evaluation may include a personal home visit, a credit check, criminal background check and OFAC check. There will be verification of my income, my current housing situation, and other financial obligations.

In signing this application, I give my written permission for Broome County Habitat for Humanity to verify all information supplied and I authorize all persons and organizations listed to release this information to Habitat for Humanity for purposes of evaluating my application.

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 for HABITAT FAMILY PARTNERSHIP, I may be disqualified from the program. The original or a copy of this application will be retained by Broome County Habitat for Humanity even if the application is not approved, for 3 years.

At this stage of the application process, agencies that may need to assist in verifying your application information and thus are authorized in this release are:

FAMILY SELCTION COMMITTEE, BROOME COUNTY HABITAT FOR HUMANITY
NBT Bank
METRO INTERFAITH
NEW YORK STATE HABITAT FOR HUMANITY

Applicant Signature

Co-Applicant Signature

x _____

x _____

Date _____

Date _____



Request for Landlord Verification and Reference

Applicant: _____ **Date:** _____

To whom it may concern:

The above named person(s) has applied for a FAMILY PARTNERSHIP through Broome County Habitat for Humanity, a nonprofit organization providing affordable housing to low and moderate income families. This process can take up to one year to complete. As their landlord, we would like you to verify their payment history as renters.

For the 2019 Round, applicants will need this form back to include in their application packet.
Please call the Habitat office with any questions at 607-239-4783.

Sincerely,
The Family Selection Committee

Rental period: (please give dates)

From _____ to _____

Amount of monthly rent: \$ _____
 Amount paid by applicant: \$ _____
 Amount paid by rental assistance: \$ _____

Applicant's payment history: (please circle one)

Excellent

Satisfactory

Unsatisfactory

Additional Comments:

Landlord Signature

Date

Please print your name, address and phone number should we need to contact you:

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, 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 administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.



Request for Employment Verification

Applicant: _____ **Date:** _____

To whom it may concern:

The above named person(s) has applied for a FAMILY PARTNERSHIP through Broome County Habitat for Humanity, a nonprofit organization providing affordable housing to low and moderate income families. This process can take up to one year to complete. As their employer, we would like you to verify their employment history with you and their income.

For the 2019 Round applicants will need this form back to include in their application packet.

Please call the Habitat office with any questions at 607-239-4783.

Sincerely,
The Family Selection Committee

Verification Information

Name of employer: _____

Address and Phone of employer: _____

Dates of employment: from _____ to _____

Present position: _____

Current base pay: \$ _____ / _____ Overtime pay: \$ _____ / _____

Hours worked per week: _____ Average overtime hours per week: _____

Additional Comments:

Employer signature

Date

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Request for Social Security Benefits Verification

Applicant: _____

Date: _____

SS#: _____

To whom it may concern:

The above named person(s) has applied for a FAMILY PARTNERSHIP through Broome County Habitat for Humanity, a nonprofit organization providing affordable housing to low and moderate income families. This process can take up to one year to complete. We need to verify all Social Security benefits for this person and/or his or her household.

Please complete the form below and include a print out for proof of benefits as approved. For the 2019 Round, applicants will need this form back to include in their application packet. Please call the Habitat office with any questions at 607-239-4783.

Verification Information

Recipient(s): _____

Monthly amount received for: \$ _____ SSI \$ _____ SSD

Expected Duration: _____

Has the family faithfully represented their income to your since they have been receiving these benefits? _____

When are these benefits up for review? _____

If this client /applicant buys a home, will this asset affect these benefits? _____

Will home be subject to a lien or second mortgage by your agency? _____ (If yes, please explain.)

Signature

Title

Date

Please print your name and phone number in case we need to contact you:

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, 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 administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.



Request for Social Services Benefits Verification

Applicant: _____ **Date:** _____
SS#: _____

To whom it may concern:

The above named person(s) has applied for a FAMILY PARTNERSHIP through Broome County Habitat for Humanity, a nonprofit organization providing affordable housing to low and moderate income families. This process can take up to one year to complete. We are contacting you for verification of all Social Services benefits for this person and/or his or her household.

Please complete the form below and include a print out for proof of benefits as approved. For the 2019 Round, applicants will need this form back to include in their application packet. Please call the Habitat office with any questions at 607-239-4783.

Verification Information

Monthly amount received for:

\$ _____ TANF

\$ _____ Food stamps

\$ _____ Child support (if court ordered)

\$ _____ Rental assistance

Has the family faithfully represented their income to your since they have been receiving these benefits? _____

When are these benefits up for review? _____

If this client /applicant buys a home, will this asset affect these benefits? _____ Will home be subject to a lien or second mortgage by NYS DSS? _____

Signature

Date

Please print your name and phone number in case we need to contact you:

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, 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 administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.