



Family Application Habitat for Humanity of Nantucket

Box 1022, Nantucket, MA 02554

Telephone: 508-325-8912

September 15th - November 17th Application for 3 Homes Benjamin Drive Nantucket

HOUSEHOLD INFORMATION

| | |
|---|---|
| Applicant's Name: | Co-Applicant's Name: |
| Date of Birth: / / <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried | Date of Birth: / / <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried |
| 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 the applicants) who will live with you in your Habitat home:

| Name | Age | <input checked="" type="checkbox"/> M | <input checked="" type="checkbox"/> F | Name | Age | <input checked="" type="checkbox"/> M | <input checked="" type="checkbox"/> F |
|------|-----|---------------------------------------|---------------------------------------|------|-----|---------------------------------------|---------------------------------------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

PRESENT HOUSING CONDITION

Number of bedrooms where you currently live: 1 2 3 4 5

Other rooms where you currently live: kitchen dining room living room bathrooms # _____

Are utilities included in your rent? No Yes If yes: heat electric cable internet

Current Landlord Name:
Address: _____ Phone: _____

If you have lived at your current address less than two years, previous landlord info:
Name: _____
Address: _____ Phone: _____

Do you meet the local preference definition requirement for the town of Nantucket ?
(Live or work in the town, or a child attends town public school?) Yes No

Will you, or a member of your family, require handicap access or modifications? Yes No
(If, due to a severe medical condition, a couple will require separate bedrooms, a statement and medical documentation from your physician are required to be submitted with this application.)

A HOUSING NEED STATEMENT: On a separate sheet of paper, clearly state why you need a Habitat home. See

the applicant checklist for details about what you should include.

INCOME INFORMATION

Please include income from ALL household members age 18 or older who receive income. Any dependent household members between the ages of 18 and 25 who are students need to supply documentation of their full-time student status. Add another page, if needed to write details.

| | 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 **three** 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: | | Other (please specify): | |
| Interest and Dividends: | | Other (please specify): | |

I/We currently receive the following types and amounts of monthly assistance:

MassHealth: Yes No | Rental subsidy or voucher: \$ | Fuel Assistance: \$

Food Stamps: \$ | Number of children eligible for free/reduced lunch program:

Please include copies of completed and signed Federal IRS income tax statements for 2018,2019 and 2020.

SOURCE OF CLOSING COSTS:

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

Enter dollar amount for every item, OR enter a "0" if item does not apply to applicant/co-applicant. See applicant checklist for clarification and required documentation of expenses. **Please complete every item.**

| Expense | Cost Per Month | Expense | Cost Per Month | Expense | Cost Per Month |
|---------------------------------------|----------------|-----------------------|----------------|-----------------------------|----------------|
| Rent | | Auto Insurance | | Life Insurance | |
| Gas Heat (based on yearly average) | | Cable TV | | Renter's Insurance | |
| OR Oil Heat (based on yearly average) | | Child Care | | Transportation Expenses/Gas | |
| Electric (based on yearly average) | | Alimony/Child Support | | Job Related Expenses | |
| Phones – Cell, Prepaid, Landline | | Car Payment | | Entertainment / Restaurants | |
| Food – See checklist | XXX | Education | | Internet | |
| Clothing | | Medical | | Other) specify) | |

OTHER IMPORTANT INFORMATION

Please circle the box that best answers the question for both applicant and co-applicant:

| | | Applicant | | Co-Applicant | |
|---|---|-----------|----|--------------|----|
| A | Do you have any debt because of a court decision against you? | YES | NO | YES | NO |
| B | Have you been declared bankrupt within the last 7 years? | YES | NO | YES | NO |
| C | 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? Yes No
If yes, please document the custody agreement.

Are you a U.S. Citizen or do you have U.S. Permanent Residency Status? Yes No
You must have one or the other to be eligible for a Habitat home. See applicant checklist for required documentation.

Do you own any land? Yes No If yes, please include a description and its location

Do you own a home? Yes No

AUTHORIZATION AND RELEASE

I understand that, by filing this application, I am authorizing Habitat for Humanity of Nantucket to evaluate my actual need for a Habitat home, my ability to qualify for a mortgage loan typical to Habitat homeownership, and other expenses of home ownership, and my willingness to fulfill Habitat program partnership requirements, including sweat equity and pre-purchase courses. I understand that the evaluation will include a personal visit, a credit check, landlord checks, 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. I authorize Habitat for Humanity of Nantucket to conduct a check on my credit history, contact landlord and employment references, and check the Sex Offender Registry. 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 am 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 |

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

| | |
|--------------------------|-----------------------------|
| Applicant (please print) | Co-Applicant (please print) |
|--------------------------|-----------------------------|

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

Please refer to the **Applicant Checklist** for "Answering Application Questions" to see a complete list of all documentation that **MUST** be submitted with your application.

Be sure to submit:

- This completed and signed application
- A completed copy of the checklist
- 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
- A signed statement about sweat equity and ability to pay

Deadline Date: The Application packet must be received in the Habitat Office; or postmarked on or before November 17th, 2021. A mailed application must be received no later than 5 business days after the postmark. Applications may NOT be submitted by fax or email.

REQUIRED PROTECTED INFORMATION

The following information is required.

| | |
|-------------------------|-------------------------|
| Applicant's Name: | Co-Applicant's Name: |
| | |
| Social Security Number: | Social Security Number: |
| | |

ASSETS

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.

| Name on Account | Name of Bank/Institution, address | Account Number | Balance |
|-----------------|-----------------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

List other assets and approximate value (make and year of cars, boats, other high-value personal property, etc.)

| Item: | Value: | Item: | Value: |
|-------|--------|-------|--------|
| | | | |

DEBT

Use another page for additional debt accounts, or to explain debt that is in arrears or has a payment plan.

List **ALL debts** below (Credit Card Debt, Car Loans, Taxes in Arrears, Student Loans, Medical Debt, Etc.)

| Creditor and address | Account number | Monthly Payment | Unpaid balance |
|----------------------|----------------|-----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I hereby certify that within the past two years (choose one) I have, or 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 _____

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!***

APPLICANT

I do not wish to furnish this information

CO-APPLICANT (if applicable)

I do not wish to furnish this information

.....
ETHNICITY

Hispanic or Latino
 Not Hispanic or Latino

Hispanic or Latino
 Not Hispanic or Latino

.....
RACE/MULTI RACE AND NATIONAL ORIGIN

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 American Indian or Alaskan Native *and* White
 Asian *and* White
 Black or African American *and* White
 Other Multiple Races
 American Indian or Alaskan Native *and* Black or African American

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 American Indian or Alaskan Native *and* White
 Asian *and* White
 Black or African American *and* White
 Other Multiple Races
 American Indian or Alaskan Native *and* Black or African American

.....
GENDER

Female
 Male

Female
 Male

.....
MARITAL STATUS

Married
 Separated
 Unmarried (single, divorced, widowed)

Married
 Separated
 Unmarried (single, divorced, widowed)

.....
VETERAN STATUS

US Veteran

US Veteran

Is there any other household member who served in the armed services, or is a spouse, widow(er), parent or dependent of anyone that served in the armed services? Yes No

Applicant Signature

Co-Applicant Signature

Or – this information was completed by interviewer: _____

Signature

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)?

If 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 will you be able to participate?

OR If a disability of a dependent household member (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 have no medical restrictions to your participation.

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.

X

Signature (Applicant or Adult Household Member)

Date

X

Signature (Applicant or Adult Household Member)

Date

