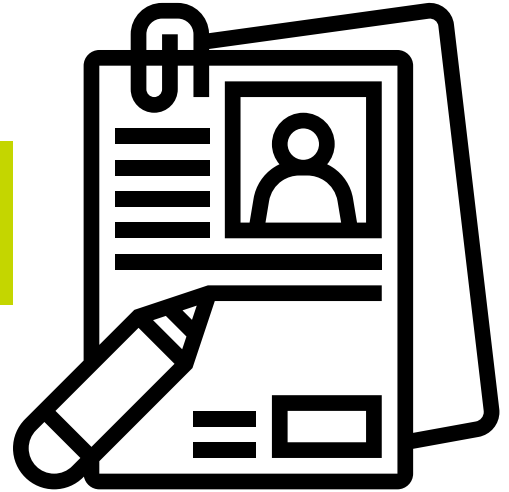


Homebuyer Selection Process

What to expect after submitting an application



We encourage you to take your time completing the application to the best of your ability. Please submit completed application and supporting documents no later than Tuesday July 23rd at 5:00 PM. For applicants receiving employment income, please submit paystubs and bank statements for at least two full months. For any other income source, please submit the benefit award letter.

Please direct questions to family@cuhabitat.org

1

Submit Application

Submit application and supporting documents in-person at the ReStore, by email to family@cuhabitat.org, or mailed to 1914 Glenn Park Dr, Champaign, IL 61821. Mailed applications must be postmarked by July 23rd at 5:00 PM or earlier. Supporting documents include income and bank statements for at least two full months. Applications must be submitted by Tuesday July 23rd at 5:00 PM.

2

Application Verification

After the application window closes on July 23rd at 5:00 PM, Habitat staff will begin reviewing applications. Application review includes proof of income, credit report review, employment verification, and landlord verification. Applicants will receive a notice by mail whether or not their application will be moving forward in review within 30 days of submission.

3

Interview and Home Visit

Once determined that the family meets the necessary criteria, Habitat staff will schedule a phone interview with the applicant. Families are evaluated on their willingness to partner, ability to pay, and housing need. Applicants meeting the necessary criteria after the phone interview will be contacted to schedule a home visit.

4

Approval

After a completed home visit, applicant information is presented to the Family Selection Committee and Board of Directors. If approved, applicants will be contacted by phone. If not approved, applicants will be notified by mail.



Application FOR HOUSING

Habitat for Humanity of Champaign County
1914 Glenn Park Drive, Champaign, IL 61821 (217)
359-0507



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: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible and submit with your most recent pay stubs and bank statements for at least two full months. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant			Co-applicant		
Applicant's Name			Co-applicant's Name		
Social Security Number	Home Phone	DOB	Social Security Number	Home Phone	DOB
<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 applicant)		
Name	DOB	Male Female	Name	DOB	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 Living at 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			Last 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: _____

More Information Requested? Yes No

Date Application Completed: _____

Accepted Denied

Date Letter Sent: _____

Date of Home Visit: _____

Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, 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: Applicant: Yes No
Co-applicant: Yes No

4. PRESENT HOUSING CONDITIONS

Number of bedrooms 1

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

Do you own your residence? No Yes Do you own land? (If yes, please describe, including location) No Yes

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

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
Start Date:		Start Date:	
Supervisor Contact Information:		Supervisor Contact Information:	
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 AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

Self-employed applicant(s) must provide most recent two years of signed business tax returns including all schedules with application submission.
 Wage earning applicant(s) must provide copies of last two pay stubs and bank statements with application submission.

²List additional household members over 18 who receive income:

Name	DOB	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

10. DEBT

To Whom Do You and the Co-applicant Owe Money?

COLUMN 1		COLUMN 2	
Car	Monthly Payment Unpaid Balance \$ _____ Mos. left to pay: _____	Cell Phone Contracts	Monthly Payment Unpaid Balance \$ _____ Mos. left to pay: _____
Furniture, Appliances and Televisions	Monthly Payment Unpaid Balance \$ _____ Mos. left to pay: _____	Other Money You Owe	
Credit Card	Monthly Payment Unpaid Balance \$ _____ Mos. left to pay: _____	Name and Address of Company	Monthly Payment Unpaid Balance \$ _____ Mos. left to pay: _____
Medical	Monthly Payment Unpaid Balance \$ _____ Mos. left to pay: _____	Alimony/Child Support	\$ _____ /month
		Job-related Expenses	\$ _____ /month
		(Child Care, Union Dues, etc.)	\$ _____ /month
		Column 2: Subtotal of Payments	\$ _____ /month
		Column 1: Subtotal of Payments	\$ _____ /month
Column 1: Subtotal of Payments	\$ _____ /month	Total Monthly Expenses	\$ _____ /month

11. 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 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 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. 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 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 **e**, or "no" to question **f**, 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 a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. 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. 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 potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application 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.

Applicant's name _____

Co-applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Birthdate: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) Email Address:	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Birthdate: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed) Email Address:
