



April 15, 2025 Applica	ation	for tv	vo- be	droom Duplex on Waitt Drive I	Nantu	cket	
pre-approval letter from a fin	nanci	al inst	plicar titutio	e Note: it(s) must apply for – and receiv n. It is the Applicant's responsi on required to issue the pre-ap	bility	to pr	ovide
		HOUS	SEHOLD	INFORMATION			
Applicant's Name:				Co-Applicant's Name:			
Date of Birth: / /				Date of Birth: / /			
□ Married □ Separated □ I	Unmar	rried		□ Married □ Separated □ U	Inmarr	ied	
Present Address: Present Address:							
Mailing Address (if different from above):				Mailing Address (if different from above):			
Home Phone #:				Home Phone #:			
Work Phone #:				Work Phone #:			
Cell Phone #:				Cell Phone #:			
e-mail:				e-mail:			
Include the names of any child or	adults	(other	than th	e applicants) who will live with you in yc	our Hab	itat ho	me:
Name	Age	✓ M	√ F	Name	Age	✓ M	√ F

	PRESENT HOUSIN	G CONDITION		
Number of bedrooms where you cur	rently live: 🗌 1	□ 2 □ 3	□ 4 □ 5	
Other rooms where you currently liv	e: 🗆 kitchen 🛛 din	ing room 🛛 living	room 🗆 bathroo	ms #
Are utilities included in your rent? \Box	No 🗆 Yes If yes:	🗆 heat 🛛 elect	tric 🗆 cable 🛛] internet
Current Landlord Name:				
Address:		Phone:		
If you have lived at your current add	ress less than two yea	ars, previous landlo	rd info:	
Name: Address:		Phone:		
Do you live or work in the Town of N	antucket, or have a c	hild who attends pu	ıblic school on Nan	tucket?
Will you, or a member of your family (If, due to a severe medical condition documentation from your physician	n, a couple will requir	e separate bedroon	ns, a statement and	□ No I medical
A HOUSING NEED STATEMENT: On a set the applicant checklist for details about the set of			you <u>need</u> a Habitat	t home. See
Please include income fro Any dependent household men documentation of their full-	nbers between the ag	ges of 18 and 25 wh	o are students nee	d to supply
	Applicant Job (1)	Applicant Job (2)	Co-Applicant Job (1)	Co-Applicant Job (2)
Gross Monthly Pay				
Net Monthly Pay				
Hours Regularly Worked Per Week				
Start date for this job				
Year-round or Seasonal (start & end dates), # of hours per day				
Your Position or Title				
Employer's Name and Address				
Phone Number				
Person and address to receive Verification of Employment Form				

If employed less than **two** years at primary job, add details of previous employment, including name/address/phone number of the contact person, start/end dates, on a separate sheet of paper.

OTHER INCOME: Indicate monthly income of any sources that apply to your family (for example: TAFDC, EAEDC, Workman's Compensation, Veteran's Benefits, Child Support, Alimony, Unemployment Compensation, Social Security Benefits, Pension Income, Disability Income, Investment Income, or other income (please specify).

Source of Income	Monthly Amount:	Source of Income	Monthly Amount:	
Child Support/Alimony:		Unemployment Compensation:		
Social Security Payments:		Pension Income:		
Disability Income:	ability Income:			
Interest and Dividends:		Other (please specify):		
I/We currently receive the follo	owing types and amoun	ts of monthly assistance:		
MassHealth: 🗆 Yes 🛛 🗆 No	Rental subsidy	Rental subsidy or voucher: \$ Fuel A		
Food Stamps: \$	Number of children eli	umber of children eligible for free/reduced lunch pro		

SOURCE OF CLOSING COSTS:

Include a statement that explains how you will finance closing costs. See applicant checklist for details.

Pleas	se circle the box that best answers the question for both applicant a	and co-app	olicant:			
		Appl	icant	Co-Applicant		
А	Do you have any debt because of a court decision against you?	YES	NO	YES	NO	
В	Have you been declared bankrupt within the last 7 years?	YES	NO	YES	NO	
С	Have you had any property foreclosed on in the last 7 years?	YES	NO	YES	NO	
D	Are you currently involved in a lawsuit?	YES	NO	YES	NO	
E	Have you owned a home within the last three years? (If yes, provide an explanation and see the important information page).	YES	NO	YES	NO	
Answering " YES " to any of the above questions DOES NOT automatically disqualify you. If you answered " YES " to any question A through E, however, please explain on a separate sheet of paper.						
Do the children, listed on page one, have parents who live elsewhere?						
Are you a U.S. Citizen or do you have U.S. Permanent Residency Status? You must have one or the other to be eligible for a Habitat home. See applicant checklist for required documentation.						
Do y	ou own any land? \Box Yes \Box No $\:$ If yes, please include a de	escription a	and its loca	ation		
Do y	ou currently own a home or have you previously owned a home?	□ Yes	🗆 No			

AUTHORIZATION AND RELEASE

I/we understand that, by filing this application,

- Habitat for Humanity of Nantucket is authorized to make a preliminary review of my/our qualifications as a potential Habitat owner and if I/we qualify I/we request that I/we be included in the Lottery to select finalist candidates for the two Habitat homes (7A and 7B Waitt Drive) being offered.
- 2. If I/we am/are one of the families selected in the Lottery, I/we further authorize Habitat to evaluate my/our actual need for a Habitat home, ability to qualify for a mortgage loan typical of Habitat homeownership, bear other expenses of home ownership, and willingness to fulfill Habitat program partnership requirements, including sweat equity and pre-purchase courses. I/we understand that the selected finalist evaluation will include a personal visit, a credit check, landlord checks, and employment verification.
- 3. I/we have applied for and received a mortgage pre-approval letter from a financial institution. That letter is included as part of this Application.
- 4. I/we have answered all the questions on this application truthfully. I/we understand that if any questions are found to not be answered truthfully, this application may be denied, and I/we may be disqualified from the program.
- If selected as a potential home recipient in the Lottery I/we agree to supply all additional information requested by Habitat, including tax returns, pay stubs and bank account information. I/we authorize Habitat for Humanity of Nantucket to conduct a check on my/our credit history, contact landlord and employment references, and check the Sex Offender Registry.
- 6. The original or a copy of this application will be retained by Habitat for Humanity of Nantucket for a limited time even if the application is not approved. All information on the Protected Information sheet is part of the application, and I/we am/are certifying that information to be complete and true.

Applicants, and other adults residing in the home, must sign below to show agreement with the above paragraph. This is required for your application to be considered.

Applicant's Signature	Date	Co-Applicant's Signature	Date			
Other Adult (non-applicant) Signature	Date	Other Adult (non-applicant) Signature	Date			
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION						
Be sure to submit:						
\Box This completed and signed appl	ication					
□ A Mortgage Pre-Approval Letter free	om a Lending Ins	titution				
\Box A completed copy of the checkl	ist					
\Box All the documentation required	- it is listed on	the checklist				
A signed statement by you that describes your present housing circumstances and why you have a serious need for a safe, decent, affordable house						
\Box A signed statement about swea	t equity and ab	ility to pay				

REQUIRED PROTECTED INFORMATION The following information is required.						
Applicant's Name:	Applicant's Name: Co-Applicant's Name:					
Social Security Number:		Social Security N	Num	ber:		
		ASSE	TS			
List all checking / savings / CD / IRA / or 401k accounts / savings bonds / investment / stock, etc. for all household members, including minor children. Use another page if necessary.						, etc. for all
Name on Account	Name of Bar	nk/Insti	itution, address	ļ	Account Number	Balance
List other assets and approximate va	alue (make and	l year c	of cars, boats, othe	er hig	gh-value personal	property, etc.)
Item:	Value	:		tem	:	Value:
l la sa shara sa ƙwa dalƙirad		DEB		•		ant also
Use another page for additional List ALL debts below (Credit Car						
Creditor and address	•	1	Account number	uue	Monthly Payment	Unpaid balance
		, <i>'</i>				

I hereby certify that within the past two years (choose one) I \Box have, or \Box have not, disposed of assets for less than the fair market value through a sale or a gift. List assets, if necessary: ______

The above is a complete and true representation of all household assets, debts, credit and complete information as requested Applicant's Signature_____

Date

Co-Applicant's Signature	Date
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Deadline Date: The Application packet must be received in the Habitat Office; or postmarked on or before June 16, 2025. A mailed application must be received no later than 5 business days after the postmark. Applications may NOT be submitted by fax or email.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES FORM

Lender: The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure 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. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. Although disclosing minority status is optional, it is helpful in determining status for a lottery. (Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular loan applied for.)

*** Please check off correct info in each category and sign. THANK YOU!***

<u>APPLICANT</u>	<u>CO-APPLICANT (if applicable)</u>
I do not wish to furnish this information	I do not wish to furnish this information
ETHNICITY- Optional	
Hispanic or Latino	Hispanic or Latino
Not Hispanic or Latino	Not Hispanic or Latino
RACE/MULTI RACE AND NATION	
American Indian, Alaskan Native	American Indian, Alaskan Native
Asian	Asian
Black or African American	Black or African American
Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander
White	White
American Indian or Alaskan Native <i>and</i> White	American Indian or Alaskan Native and Whit
Asian <i>and</i> White	Asian <i>and</i> White
Black or African American <i>and</i> White	Black or African American <i>and</i> White
Other Multiple Races	Other Multiple Races
American Indian or Alaskan Native	American Indian or Alaskan Native
and Black or African American	and Black or African American
GENDER	
Female	Female
Male	Male
MARITAL STATUS	
Married	Married
Separated	Separated
Unmarried (single, divorced, widowed)	Unmarried (single, divorced, widowed)
VETERAN STATUS	
US Veteran	US Veteran
• there any other household member who served in the armed	services, or is a spouse, widow(er), parent or dependent
f anyone that served in the armed services?Yes	No
Applicant Signature	Co-Applicant Signature
Or – this information was completed by interviewer:	
· · · <u> </u>	nature Date

SWEAT EQUITY FORM

REQUIRED ATTACHMENT TO YOUR APPLICATION

Sweat Equity/ Partnership Question: *Our sweat equity requirement is rigorous*! Habitat homeowners are required to work 350 hours each on building the home. You would not be allowed to move into the home until the hours are completed. Some weeks there will also be a required meeting or home ownership preparation workshop to attend. You do not need to be experienced in construction. We train and guide you in your sweat equity as you work side by side with other volunteers.

How will you arrange to have the time available?

How will you manage transportation to the site?

What child care arrangements will be available for you (children 14 and under are not allowed on the build site but up to 50 hours of baby-sitting time by family/friends can count toward your sweat equity hours)?

<u>If</u> any condition (disability) will restrict some aspect of your participation on the construction site, list the specific medical *restrictions your doctor has given you that will* limit which tasks you are assigned. How <u>will</u> you be able to participate?

<u>OR</u> If a disability of a <u>dependent household member</u> (because of their extraordinary or specialized care needs) may severely challenge your ability to personally perform the total number of hours usually required by adult household members, you may request a modification in the percentage of hours that may be done by friends and family.

1. Provide documentation of the disability from the physician.

2. Describe how the care they need (while you are absent) is more specialized than general babysitting.

3. How much extra help will you need from your friends and family to complete your sweat equity?

Or circle:	Not Applicable -	if you l	have no	medical	restrictions	to your	participation.
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Signed

Date

Signed

Date

Habitat for Humanity of Nantucket

Box 1022, Nantucket, MA 02554 508-325-8912 • www.habitatnantucket.org

AUTHORIZATION TO RELEASE INFORMATION

To: _____ RE: ____

I, and/or adults in my household, have applied for housing and a mortgage from Habitat for Humanity of Nantucket(HHN). As part of the process or in considering my household for a Habitat for Humanity home and a Habitat mortgage, HHN may verify information contained in my application.

I, or another adult in my household, authorize you to provide HHN for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references

I further authorize HHN to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., HHN is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my home loan application will be available to HHN without further notice or authorization, but will not be disclosed or released by HHN to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The information HHN obtains is only to be used to process my application for a Habitat home and for a Habitat for Humanity home related loan. I acknowledge that I have received a copy of the Privacy Notice. A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

<u>_X</u>		
Signature (Applicant or Adult Household Member)	Date	
<u>_x</u>		
Signature (Applicant or Adult Household Member)	Date	