Homeownership Application 2026 V1.0

We build strength, stability, self-reliance and shelter.

Dear applicant(s),

Thank you for your interest in the Habitat for Humanity of Monroe County (HFHMC) Homeownership Program. Our mission is to build strength, stability, and self-reliance by providing access to affordable homeownership. Through this program, we offer education, coaching, and support to guide families through the home-buying process.

We firmly believe that everyone deserves a safe and decent place to call home. To be considered for the Habitat Homeownership Program, applicants must have lived and/or worked in Monroe County for at least a year and meet three important criteria:

- A Need for Housing
- An Ability to Pay an Affordable Monthly Mortgage
- A Willingness to Partner with Habitat for Humanity

The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including Public Housing, Section 8 project-based, Section 8 Housing Choice Voucher, Section 202 housing for the elderly, and Section 811 housing for persons with disabilities programs. HUD develops income limits based on Median Family income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county.

2026 Annual Values after Rounding to the Nearest $50 (HUD Standard)								
	1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
35%	2213	2529	2846	3163	3417	3667	3921	4175
80%	5058	5783	6504	7225	7804	8383	8963	9538

After the application period closes, the Homeowner Selection Committee will review all complete applications. Selected applicants will be invited to a home interview, and those who meet program requirements will be recommended to Habitat's Board of Directors for final approval.

We understand that completing the Homeownership Application can feel overwhelming, and our team is here to support you throughout the process. If you have questions or need assistance, contact Homeowner Services at hs@monroecountyhabitat.org or (812) 331-4069, or visit our office at 213 East Kirkwood Avenue.

Applications must be submitted in person at the Habitat office Monday, March 2 through Friday, March 13, 2026.

Please complete only the front side (English) of each page. The back side (Spanish) is provided for accessibility purposes and does not constitute an official translation of this application.

Sincerely,
Habitat for Humanity of Monroe County

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.

EQUAL HOUSING OPPORTUNITY

Homeownership Application 2026

We build strength, stability, self-reliance and shelter.

Date received by HFHMC:_____

To ensure that your Homeownership Application is considered complete, please make sure to include the following information along with your signed application. Habitat for Humanity of Monroe County will also use this list to verify the documents upon submission of your application.

Important: All applicants, co-applicants and all non-dependent adults (18+) who will reside in the Habitat for Humanity household must attend a Homeowner Information Meeting within 12 months before submitting their application. **Date attended: __/__/___**

Required Forms: (All forms must be completed and signed by the applicants)

___ /___ /___ Homeowner Application.
___ /___ /___ Information for Government Monitoring Purposes.
___ /___ /___ Form 4506C - For the past two year for every adult (18+) in the household.
___ /___ /___ Non-Filling of Federal Income Taxes Form.
___ /___ /___ Landlord Reference - For the last 12 months and must be completed by your landlord and returned to you. If you had multiple landlords in the past year, you must complete more than one form.
___ /___ /___ Employer References - For the last 12 months for each job held by every wage earner (excluding dependents). Must be completed by the employer and returned to you.

Required Documentation: (Please present the original documents; we will make copies.)

___ /___ /___ Government-Issued Photo IDs. Must be non-expired and provided for every adult (18+) in the household.
___ /___ /___ Most recent six weeks of pay stubs. Required for every adult (18+) in the household.
___ /___ /___ Profit and Loss Statement, if self-employed or receiving cash income.
___ /___ /___ Form 1040 U.S. Individual Tax Return from the past two years for every adult (18+) in the household.
___ /___ /___ Lease agreement.
___ /___ /___ Proof of most recent rent payment.

Additional Documentation (if applicable):

___ /___ /___ Most recent statements for any public assistance, including Social Security, disability, SSI, food stamps, Section 8, or other housing vouchers.
___ /___ /___ Statements of any additional assistance, including child support, spousal support, etc.
___ /___ /___ If you cannot provide a landlord reference, claim your utility bills that exceed $150/month, or intend to qualify based on a housing cost burden of 40% or more, include copies of the past 12 months of utility bills.
___ /___ /___ If you have student loans, provide statements or bills showing your total monthly payment. If loans are in deferral, provide an official letter stating so.

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EQUAL HOUSING OPPORTUNITY

Homeownership Application 2026

Dear Applicant(s) – Please complete this application to determine if you qualify for the Habitat for Humanity Homebuyer Program. 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. Attendance at a Homebuyer Information Meeting does not constitute an application. Please do not email or fax sensitive information to Habitat (especially not documents with your social security or ITIN number) as we do not have encrypted email or fax services. Applications must be submitted in person.

1.APPLICANT INFORMATION

Applicant	Co-applicant
Applicant's full name: **Alternative and/or former name:**	**Co-applicant's full name:** **Alternative and/or former name:**
Social Security or ITIN Number: _____ **Email address: _____** **Phone number: _____ Date of Birth: ____/____/____** □ **Married** □ **Separated** □ **Domestic Partnership** □ **Unmarried** ***(single, divorced, widowed)***	**Social Security or ITIN Number: _____** **Email address: _____** **Phone number: _____ Date of Birth: ____/____/____** □ **Married** □ **Separated** □ **Domestic Partnership** □ **Unmarried** ***(single, divorced, widowed)***
☐ **I am applying for individual credit** ☐ **I am applying for joint credit with a total number of _____ borrowers.** **If yes, initial below:**	☐ **I am applying for individual credit** ☐ **I am applying for joint credit with a total number of _____ borrowers.** **If yes, initial below:**
Current address (street, city, state, zip code):	**Current address (street, city, state, zip code):**
□ **Own** □ **Rent // # of years and months at this address: ___ yrs __mnth**	□ **Own** □ **Rent // # of years and months at this address: ___ yrs __mnth**
If you have lived at your current address for less than two years, complete the following	
Last applicant address (street, city, state, zip code): ❒ **Own** □ **Rent // # of years and months at this address: ___ yrs __mnth**	**Last co-applicant address (street, city, state, zip code):** □ **Own** □ **Rent // # of years and months at this address: ___ yrs __mnth**

Names of everyone who will live with you in your home.

Name	DOB	Gender	Relationship to applicant

2. FOR HABITAT OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date received: _____

Date of notice of incomplete application: _____

Date of Homebuyer Information Meeting: _____

Date of Adverse Action Letter: _____

Date of selection committee approval: _____

Date of board approval: _____

Date of Partnership Agreement: _____

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EQUAL HOUSING OPPORTUNITY

3. WILLINGNESS TO PARTNER

As part of the Habitat homeownership process, it is a requirement that you and each member of your household over 18 years of age commit to completing 250 sweat equity hours. Sweat equity refers to your active participation in building the homes of others and your own home. This may involve various tasks such as clearing the lot, assisting with construction, contributing at the ReStore or Habitat office, attending homeownership classes, and/or participating in other approved activities. Your willingness to fulfill these sweat equity hours is essential to being considered for Habitat homeownership. Of the total 250 hours, 100 must be dedicated specifically to construction-related tasks.

YES, I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS (all adults over 18 years old in the household must sign)

Applicant: _____ Co-applicant: _____

Additional adult in home: _____ Additional adult in home: _____

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (select one): ☐ 1 ☐ 2 ☐ 3 ☐ 4☐ 5 Number of bathrooms (select one): ☐ 1 ☐ 2 ☐ 3 ☐ 4☐ 5

Additional rooms in your current home that you are using as a bedroom:

☐ living room ☐ dining room ☐ kitchen ☐ other (please explain): _____

What are the problems with your current housing situation? Please rate using a scale 1 - 5
1.*Extremely bad: dangerous, unhealthy, does not work. // 2. Bad: Faulty, in bad condition // 3.Okay // 4. Good // 5. Excellent*

plumbing _____	insulation or draftiness _____	pests (bugs, rodents) in unit _____
heating _____	appliances (working condition) _____	exterior condition of housing _____
wiring _____	walls (separating from floor etc) _____	mold or unhealthy conditions _____
roof _____	floors (holes, etc) _____	accessibility _____

For any item that has been rated "2" or below, please explain what is bad or inadequate about it:

_____

_____

_____

_____

If you rent your residence, what is your monthly rent payment? $ _____/ per month

Is your residence a mobile home? ☐ yes ☐ no If yes, do you own your mobile home? ☐ yes ☐ no

Is your residence Section 8? ☐ yes ☐ no Do you own any property? ☐ yes ☐ no Have you owned a home before? ☐ yes ☐ no

If yes, when was your home sold? _____

Have you tried to obtain a home loan before? ☐ yes ☐ no If yes, were you turned down? ☐ yes ☐ no

Please explain why you were turned down: _____

How did you hear about Habitat for Humanity: _____

Have you applied to Habitat for Humanity before? ☐ yes ☐ no If yes, when? _____

What motivates you to become a homeowner with Habitat for Humanity? _____

_____

_____

_____

_____

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5. EMPLOYMENT INFORMATION

Applicant	Co-applicant
☐ **Does not apply to the applicant** ☐ **I am self-employed/business owner** **Name and address of current employer:** **Job title:** _____ **Business phone number:** _____ **Start date of job:** _____ **Monthly gross wages: $**_____**/month**	☐ **Does not apply to the applicant** ☐ **I am self-employed/business owner** **Name and address of current employer:** **Job title:** _____ **Business phone number:** _____ **Start date of job:** _____ **Monthly gross wages: $**_____**/month**
If you have been working at your job less than one year, complete the following:	
Name and address of the previous employer for the applicant: **Job title:** _____ **Business phone number:** _____ **Start date of job:** _____ **Monthly gross wages: $**_____**/month** **End date of job:** _____	**Name and address of the previous employer for the co-applicant:** **Job title:** _____ **Business phone number:** _____ **Start date of job:** _____ **Monthly gross wages: $**_____**/month** **End date of job:** _____

PLEASE NOTE Please provide a completed employer reference form for every employer the applicant and/or co-applicant has had in the past 12 months. This may mean asking for additional forms which will be provided upon request. Add more sheets as necessary if current and most recent employment is less than 12 months.

6. MONTHLY INCOME

Income Source	Applicant	Co-applicant	Others in houseold	TOTAL
Gross salary	$	$	$	$
Spoural Support	$	$	$	$
Child Support	$	$	$	$
Social Security	$	$	$	$
Supplemental Security Income (SSI)	$	$	$	$
Disability	$	$	$	$
Section 8 Housing	$	$	$	$
Other	$	$	$	$
Other	$	$	$	$
Other	$	$	$	$
Other	$	$	$	$
TOTAL	$	$	$	$

PLEASE NOTE Self-employed applicants may be required to provide additional documentation such as 2 years of tax returns and financial statements.

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EQUAL HOUSING OPPORTUNITY

7. ZERO INCOME VERIFICATION

Only adults in the household with no income source should complete this form.

I hereby certify that I am currently receiving no income from any source. I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information may disqualify my household from the Habitat Homeowner Program.

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____

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8. ASSESTS

Please list all of your and the co-applicant's assets, including autos and types of accounts such as checking, savings, CD's, savings bonds, etc.

Account holder	Type of account	Balance

Additional assets – even if you have a loan, please list if you or the co-applicant own a:

Car(#1) ❑ yes ❑ no Make, model and year: _____

Car(#2) ❑ yes ❑ no Make, model and year: _____

Boat ❑ yes ❑ no Estimated value: _____

Mobile home ❑ yes ❑ no Estimated value: _____

Other ❑ yes ❑ no Estimated value: _____

9. MONTHLY EXPENSES AND PAYMENTS

Account	Applicant	Co-applicant	TOTAL EXPENSE
Rent	$	$	$
Water	$	$	$
Gas	$	$	$
Electric	$	$	$
Insurance	$	$	$
Child Care	$	$	$
Internet Service	$	$	$
Cell Phone	$	$	$
Other	$	$	$
Other	$	$	$
TOTAL	$	$	$

10. DEBT

Account	Applicant minimum monthly payment	Applicant unpaid balance	Co-applicant minimum monthly payment	Co-applicant unpaid balance
Car (#1)	$	$	$	$
Car (#2)	$	$	$	$
Home/house	$	$	$	$
Furniture, appliances (rent to own)	$	$	$	$
Child Support	$	$	$	$
Family Remittance	$	$	$	$
Spousal Support	$	$	$	$
Credit Card(s)	$	$	$	$
Credit Card(s)	$	$	$	$
Credit Card(s)	$	$	$	$
Medical Debt	$	$	$	$
Student Loans	$	$	$	$
TOTAL	$	$	$	$

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EQUAL HOUSING OPPORTUNITY

11. DECLARATIONS

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

Declartion	Applicant	Co-applicant
Do you have any outstanding judgments because of a court decision against you?	❑ yes ❑ no	❑ yes ❑ no
Have you declared bankruptcy within the past seven years? If so, please supply records showing the release of debt.	❑ yes ❑ no	❑ yes ❑ no
Have you had a property foreclosed on or deed in lieu of foreclosure in the past seven years?	❑ yes ❑ no	❑ yes ❑ no
Are you currently involved in a lawsuit?	❑ yes ❑ no	❑ yes ❑ no
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of the title in lieu of foreclosure, or judgement?	❑ yes ❑ no	❑ yes ❑ no
Are you currently delinquent or defult on any federal debt or any other loans, mortgage financial obligation, or loan guarantee?	❑ yes ❑ no	❑ yes ❑ no
Are you a co-signer or endorser on any loan?	❑ yes ❑ no	❑ yes ❑ no
Are you currently paying alimony, child support or separate maintenance, or spousal/family support?	❑ yes ❑ no	❑ yes ❑ no

12. AUTHORIZATION AND RELEASE

By completing and submitting this application, I hereby authorize Habitat for Humanity of Monroe County to evaluate my eligibility for housing, including my need for housing, ability to pay a mortgage, and willingness to be a partner in the Habitat for Humanity program.

I am aware that the evaluation process may involve personal visits, a credit check, and verification of my employment. I affirm that all the information provided in this application is truthful and accurate. I understand that any false or misleading information may result in the denial of my application or disqualification from the program, even if I have already been selected to receive a Habitat home.

I hereby authorize HFHMC to verify my past and present employment earnings records, bank accounts, and any other asset balances that are needed to process my mortgage loan application. I further authorize HFHMC to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will serve as authorization.

I acknowledge that Habitat for Humanity retains the right to screen all individuals over 18 years of age residing in the house on the National Sex Offender Public Website. I consent to such an inquiry and understand that at any point prior to closing on a home, I will be asked to complete an affidavit regarding the individuals who will be living in the home if I successfully complete the program. I am aware that providing false or incomplete information in this affidavit may disqualify me from the program.

If accepted into the program, I understand that I must continue to meet all the qualifications and requirements for the duration of my participation in the Habitat program. Furthermore, I am aware that Habitat for Humanity of Monroe County provides equal opportunity to all qualified applicants without regard to race, color, religion, sex, national origin, marital status, familial status, or age.

By signing this document, I understand that program participants will be able to communicate with the Homeowner Services team via email or by calling the affiliate office. I agree to the use of electronic communication for general communication purposes related to the program, and I acknowledge that sensitive information should not be shared through these channels. By signing this application, I consent to the use of electronic communication for administrative and program-related matters.

I authorize Habitat for Humanity to verify my identity and perform any necessary compliance checks, including checking against government sanctions lists. I understand that this information will be kept confidential and used solely for compliance purposes.

By signing this application, I confirm that I have read and understood the above statements and agree to comply with all the terms and conditions outlined herein.

Applicant signature _____ Date _____

Co-applicant signature _____ Date _____

PLEASE NOTE If more space is needed to complete or explain any part of this application, please use a separate sheet of paper and attach it to this application. Please indicate if the additional comments are for the applicant or the co-applicant.

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EQUAL HOUSING OPPORTUNITY

13. HOUSEHOLD MEMBER AFFIDAVIT OF OCCUPACY

Applicant	
Co-Applicant	
Current Address & City	

I/We affirm that the individuals listed below will reside in the Habitat home should I/We successfully complete the program.

Name of household members	Signature of household members	Gender	Date of Birth

14. SCHOOL REGISTRATION AFFIDAVIT

To be completed by the applicant.

The applicant(s) authorizes Habitat for Humanity to verify the applicants' children are currently enrolled in school.

I, _____ (Parent/Guardian Full Name), hereby certify that the following children residing in my household are currently enrolled in school as part of my application for Habitat for Humanity housing.

I understand that this information is a requirement for my application and is true and correct to the best of my knowledge.

Child's Full Name	Date of Birth	School Name	Grade	School Address

Parent/Guardian Contact Information:

I acknowledge that I am required to provide accurate and up-to-date information regarding school enrollment for all minor children living in my household. I further understand that failure to do so may affect my eligibility for Habitat for Humanity of Monroe County.

Signature of Parent/Guardian: _____ Date: _____

Phone Number: _____ Email Address: _____

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EQUAL HOUSING OPPORTUNITY

15. AUTHORIZATION TO SEARCH THE NATIONAL SEX OFFENDER PUBLIC WEBSITE

Habitat for Humanity of Monroe County (HFHMC) utilizes the National Sex Offender Public Website (https//www.nsopw.gov/) to screen all prospective applicant families and others who are 18 years old and older who will reside in a Habitat home. By completing this application, the applicant(s) understand and authorize Habitat to perform a search of the National Sex Offender Public Website. Habitat reserves the right to recheck sex offender status at anytime during the course of service and/or homebuilding process.

Any person who does not consent to a sex offender check will not be permitted to become a future homeowner with HFHMC.

Applicant signature _____ Date _____

Co-applicant signature _____ Date _____

List below all people 18 years old or older who will reside in the home

Resident's name _____ Resident's Signature _____

Resident's name _____ Resident's Signature _____

Resident's name _____ Resident's Signature _____

Resident's name _____ Resident's Signature _____

FOR OFFICE USE ONLY

Date checked _____ By _____ Result _____

Date checked _____ By _____ Result _____

Date checked _____ By _____ Result _____

Date checked _____ By _____ Result _____

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16. EMERGENCY CONTACT FORM

Applicant Emergency Contact

PRIMARY EMERGENCY CONTACT

Contact name_____ Relationship to contact _____

Work telephone _____ Mobile Phone _____

Email _____

SECONDARY EMERGENCY CONTACT

Contact name_____ Relationship to contact _____

Work telephone _____ Mobile Phone _____

Email _____

Co-Applicant Emergency Contact

PRIMARY EMERGENCY CONTACT [CO-APPLICANT]

Contact name_____ Relationship to contact _____

Work telephone _____ Mobile Phone _____

Email _____

SECONDARY EMERGENCY CONTACT [CO-APPLICANT]

Contact name_____ Relationship to contact _____

Work telephone _____ Mobile Phone _____

Email _____

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17. APPRAISAL DISCLOSURE NOTICE

The Consumer Financial Protection Bureau amended the Equal Credit Opportunity Act (ECOA) effective January 18th, 2014 that requires, if you apply for a first mortgage on a home.

- The Lender must tell you within three days of receiving your mortgage loan application that you will promptly
- get a copy of any appraisal.
- The Lender has to give you a free copy of any valuation, which may include many commonly used reports, for
- example, an appraisal report, an automated valuation model report or a broker price option.
- The Lender has to provide these copies promptly after the reports are completed, or three days before your
- loan closes, whichever is earlier.
- The Lender may ask you to waive the deadline so that any copies can be provided at closing.
- The Lender has to provide these copies to you promptly, even if your loan does not close.
- The Lender can make you pay a reasonable fee for the cost of the valuation.

Habitat for Humanity of Monroe County strives to provide a copy of the appraisal report at least three business days prior to closing. To ensure that your loan closes at the scheduled time, however, it may be necessary to provide you a copy of the appraisal report less than 3 business days prior to closing. By signing this document below, you agree to proceed with the closing without having received a copy of your appraisal report at least 3 days prior to closing if the appraisal report is not completed within that time frame.

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of this Appraisal Disclosure Notice and understand my right to a copy of the appraisal report. I further acknowledge and agree to waive receipt of my appraisal report three business days prior to closing in order to close my loan as scheduled.

Applicant signature _____ Date _____

Co-applicant signature _____ Date _____

18. 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, 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: FTC Regional Office for the Midwest Region 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 signature _____

Print name _____

Date _____

Co-applicant signature _____

Print name _____

Date _____

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EQUAL HOUSING OPPORTUNITY

19. PRIVACY STATEMENT AND NOTICE

At Habitat for Humanity of Monroe County, Inc., we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name. When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality. We collect nonpublic personal information about you from the following sources.

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency.

Habitat does not disclose nonpublic personal information about you to non-affiliated third parties. Habitat for Humanity of Monroe County employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as Multi-Financial Services;
- Nonprofit organizations or governments; and
- The Federal Home Loan Bank (in the case that you may qualify for a closing grant)

Applicant signature _____

Print name _____

Date _____

Co-applicant signature _____

Print name _____

Date _____

20. ADDITIONAL VERIFICATION DOCUMENTS

In the section labeled “Additional Verification Documents,” applicants may be required to provide supplemental information to support program eligibility and compliance with applicable regulations. This information is collected solely for lawful program administration, verification, and reporting purposes and is handled in accordance with Habitat for Humanity of Monroe County’s confidentiality and privacy standards.

Documents collected in this section include:

1. Information for Government Monitoring Purposes
2. 4506-C IVES Request for Transcript of Tax Return
3. Non-Filing of Federal Income Taxes Form
4. Landlord Reference Form
5. Employer Reference Form

Access to these documents is limited to authorized staff and volunteers on an as-needed basis, and all information is maintained securely to protect applicant privacy.

Applicant signature _____ Date _____

Print name _____

Co-applicant signature _____ Date _____

Print name _____

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.

EQUAL HOUSING OPPORTUNITY

20. INFORMATION FOR GOVERNMENT MONITORING PURPOSES (Item 1)

for Habitat for Humanity of Monroe County
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
❑ **I do not wish to furnish this information.** **Race (applicant may select more than one)** ❑ American Indian or Alaskan Native ❑ Asian ❑ Black/African-American ❑ Native Hawaiian or other Pacific Islander ❑ White **Ethnicity** ❑ Hispanic or Latino ❑ Non-Hispanic or Latino **Gender** ❑ Male ❑ Female ❑ Other _____ **Birthdate** _____ / _____ / _____ **Marital Status** ❑ Married ❑ Single ❑ Unmarried (divorced, widowed) **Disability** ❑ Yes, I have a disability or have a history/record of having a disability ❑ No, I don't have a disability or have a history/record of having a disability **Military Status** ❑ I am not a veteran (I did not serve in the military) ❑ I belong to a classification of protected veterans ❑ I am NOT a protected veteran (I served in the military but do not fall into any protected veteran categories) ❑ I am currently serving active duty with the U.S. Armed Force, Reserve, or National Guard	❑ **I do not wish to furnish this information.** **Race (applicant may select more than one)** ❑ American Indian or Alaskan Native ❑ Asian ❑ Black/African-American ❑ Native Hawaiian or other Pacific Islander ❑ White **Ethnicity** ❑ Hispanic or Latino ❑ Non-Hispanic or Latino **Gender** ❑ Male ❑ Female ❑ Other _____ **Birthdate** _____ / _____ / _____ **Marital Status** ❑ Married ❑ Single ❑ Unmarried (divorced, widowed) **Disability** ❑ Yes, I have a disability or have a history/record of having a disability ❑ No, I don't have a disability or have a history/record of having a disability **Military Status** ❑ I am not a veteran (I did not serve in the military) ❑ I belong to a classification of protected veterans ❑ I am NOT a protected veteran (I served in the military but do not fall into any protected veteran categories) ❑ I am currently serving active duty with the U.S. Armed Force, Reserve, or National Guard

TO BE COMPLETED BY THE PERSON CONDUCTING THE INTERVIEW

Check to confirm this application was taken in-person: **❑ Yes, this application was taken in-person** **Date**_____ **Date of file destruction: _____ (25 months)**	**Interview's name** _____

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.

EQUAL HOUSING OPPORTUNITY

Form **4506-C** (September 2020)

Department of the Treasury - Internal Revenue Service

IVES Request for Transcript of Tax Return

OMB Number 1545-1872

▶ **Do not sign this form unless all applicable lines have been completed.**

▶ **Request may be rejected if the form is incomplete or illegible.**

▶ **For more information about Form 4506-C, visit *www.irs.gov* and search IVES.**

1a. Name shown on tax return *(if a joint return, enter the name shown first)*	**1b. First social security number on tax return, individual taxpayer identification number, or employer identification number *(see instructions)***
2a. If a joint return, enter spouse's name shown on tax return	**2b. Second social security number or individual taxpayer identification number if joint tax return**

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code *(see instructions)*

4. Previous address shown on the last return filed if different from line 3 *(see instructions)*

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number *(if applicable) (see instructions)*

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. *(see instructions)*

6. **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request _____

- ☐ **a.** **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years
- ☐ **b.** **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns
- ☐ **c.** **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years

☐ **7.** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format *(see instructions)*

/ / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.**

Sign Here	**Signature** *(see instructions)*	**Date**	**Phone number of taxpayer on line 1a or 2a**
	Print/Type name		
	Title *(if line 1a above is a corporation, partnership, estate, or trust)*		
	Spouse's signature		**Date**
	Print/Type name		

Form **4506T-EZ(SP)**

(June 2019)

Department of the Treasury
Internal Revenue Service

Formulario Abreviado de Solicitud de Transcripción de la Declaración de Impuestos Individual

▶ **La solicitud no se tramitará si el formulario está incompleto o ilegible.**

▶ **Para obtener más información sobre el Formulario 4506T-EZ(SP), visite *www.irs.gov/form4506tezsp*.**

OMB No. 1545-2154

Consejo. Utilice el Formulario 4506T-EZ(SP) para ordenar sin costo alguno una transcripción de la declaración de impuestos de la serie de Formularios 1040, o puede solicitar rápidamente las transcripciones utilizando nuestras herramientas del servicio de autoayuda automatizado. Por favor, visítenos en www.irs.gov/espanol y pulse en "Ordene una Transcripción..." o llame al 1-800-908-9946.

1a Nombre mostrado en la declaración de impuestos. Si es una declaración conjunta, escriba el nombre que se muestra primero.	**1b El primer número de Seguro Social o número de identificación del contribuyente individual que se muestra en la declaración de impuestos**
2a Si es una declaración conjunta, escriba el nombre del cónyuge mostrado en esa declaración de impuestos.	**2b El segundo número de Seguro Social o número de identificación del contribuyente individual, si es una declaración de impuestos conjunta**

3 Nombre, dirección (incluyendo número de apartamento, habitación u oficina), ciudad, estado y código postal actual (consulte las instrucciones)

4 Dirección anterior mostrada en la última declaración presentada, si es diferente de la línea 3 (consulte las instrucciones)

5 Número de archivo del cliente (si corresponde) (consulte las instrucciones)

Nota: A partir de julio de 2019, el IRS enviará las solicitudes de transcripciones de impuestos sólo a su dirección de registro. Consulte **Qué hay de nuevo** bajo **Acontecimientos Futuros** en la Página 2 para obtener información adicional.

6 Año(s) solicitado(s). Escriba el (los) año(s) de la transcripción de la declaración que solicita (por ejemplo, "2008"). La mayoría de las solicitudes se tramitarán dentro de 10 días laborables.

Nota: Si el IRS no puede localizar una declaración que concuerda con la información de identidad del contribuyente proporcionada en la parte superior, o si los registros del IRS indican que la declaración no ha sido presentada, el IRS le notificará a usted o al tercero que no se pudo localizar una declaración de impuestos o que una declaración no fue presentada, lo que corresponda.

Precaución. No firme este formulario a menos que todas las líneas aplicables hayan sido completadas.

Firma(s) del (de los) contribuyente(s). Yo declaro que soy el contribuyente cuyo nombre se muestra en la línea 1a o 2a. Si la solicitud corresponde a una declaración conjunta, cualquiera de los cónyuges puede firmar. **Nota:** El IRS tiene que recibir este formulario dentro de 120 días a partir de la fecha de la firma.

☐ **El(la) suscrito(a) certifica que ha leído la cláusula de atestación y tras leerla declara que tiene la autoridad para firmar el Formulario 4506T-EZ(SP).** Consulte las instrucciones

Número de teléfono del contribuyente que aparece en la línea **1a** o **2a**

Firme Aquí

▶ Firma (consulte las instrucciones) — Fecha

▶ Firma del cónyuge — Fecha

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to *www.irs.gov* and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B,Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, *including lines 5a through 8*, are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form . . . 10 min.
Preparing the form . . . . . 12 min.
Copying, assembling, and sending the form to the IRS . . . . . 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

Las secciones a las cuales se hace referencia corresponden al Código de Impuestos Internos, a menos que se indique lo contrario.

Acontecimientos Futuros

Para obtener la información más reciente acerca de los acontecimientos relacionados con el Formulario 4506T-EZ(SP), como la legislación promulgada después de que el formulario se imprimió, visite *www.irs.gov/form4506tezsp*.

Qué hay de nuevo. Como parte de sus esfuerzos continuos para proteger los datos del contribuyente, el Servicio de Impuestos Internos anunció que en julio de 2019, dejará de enviar por correo las copias de las transcripciones solicitadas a todos los terceros. Después de esta fecha, las Transcripciones de Impuestos con partes ocultas, sólo se enviarán por correo a la dirección de registro del contribuyente. Si un tercero no puede aceptar una Transcripción de Impuestos enviada por correo al contribuyente, puede contratar a un participante existente del programa IVES, o convertirse en un participante del IVES. Para obtener información adicional acerca del IVES, visite *www.irs.gov* y busque por IVES.

Instrucciones Generales

Precaución. No firme este formulario a menos que todas las líneas aplicables hayan sido completadas.

Propósito del formulario. Las personas pueden utilizar el Formulario 4506T-EZ(SP) para solicitar una transcripción de la declaración de impuestos para el año actual y los tres años anteriores, que incluye la mayoría de las líneas de la declaración de impuestos original. La transcripción de la declaración de impuestos no mostrará los pagos, multas impuestas ni ajustes realizados a la declaración presentada originalmente. El Formulario 4506T-EZ(SP) no puede ser utilizado por los contribuyentes que presentan un Formulario 1040 basado en un año tributario que comienza en un año calendario y termina en el año siguiente (año tributario fiscal). Los contribuyentes que utilizan un año tributario fiscal tienen que presentar el Formulario 4506-T, *Request for Transcript of Tax Return* (Solicitud de transcripción de la declaración de impuestos), en inglés, para solicitar una transcripción de la declaración.

Utilice el Formulario 4506-T, en inglés, para solicitar transcripciones de la declaración de impuestos, información de cuentas tributarias, información de W-2, información de 1099, verificación de no presentación de la declaración y registros de cuenta.

Número de Archivo del Cliente. Las transcripciones proporcionadas por el IRS han sido modificadas para proteger la privacidad de los contribuyentes. Las transcripciones solo muestran información personal parcial, tal como los últimos cuatro dígitos del Número de Seguro Social del contribuyente. La información financiera y tributaria completa, como los salarios y los ingresos tributables se muestran en la transcripción.

Un campo opcional de Número de Archivo del Cliente está disponible para utilizar al solicitar una transcripción. Este número se imprimirá en la transcripción. Vea las instrucciones de la Línea 5 para los requisitos específicos. El número de archivo del cliente es un campo opcional y no es obligatorio.

Solicitud automatizada de transcripción. Puede solicitar rápidamente las transcripciones utilizando nuestras herramientas del servicio de autoayuda automatizado. Por favor, visítenos en *IRS.gov/español* y pulse en "Ordene una Transcripción..." o llame al 1-800-908-9946.

Dónde presentar. Envíe el Formulario 4506T-EZ(SP) por fax o por correo a la dirección a continuación que corresponde al estado en el que residió cuando se presentó la declaración de impuestos.

Si solicita más de una transcripción u otro producto y la tabla a continuación muestra dos direcciones diferentes, envíe su solicitud a la dirección que corresponde a la dirección de su declaración de impuestos más reciente.

Si presentó una declaración individual y vivió en:	**Envíe el formulario por correo o por fax a:**
Alabama, Kentucky, Luisiana, Mississippi, Tennessee, Texas, un país extranjero, Samoa Estadounidense, Puerto Rico, Guam, el Commonwealth de las Islas Marianas del Norte, las Islas Vírgenes Estadounidenses, o la dirección de APO o de FPO	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New México, Dakota del Norte, Oklahoma, Oregon, Dakota del Sur, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, Distrito de Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Carolina del Norte, Ohio, Pennsylvania, Rhode Island, Carolina del Sur, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Línea 1b. Escriba su número de identificación del empleador (EIN, por sus siglas en inglés) si su solicitud se relaciona con una declaración de impuestos de un negocio. De lo contrario, escriba el primer número de Seguro Social (SSN, por sus siglas en inglés) o número de identificación personal del contribuyente (ITIN, por sus siglas en inglés) que se muestra en la declaración. Por ejemplo, si solicita el Formulario 1040 que incluye el Anexo C (Formulario 1040), escriba su SSN.

Línea 3. Escriba su dirección actual. Si utiliza un apartado postal, inclúyalo en esta línea.

Línea 4. Escriba la dirección mostrada en la última declaración de impuestos que presentó, si es diferente de la dirección anotada en la línea **3.**

Nota. Si las direcciones en las líneas 3 y 4 son diferentes y usted no ha cambiado su dirección ante el IRS, presente el Formulario 8822, *Change of Address* (Cambio de dirección), en inglés.

Línea 5. Ingrese hasta 10 caracteres numéricos para crear un número de archivo del cliente único, que se mostrará en la transcripción. El número de archivo del cliente **no debe** contener un número de SSN. No se requiere completar esta línea.

Nota. Si utiliza un SSN, nombre o una combinación de ambos, no ingresaremos la información y el número de archivo del cliente estará en blanco en la transcripción.

Firma y fecha. El Formulario 4506T-EZ(SP) tiene que ser firmado y fechado por el contribuyente indicado en la línea 1a o 2a. El IRS tiene que recibir el Formulario 4506T-EZ(SP) dentro de 120 días a partir de la fecha de la firma del contribuyente o será rechazado. Asegúrese de que todas las líneas aplicables sean completadas antes de firmar.

Tiene que marcar la casilla en el área de la firma para reconocer que tiene la autoridad para firmar y solicitar la información. El formulario no se tramitará y le será devuelto si la casilla no está marcada.

Las transcripciones de declaraciones de impuestos presentadas conjuntamente pueden proporcionarse a cualquiera de los cónyuges. Sólo se requiere una firma. Firme el Formulario 4506T-EZ(SP) exactamente como su nombre aparece en la declaración original. Si usted ha cambiado su nombre, también firme su nombre actual.

Aviso sobre la Ley de Confidencialidad de Información y la Ley de Reducción de Trámites. Solicitamos la información de este formulario para establecer su derecho de tener acceso a la información tributaria solicitada, conforme al Código de Impuestos Internos. Necesitamos esta información para identificar correctamente la información tributaria y responder a su solicitud. Si usted solicita una transcripción, las secciones 6103 y 6109 requieren que usted proporcione esta

20. LETTER OF EXPLANATION FOR NON-FILING OF FEDERAL INCOME TAXES (Item 3)

Letter of Explanation for Non-Filing of Federal Income Taxes

To: Habitat for Humanity of Monroe County at 213 East Kirkwood Avenue, Bloomington, IN

Subject: Explanation for Not Filing Federal Income Taxes

I, _____, certify that I was not legally required to file federal income taxes for the following tax years: _____ and _____, in accordance with IRS guidelines.

The reason I did not file is as follows:
□ My income was below the federal filing threshold.
□ I received only non-taxable income (e.g., Social Security benefits, disability benefits, etc.).
□ I was a dependent on another person's tax return.
□ Other:

Provide explanation_____
_____

I understand that this statement is being provided as part of my application for the Habitat for Humanity Homeownership Program. I certify that the information provided is true and accurate to the best of my knowledge.

Sincerely,

Applicant signature _____

Print name _____ Date _____

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.

EQUAL HOUSING OPPORTUNITY

20. LANDLORD REFERENCE FORM (Item 4)

To be completed by the applicant.

The applicant(s) authorizes Habitat for Humanity to verify the applicants' tenancy.

Applicant Name _____ Signature _____

Co-applicant Name_____ Signature _____

Address _____

Request for landlord reference from your CURRENT landlord

Landlord Name _____ Landlord phone _____

Landlord Address_____ Landlord Email_____

To be completed by the landlord.

Dear landlord,

The applicant listed above has applied for housing through the Habitat for Humanity of Monroe County program. We understand that the applicant rents, or has rented, housing through you. We would appreciate your help in answering the questions listed below. Thank you for your assistance.

Sincerely, The Habitat for Humanity of Monroe County Homeowner Selection Committee

Applicant's payment history (please check one) ❑ ***Excellent*** ❑ ***Satisfactory*** ❑ ***Unsatisfactory***

Has the tenant paid late more than 2 times in the last 12 months? ❑ ***Yes*** ❑ ***No*** ***If yes, how often?*** _____

In the last 12 months, has the tenant been past due by more than 30 days? ❑ ***Yes*** ❑ ***No If yes, how often?*** _____

Have you ever served a notice of eviction to the tenant? ❑ ***Yes*** ❑ ***No***

Rental period (give dates) from _____ **to** _____ **Amount of monthly rent: $** _____

Is the rent subsidized? ❑ ***Yes*** ❑ ***No*** **Amount of BHA monthly housing assistance payment (HAP) $** _____

Further comments: _____

_____

_____

Print Name _____ Signature _____ Date _____

Please do not leave blanks.

Landlord– please return this form to the applicant.

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.

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20. Employer Reference Form (Item 5)

To be completed by the applicant.

The applicant(s) authorizes Habitat for Humanity to verify the applicants' employment.

Applicant Name _____ Signature _____

Co-applicant Name_____ Signature _____

Address _____

Request for employment verification

Employer Name _____ Employer phone _____

Address_____ Employer Email_____

To be completed by the employer/supervisor.

Dear employer/supervisor,

The applicant listed above has applied for housing through the Habitat for Humanity program. We understand the applicant is employed by you. We would appreciate your help in answering the questions listed below. Thank you for your assistance.

Sincerely,
The Habitat for Humanity of Monroe County Homeowner Selection Committee

Applicant's dates of employment _____ Current position _____

Applicant's role is ❑ *Full-time* ❑ *Part-time* _____ *avg. hours/week* ❑ *Seasonal* _____ *avg. hours/week for* _____ *weeks*

Probability of continued employment? _____

Current base pay? $_____ PER ❑ *Hour* ❑ *Week* ❑ *Month* ❑ *Year*

Does the applicant regularly receive overtime or bonuses? ❑ *Yes* ❑ *No*

Additional comments: _____

_____

_____

Print Name _____ Signature _____ Date _____

Please do not leave blanks.

Employer– please return this form to the applicant.

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