

2024 Partnership Program Application Timeline



Fauquier Habitat for Humanity (FHFH) is building 13 (one-, two- and three- bedroom) homes on Haiti Street in the Town of Warrenton over the next 2 years+/- . These homes will go quickly! So, you are encouraged to submit your Partner Program (FHFH's homeowner program) application complete with all the required information and documentation as soon as possible.

Fauquier Habitat for Humanity

98 Alexandria Pike, Suite 43

Warrenton, VA 20188

540-341-4952

FamilyServices@fauquierhabitat.org

Office hours are Monday through Friday, 9:00 AM – 4:00 PM

Once your application packet is received by our office, it will be checked for completeness. If any information and/or required documentation is missing, you will be notified within 30 days' time via a mailed letter to the address you've listed on your application. The letter will indicate the amount of time (usually 14 calendar days) you have to provide to our office the missing information and/or documentation. **Failure to provide the required item(s) by the given deadline will result in your application being rejected for noncompliance.**



Steps to Homeownership

Step 1: Homeownership Information Session

During the session, you will learn about:

- The Fauquier Habitat for Humanity Homeownership program
- The guidelines and program requirements for applicants
- Financial considerations for homeownership

Step 2: Application

During the open application process, individuals interested in homeownership may apply. Applicants must live, work or attend school for a minimum of one year in Fauquier or Rappahannock counties in Virginia.

Step 3: Fauquier Habitat Selection Committee

All applications are reviewed by a committee and scored based on three (3) areas: Need for Housing, Ability to Pay and Willingness to Partner. Applications are reviewed without the names or address listed to ensure impartiality.

Step 4: Home Visit Interview

After the applications are reviewed for financial eligibility and scoring, the final applicants left in the process will be scheduled for a home visit. The home visit is an opportunity for Habitat for Humanity representatives to assess the need for affordable housing and willingness to partner, which are factors in the final decision to approve an application.

Step 5: Recommendation

The Selection Committee will review all information along with the interview notes. They will make a recommendation of applicants to the Fauquier Habitat Board of Directors for inclusion in the Homebuyer Program

Step 6: Partnership Begins

Once an application has been approved by the Fauquier Habitat Board of Directors, applicants will be presented with a Partnership Agreement to sign. At this point, applicants become future homeowners and begin the program. A volunteer advocate is then assigned to partner with the family throughout the process.

Step 7: Sweat Equity Begins

Sweat equity can take many forms when working with Fauquier Habitat. It can mean construction work on a Fauquier Habitat home, working in the Fauquier Habitat ReStore, assisting with administrative duties, or countless other ways of helping out. Future homeowners also participate in financial literacy classes on topics related to money management and home maintenance. Participation in these classes is required and counts as sweat equity hours as well.

Step 8: Home Construction

Fauquier Habitat designs a home that fits the size of the household and affordability of the homeowners. Habitat homes are either built or renovated using both contractors and volunteer labor to be safe, functional, and affordable homes.

Step 9: Home Dedication and Closing

Once the sweat equity requirements have been met and all home building and/or home renovations have been completed, the future homeowners are presented the keys to their home during a special dedication ceremony on site. The final step is the closing process to finalize the home at a settlement meeting after which the family can move into their newly purchased home.

FY 2024 Income Limits Summary

FY 2024 Income Limits Summary: **FAUQUIER COUNTY, VIRGINIA**

| FY 2024 Income Limit Area | Median Family Income | FY 2024 Income Limit Category | Persons in Family | | | | | | | |
|---|----------------------------|--|-------------------|--------|--------|---------------|---------|---------|---------|---------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Washington- Arlington- Alexandria, DC-VA-MD HUD Metro FMR Area | \$154,700 | Very Low (50%) Income Limits (\$) | 54,150 | 61,900 | 69,650 | 77,350 | 83,550 | 89,750 | 95,950 | 102,150 |
| | | Extremely Low Income Limits (\$) | 32,500 | 37,150 | 41,800 | 46,400 | 50,150 | 53,850 | 57,550 | 61,250 |
| | | Low (80%) Income Limits (\$) | 68,500 | 78,250 | 88,050 | 97,800 | 105,650 | 113,450 | 121,300 | 129,100 |

NOTE: **Fauquier County** is part of the **Washington-Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area**, so all information presented here applies to all of the Washington-Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the Washington-Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area.

The **Washington-Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area** contains the following areas: District of Columbia, DC; Calvert County, MD; Charles County, MD; Frederick County, MD; Montgomery County, MD; Prince George's County, MD; Arlington County, VA; Clarke County, VA; Fairfax County, VA; Fauquier County, VA; Loudoun County, VA; Prince William County, VA; Spotsylvania County, VA; Stafford County, VA; Alexandria city, VA; Fairfax city, VA; Falls Church city, VA; Fredericksburg city, VA; Manassas city, VA; and Manassas Park city, VA.

FY 2024 Income Limits Summary

FY 2024 Income Limits Summary: **RAPPAHANNOCK COUNTY, VIRGINIA**

| FY 2024 Income Limit Area | Median Family Income | FY 2024 Income Limit Category | Persons in Family | | | | | | | |
|---|----------------------------|--|-------------------|--------|--------|---------------|--------|---------|---------|---------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Washington- Arlington- Alexandria, DC-VA-MD HUD Metro FMR Area | \$154,700 | Very Low (50%) Income Limits (\$) | 37,850 | 43,250 | 48,650 | 54,050 | 58,400 | 62,700 | 67,050 | 71,350 |
| | | Extremely Low Income Limits (\$) | 22,750 | 26,000 | 29,250 | 32,450 | 36,580 | 41,960 | 47,340 | 52,720 |
| | | Low (80%) Income Limits (\$) | 60,550 | 69,200 | 77,850 | 86,500 | 93,450 | 100,350 | 107,300 | 114,200 |

NOTE: **Rappahannock County** is part of the **Rappahannock County, VA HUD Metro FMR Area**, so all information presented here applies to all of the Rappahannock County, VA HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the Rappahannock County, VA HUD Metro FMR Area.

The Rappahannock County, VA HUD Metro FMR Area contains the following areas: Rappahannock County, VA.



Below is the list of documents you MUST submit with your completed application*. Failure to submit these documents will result in your application not being reviewed for consideration.

(You may use this form as a checklist to confirm you have gathered the required documents.)

INCOME

Income for **Wage Earners** (*if self-employed, write N/A here: _____*)

- Pay stubs for most recent 30 days (consecutively)
- Most recent tax year's W-2(s)

Income for **Self-Employed Applicants** (*if NOT self-employed, write N/A here: _____*)

1. You must have been self-employed for a **minimum of 2 years to be considered.**
2. These documents are only required if you are self-employed.

- Most recent two year's filed tax returns
- Schedule C: 1040s with all pages of returns
- Partnership: K1s and all pages of returns
- Corporate: Corporate returns and pay stubs/W-2s from corporation (applicant)

Other income sources (child support, social security, retirement; *if none, write N/A here: _____*)

- Child Support: Separation agreement/court order and most recent month bank statement reflecting support deposits
- Social Security/Retirement: Award letter for current year

ASSETS

- One (1) month most recent bank statement(s)

OTHER DOCUMENTS

- Photocopy of picture ID
- Current lease/rental agreement
- Canceled rent or mortgage check or copy of money order

Habitat or its lending partners may request additional documents during the application review process.

An application processing fee of \$35 PER APPLICANT is due at the time of submission.

Make out Check or Money Order to Fauquier Habitat for Humanity. Cash is also accepted.

If you have any questions regarding the application, application process or the partnership program, please call (540) 341-4952 or email familyservices@fauquierhabitat.org.



*** Attach a note explaining any other information about your application or situation that you would like the selection committee to consider.**

Complete and return with your application

Debt to Income Worksheet

Mortgage lenders use the Debt to Income Ratio (DTI) to determine how much they're willing to lend you. A high DTI ratio might prevent you from getting a home loan if the lender concludes that you are accumulating more debt than you can afford to repay. Determining your specific debt to income ratio is helpful information and can assist you in determining ways to reduce your debts. A DTI below 36 percent is best. However, for most home loans the acceptable DTI is around **41 percent**.

Enter your debts and income in the chart. Calculate your DPI using the formula below.

| Monthly Debts | | | Monthly Income | | |
|------------------------------|----------------|--------|-----------------------------|------------------------------|--------|
| | Type & Company | Amount | | Type | Amount |
| 1 | | | 1 | Salary | |
| 2 | | | 2 | Salary | |
| 3 | | | 3 | Social Security Income (SSI) | |
| 4 | | | 4 | | |
| 5 | | | 5 | | |
| 6 | | | 6 | | |
| 7 | | | 7 | | |
| 8 | | | 8 | | |
| 9 | | | 9 | | |
| 10 | | | 10 | | |
| Total Recurring Debts | | | Gross Monthly Income | | |

- MONTHLY DEBTS INCLUDE:**
- Miniumum credit card payments
 - Car loan
 - Student loan(s)
 - Medical / Bills paid on time or in collections

- INCOME SOURCES:**
- Base Salary, * do **not** include overtime *
 - Retirement, Social Security Income, Disability
 - Supplemental income form government programs
 - * *Child support / alimony - You do not have to report.*

Debt to Income (DTI) Ratio Calculation:

Total Debts ÷ **Gross Monthly Income** = % % DTI *

***Your Debt to Income Ratio must be 41% or less.**

If your Debt-to-Income ratio exceeds 41%, explain the actions you can take to reduce your debt over the next 3 months (90 Days).

Name: _____

Date: _____



Application

Habitat Homeownership Program

Return U.S. Mail or In Person to:
 Fauquier Habitat for Humanity
 98 Alexandria Pk, Ste 43
 Warrenton, VA 20186



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: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit**
- I am applying for **individual credit**.
 - I am applying for **joint credit**. Total number of borrowers: _____
 - Each borrower intends to apply for joint credit. **Your initials:** _____

1A. APPLICANT INFORMATION

| Applicant | Co-applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|---|------|-----|------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|
| Applicant's name: _____ Alternative and former names: _____ _____ | Co-applicant's name: _____ Alternative and former names: _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) | Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependents and others who will live with you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Name | Age | 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"/> | Dependents and others who will live with you (not listed by co-applicant): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Name | Age | 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"/> |
| Name | Age | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Age | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date received: _____ Date of notice of incomplete application letter: _____ Date of adverse action letter: _____ | Date of selection committee approval: _____ Date of board approval: _____ Date of partnership agreement: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

| | Yes | No |
|--------------|--------------------------|--------------------------|
| Applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| Co-applicant | <input type="checkbox"/> | <input type="checkbox"/> |

3. PRESENT HOUSING CONDITIONS

Currently, are you: Renting Rent-free Own

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

Other rooms in the place where you are currently living: Kitchen Bathroom Living room Diningroom

Other (please describe): _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?
 \$ _____/month Unpaid balance \$ _____

Do you own land other than your residence? No Yes
 Monthly payment (including taxes, insurance, etc.)
 \$ _____

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.
Note: A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION

| Applicant | | Co-applicant | |
|---|-----------------------------|---|---|
| <input type="checkbox"/> Does not apply. | | <input type="checkbox"/> Does not apply. | |
| Name and address of CURRENT employer: | Start date (mm/dd/yyyy): | Name and address of CURRENT employer: | Start date (mm/dd/yyyy): |
| | Annual (gross) wages: \$ | | Annual (gross) wages: \$ |
| Type of business: | Business phone: | Type of business: | Business phone: |
| If working at current job less than one year, complete the following information. | | | |
| Name and address of PREVIOUS employer: | Years on this job: | Name and address of PREVIOUS employer: | Years on this job: |
| | Annual (gross) wages: \$ | | Annual (gross) wages: \$ |
| Type of business: | Business phone: | Type of business: | Business phone: |
| <input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____ | | | PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements. |

6. MONTHLY INCOME

| Income source | Applicant | Co-applicant | Others in household | Total |
|-----------------------------------|-----------|--------------|---------------------|-----------|
| Salary/wages (gross) | \$ | \$ | \$ | \$ |
| TANF | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child support | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| Disability | \$ | \$ | \$ | \$ |
| Housing voucher (e.g., Section 8) | \$ | \$ | \$ | \$ |
| Unemployment benefits | \$ | \$ | \$ | \$ |
| VA compensation | \$ | \$ | \$ | \$ |
| Retirement (e.g., pension) | \$ | \$ | \$ | \$ |
| Military entitlements | \$ | \$ | \$ | \$ |
| Other: _____ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

| Name | Income source | Monthly income | Date of birth |
|------|---------------|----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

| Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.) | Address | City, state | ZIP | Account number | Current balance/ value/vested amount (if applicable) |
|--|---------|-------------|-----|----------------|---|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

9. LIABILITIES AND EXPENSES

| TO WHOM DO YOU OWE MONEY? | Applicant | | | Co-applicant | | |
|--|-----------|-----------------|----------------|--------------------|-----------------|----------------|
| | Account | Monthly payment | Unpaid balance | Months left to pay | Monthly payment | Unpaid balance |
| Auto loan | \$ | \$ | | \$ | \$ | |
| Installment (e.g., boat, personal loan) | \$ | \$ | | \$ | \$ | |
| Lease (e.g., furniture, appliances — includes rent-to-own) | \$ | \$ | | \$ | \$ | |
| Alimony/separate maintenance | \$ | \$ | | \$ | \$ | |
| Child support | \$ | \$ | | \$ | \$ | |
| Revolving (e.g., credit cards) | \$ | \$ | | \$ | \$ | |
| Student loan debt | \$ | \$ | | \$ | \$ | |
| Open 30 days (balance paid monthly, e.g., travel card) | \$ | \$ | | \$ | \$ | |
| Medical debt | \$ | \$ | | \$ | \$ | |
| Other | \$ | \$ | | \$ | \$ | |
| Other | \$ | \$ | | \$ | \$ | |
| Total | \$ | \$ | | \$ | \$ | |

MONTHLY EXPENSES

| Account | Applicant | Co-applicant | Total |
|---------------------------------------|-----------|--------------|-------|
| Rent | \$ | \$ | \$ |
| Utilities (electricity, water, gas) | \$ | \$ | \$ |
| Insurance (rental, car, health, etc.) | \$ | \$ | \$ |
| Child care | \$ | \$ | \$ |
| Internet service | \$ | \$ | \$ |
| Cell phone | \$ | \$ | \$ |

| | | | |
|--|-----------|-----------|-----------|
| Land line | \$ | \$ | \$ |
| Business expenses | \$ | \$ | \$ |
| Union dues | \$ | \$ | \$ |
| Transportation expense (gas, bus pass, vehicle upkeep, etc.) | \$ | \$ | \$ |
| Food and essential supplies | \$ | \$ | \$ |
| Entertainment | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

10. DECLARATIONS

| Please check the box beside the word that best answers the following questions for you and the co-applicant. | Applicant | Co-applicant |
|--|--|--|
| a. Are there any outstanding judgments because of a court decision against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Have you had any property foreclosed upon in the past seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you party to a lawsuit in which you potentially have any personal financial liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. 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 |
| Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper. | | |

11. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself 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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ **Co-applicant's name** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

| Applicant | Co-applicant |
|---|---|
| <p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p> | <p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p> |
| <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p> | <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p> |
| <p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p> | <p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p> |

To be completed ONLY by the person conducting the interview, NOT the applicant or agent of the applicant

| | | |
|---|---|--|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the sex of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the race of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type) Interviewer's signature | Interviewer's phone number Date |

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? No Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

Civil union Domestic partnership Registered reciprocal beneficiary relationship

Other (explain): _____

State: _____

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 or 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:

Federal Trade Commission
Equal Credit Opportunity
600 Pennsylvania Ave, NW
Washington, DC 20580

You need not disclose income from alimony, child support or separate maintenance payment if you so choose. 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(s):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____



United States Department of Agriculture

Rural Development

502 Pre- Qualification

Thank you for your interest in the Rural Development home loan/grant program. The first step in the home loan/grant application process is to obtain a pre-qualification review. Enclosed is the "Home Loan Pre-Qualification Worksheet-VA" and the "Form RD 3550-1 Authorization to Release Information". Please complete and make sure both forms are legible and signed. Each individual (18 or over) residing in the household must complete and sign a separate "Form RD 3550-1 Authorization to Release Information". If there are more than two individuals over 18 residing in the household, please make additional copies for these individuals to complete.

Once the requested forms are received, the information will be verified to determine your eligibility for loan/grant pre-qualification. Please note that pre-authorizations are not binding and should not be considered an approval or rejection.

In addition, one will need to complete a home buyer education class upon loan approval. These classes are available in-person and online. For more information, please contact VHDA 800-227-8432 or visit their website at <http://www.vhda.com/Homebuyers/HomeownershipEdu/Pages/HomeownershipEdu.aspx>.

Please Return to Fauquier Habitat for Humanity with Application Packet

We look forward to reviewing your submitted material and processing your pre-qualification.

If you should have further questions, please contact our office at (540) 341-4952 x. 102.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

Indicators of Unacceptable Credit

Little or no credit history. The lack of credit history on the credit report may be mitigated if the applicant can document a willingness to pay recurring debts through other acceptable means such as third party verifications or canceled checks. *Due to impartiality issues*, third party verifications from relatives of household members are not permissible.

Payments on any installment account where the amount of the delinquency exceeded one installment for more than 30 days within the last 12 months.

Payments on any revolving account which was delinquent for more than 30 days on two or more occasions within the last 12 months.

A foreclosure that has been completed within the last 36 months.

An outstanding Internal Revenue Service (IRS) tax lien or any other outstanding tax liens with no satisfactory arrangement for payment.

Two or more rent or mortgage payments paid 30 or more days late within the last 2 years. If the applicant has experienced no other credit problems in the past 2 years, only 1 year of rent history will be evaluated. This requirement may be waived if the program loan will reduce shelter costs significantly and contribute to improved repayment ability.

Outstanding collection accounts with a record of irregular payments with no satisfactory arrangements for repayment, or collection accounts that were paid in full within the last 6 months, unless the applicant had been making regular payments previously.

Non-Agency debts written off within the last 36 months, unless the debt was paid in full at least 12 months ago.

Agency debts that were debt settled within the past 36 months, or are being considered for debt settlement.

Delinquency on a federal debt.

A court-created or court-affirmed obligation or judgment caused by nonpayment that is currently outstanding or has been outstanding within the last 12 months, *except*:

◇ A *bankruptcy* in which:

- ◆ Debts were discharged more than 36 months prior to the date of application; or
- ◆ Where one successfully completed a bankruptcy debt restructuring plan and has demonstrated a willingness to meet obligations when due for the 12 months prior to the date of application.

◇ A *judgment* satisfied more than 12 months before the date of application.

An applicant with an outstanding judgment obtained by the United States in a Federal court, other than the United States Tax Court, is *not* eligible for a Section 502 loan. This requirement is statutory and cannot be waived.



**United States
Department of
Agriculture**

**USDA Rural Development
Direct Program
Prequalification Form**

Please complete and return this worksheet with
Form RD 3550-1, "Authorization to Release Information", signed by each adult household member.

Return Pre-Qual Worksheet to your closest office per:
http://www.rd.usda.gov/files/WI_RD_Offices.pdf or email to sfhapplication@wi.usda.gov

What County are you interested in living in? _____ Date: _____
Tribal leased land? Yes No How did you hear about Rural Development? _____
Are you working with a Self Help Grantee? Yes No

Household Information

Potential Applicant: _____ DOB: _____ Social Security # _____
(First) (M) (Last)
Address: _____ Home/Cell Phone: _____
City/State/Zip: _____ Email: _____
Race: Indian/Alaskan Asian Black Hawaiian White N/A
Ethnicity: Hisp/Latino Not Hisp/Latino N/A
US Citizen: Yes No

Potential Co-Applicant: _____ DOB: _____ Social Security # _____
(First) (M) (Last)
Address: _____ Home/Cell Phone: _____
City/State/Zip: _____ Email: _____
Race: Indian/Alaskan Asian Black Hawaiian White N/A
Ethnicity: Hisp/Latino Not Hisp/Latino N/A
US Citizen: Yes No

Do you presently rent? Yes No If Yes, how long? _____ Monthly Rent Amount: \$ _____
Do you currently own a home? Yes No Number of children (under 18) living in household? _____
Child Care Expenses for children 12 and under: \$ _____ Child support or alimony paid by household members: \$ _____
Total Number of persons living in the household: _____

| Please list all Household Members | Identify of Potential Applicant, Co-Applicant, or Other Household Member | Age | GROSS MONTHLY INCOME: List monthly income from Employment (before taxes/deductions) | Yrs. Employed ? | Self-Employed? | NON WAGE INCOME: List mo. Amt. from sources such as C/S, SS, SSI, FS, VA, Retirement, Alimony, etc | Full-time Student? Yes or No |
|-----------------------------------|--|-----|---|-----------------|----------------|--|------------------------------|
| <i>(Example)</i> Jane Doe | Applicant | | \$7.50/hr x 40 hrs/week | | Y/N | \$ 300/mo Child Support | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Debts (Creditor): List all debts even if currently deferred | Minimum Monthly Payment | Total Unpaid Balance |
|--|-------------------------|----------------------|
| <i>(Example)</i> Car Payment – My Town Bank | \$ 200.00 | \$ 4,000.00 |
| | | |
| | | |

Assets: Checking Account Balance: \$ _____ Other (Stocks, Bonds, CDs): \$ _____
Savings Account Balance: \$ _____ Retirement Assets: \$ _____



"USDA is an equal employment provider, employer and lender."

1. Do you have any outstanding judgments against you or judgments that have not been paid off for one (1) year? Yes _____ No _____

2. Have you been foreclosed on in the last three (3) years? Yes _____ No _____

3. Have you filed for bankruptcy in the last three (3) years? Yes _____ No _____
 - a. **If yes**, please complete the following: Chapter 7 _____ Chapter 13 _____

Date Discharged: _____

4. Do you have any outstanding collection accounts? Yes _____ No _____

5. Have you been more than thirty (30) days late on any payments in the past two (2) years?

Yes _____ No _____

If you answered “**yes**” to any of the above questions, we recommend you contact a credit counselor. Dial 211 or visit <https://211virginia.org/consumer/index.php> for information on counselors in your area.

**United States Department of Agriculture
Rural Development
Rural Housing Service (RHS)**

AUTHORIZATION TO RELEASE INFORMATION

TO: _____ (For agency to complete as needed)

RE: _____ (For agency to complete as needed)
Account or Other Identifying Number

Customer Name (Type or print your name here)

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS 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.

If the request is for a new loan or grant, I further authorize RHS 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., RHS 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 loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS 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 recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature (*Applicant or adult household member*)

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE BELOW

(Use this page for co-applicant and other adults over 18 living in the household, if applicable)

Form RD 3550-1
(Rev. 06-06)

Form Approved
OMB No. 0575-0172

**United States Department of Agriculture
Rural Development
Rural Housing Service (RHS)**

AUTHORIZATION TO RELEASE INFORMATION

TO: _____ (For agency to complete as needed)

RE: _____ (For agency to complete as needed)
Account or Other Identifying Number

Customer Name (Type or print your name here)

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS 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.

If the request is for a new loan or grant, I further authorize RHS 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., RHS 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 loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS 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 recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature (*Applicant or adult household member*)

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE BELOW

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION- CONTINUED

12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
 13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
 14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
 15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
 16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
 17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
 18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
 19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).
-

Down Payment Assistance Application Checklist



Application Package

- All pages of the application completed and signed
- Monthly Spending Plan
- Copy of two (2) most recent tax returns, including all related W-2's
- Copy of three (3) most recent tax returns with P&L statements included if business income
- Copy of three (3) most recent pay stubs and/or SSI Benefit Statement
- Documentation of any other income such as child support agreement, SNAP, Disability, etc.
- Copy of three (3) most recent bank statements for each bank account
- Copy of Photo I.D. for each adult in household
- Copy of Credit Report from lender (score of 620 and above needed)
- Copy of VHDA Homeownership Education Class Certificate [Homebuyers \(virginiahousing.com\)](http://virginiahousing.com) or <https://www.virginiahousing.com/homebuyers>
- Copy of Pre-Purchase Counseling Certificate [Home \(force.com\)](http://Home.force.com) or <https://hudgov-answers.force.com/housingcounseling/s/>

To Reserve Funds:

- Copy of signed Sales Contract, as soon as it is available
- Copy of Loan Estimate from lender
- Pre-Approval from VHDA Lender
- Signed copy of the Lead Compliance Acknowledgment Form
- Copy of Appraisal
- Copy of Home Inspection Report

Additional Documents – as they become available

- Signed copy of Commitment Letter by Applicant from mortgage lender
- Copy of Visual Paint Assessment form, if the house was built prior to 1978
- Flood Hazard Determination form

Please use this checklist to ensure your application package is complete and ready for processing. Submit the Checklist with your application.

Return your completed application package to Habitat in any of the following ways:

E-mail: gchristmas@habitatvirginia.org

Fax: 1-866-515-8329

Mail: Please request if needed.

DHCD Down Payment Assistance Program Application



Name _____

Current Address _____ Apt # _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail _____

Household Composition (all who will be living in the household)

| Name | | | Relationship | Date of Birth | Age | Social Security # (adults only) | Race* | Hispanic (Y/N) |
|------|-------|------|-------------------|---------------|-----|---------------------------------|-------|----------------|
| Last | First | M.I. | | | | | | |
| | | | Head of Household | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

***The racial/ethnic information requested is for Federal reporting purposes only. This information will NOT be used as a basis for approval or denial of this application.**

- 11 White (Origins from peoples of Europe, Middle East, North Africa)
- 12 Black/African American (Origins from black racial groups of Africa)
- 13 Asian (Origins from peoples of Far East, Southeast Asia, Indian subcontinent, example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, Vietnam)
- 14 American Indian/Alaskan Native (Origins from peoples of North, South, Central America, and maintaining tribal affiliation)
- 15 Native Hawaiian/Other Pacific Islander
- 16 American Indian/Alaskan Native & White
- 17 Asian & White
- 18 Black/African American & White
- 19 American Indian/Alaskan Native & Black/African American & White
- 20 Other Multi-race – Please explain:

Household Income (Gross)(List all employment info)

| Name | Source Employment or Benefits** | Gross Income (per pay period) | Pay Period – (Weekly, Bi-Weekly, Bi-Monthly, Monthly) | Date Started |
|---|---------------------------------|-------------------------------|---|--------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| Total | | \$ | | |
| **include income, SSA, SSI, Child Support, SNAP, TANF, etc. of everyone in household | | | | |

Assets for Each Adult on the Application - List each asset and its value.

Assets include, but are not limited to, real estate, recreational vehicles, certificates of deposits, stocks, bonds, savings accounts, mutual funds, Employer Retirement Account, 457, 401, IRAs, life insurance policies, etc.

| Asset | Name(s) on Account | Type of Account | Current Value |
|-------|--------------------|-----------------|---------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Total Outstanding Debt for Each Adult on the Application (based on credit report)

| Liability | Name(s) on Account | Type of Account (Loan, Credit card, etc.) | Current Balance | Minimum Monthly Payment |
|-----------|--------------------|---|-----------------|-------------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

Vehicles Owned by Each Adult on the Application

| Make of Vehicle | Name(s) on Title | Year and Model | Amount Owed |
|-----------------|------------------|----------------|-------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Declarations – the following questions refer to all individuals, persons, families, households currently residing together and others anticipated to occupy the housing unit. Please circle the appropriate answer.

| | | |
|---|------------------------------|-----------------------------|
| Are persons listed on application U.S. citizens, non-citizens nationals or qualified legally admitted aliens with valid INS documents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has anyone filed bankruptcy in the past seven years? If YES, attach copy of discharge. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any outstanding judgments or collections against anyone? If YES, attach copy of judgments and letter of explanation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has anyone had property foreclosed upon? If YES, who? When _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is anyone a co-maker or endorser on a note? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is anyone currently delinquent on any Federal debt or any other loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is anyone obligated to pay alimony or child support? If YES, who and how much _____ \$_____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has anyone disposed of any property at less than fair market value in the past 2 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is anyone party to a lawsuit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently on the Housing Choice Voucher Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently have a contract on a house to purchase? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How long have you lived at your current address? _____ If less than one year, please provide your previous address as well as the length of residency: _____

Is your current residence subsidized? Yes No

Do you currently receive rental assistance through a government program? Yes No

Address of the property you are interested in purchasing: _____

Purchase Price: _____

For purposes of determining eligibility, the income, assets and circumstances of all individuals currently residing together (whether related by blood, marriage, adoption or unrelated) and others anticipated to occupy the housing unit will be considered and must meet all program requirements. Therefore, all persons who will occupy the property purchased with the assistance of the DHCD DPA Program whether currently residing together or not must be listed on this application. All applicable information requested on this form must be reported for each person who will occupy this home.

Each adult listed on the application must read and initial each certification statement. (Please initial in the left-hand margin.) The signature for each adult signifies he/she understands each statement.

_____ I/We understand total gross household income may not exceed 80% of the area median income, adjusted for family size, as defined by HUD for the Washington Metropolitan Area.

_____ I/We understand that any misrepresentation in connection with this application to determine eligibility will result in disqualification from the process.

_____ I/We authorize Habitat for Humanity Virginia to contact persons, businesses, employers or agencies to confirm and verify information provided by the applicant in this application form.

_____ I/We understand that the household must be income eligible up to and including the day of settlement. I/We agree to report all changes in income within five (5) days of notification of the change. I/We understand that income includes wages, bonuses, overtime, pay differential, interest from assets and all other sources of income to the household.

_____ I/We understand that the home purchased through this program must be used as the primary residence.

_____ I/We have not had ownership interest in a home in the last three (3) years, thus qualifying for “first-time homeowner” status.

_____ I/We certify that all the information contained in this application is true, accurate and complete, to the best of my/our knowledge. I/We understand that failure to include all required information or to misrepresent required data may result in this application being disqualified.

All adults are required to review the contents of this application for accuracy and completeness; your signature verifies your compliance.

| | |
|---------------------------------|-------|
| _____ | _____ |
| Head of Household | Date |
| _____ | _____ |
| Other Adult Member of Household | Date |
| _____ | _____ |
| Other Adult Member of Household | Date |



Applicant Information Sharing Disclosure

When collecting, storing and retrieving applicant, partner, 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. Non-public personal information is stored in locked file cabinets which are restricted to staff and volunteers on an as-needed basis. Non-public personal information is stored for at least 25 months after the end of the relationship (closed application file or closing on a home). Files are shredded in a professional manner.

Fauquier Habitat for Humanity's 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 non-public personal information about you to the following types of third parties:

- Financial service providers, such as consumer credit counseling providers and mortgage servicing agents;
- Homeowner Insurance claims adjustors; and
- Nonprofit organizations or government agencies which provide grant funding or down payment assistance, homebuyer education and savings programs.

Applicant Information Sharing Disclosure

Dear Applicant:

Please be advised that Fauquier Habitat for Humanity (FHFH) is working in partnership with USDA Rural Development ("USDA-RD") to see if applicants meet basic loan eligibility requirements under USDA-RD's 502 Direct Loan Program, which in the future may be utilized in the purchase of a home from Fauquier Habitat for Humanity (should you be selected and meet all other FHFH and USDA-RD program and and/or loan requirements).

By signing this form, you understand that these two organizations may share confidential information relating to your credit history and income between them. You grant them permission to do this as related to determining eligibility for either's program and/or loan pre-qualification requirements. This information will not be shared with any other organization without additional notice and the applicant's express consent.

Neither the organization nor any of its employees have charged fees, received or accepted compensation from any source, and are not associated with or represent anyone other than the applicant in the transaction.

| | |
|------------------------|------|
| Applicant Signature | Date |
| Co-Applicant Signature | Date |



Privacy Statement and Notice

At Fauquier Habitat for Humanity (FHFH), we are committed to keeping your information private. We recognize the importance that applicants, partners, tenants and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to serve our customers more efficiently, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

| HOW DOES FHFH SHARE YOUR PERSONAL INFORMATION? | | Does FHFH Share? | Can you limit this sharing? |
|--|--|------------------|-----------------------------|
| For our everyday business purposes – Such as to process your application and transactions, maintain your records for partnership, respond to court orders and legal investigations, or report to credit bureaus. | | Yes | No |
| For our marketing purposes – To offer our products and services to you | | Yes | No |
| For our associated businesses everyday business purposes – Information about your transactions and experiences | | Yes | No |
| For joint marketing with our financial companies | | No | We do not share |
| For our associated businesses everyday business purposes – Information about your creditworthiness | | No | We do not share |
| For non-affiliates (other companies) to market to you | | No | We do not share |
| Who is providing this notice? | Fauquier Habitat for Humanity | | |
| LIMITING, SHARING AND PROTECTING MY INFORMATION | | | |
| Why can't I limit all sharing? | Federal law gives you the right to limit: <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes – information about your creditworthiness • Affiliates from using your information to market to you • Sharing for non-affiliates to market to you As FHFH does not share under any of these circumstances, you will not need to limit sharing. FHFH only shares under circumstances allowed by Federal Laws. | | |
| What happens when I limit sharing for an account I hold jointly with someone else? | Your choices will apply to everyone on your account. FHFH only shares what is permitted by law. This means that there is not anything you can change in terms of limiting your information. | | |
| How does FHFH protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. All employees and volunteers are subject to a written policy regarding confidentiality. Access to applicant and customer data is restricted to staff and volunteers on an as-needed basis. | | |
| QUESTIONS? | Call our office at 540-341-4952 | | |



General Authorization Form

The purpose of this form is to allow Fauquier Habitat for Humanity, Inc. to obtain any credit reference, credit report, landlord reference, employment verification, past employment verification, verification of deposit, or verification of public assistance, and to release certain information to our employees, volunteers or affiliates involved in the processing of your application. Our having your permission to release this information and request these verifications (if necessary) will expedite the processing of your application.

To Whom It May Concern:

I hereby authorize you to release any information concerning my credit*, banking, public assistance, residency and/or employment to Fauquier Habitat for Humanity or its employees, volunteers, or affiliates, in connection with the processing of my application and partnership in their program.

I hereby authorize the release of information concerning the status and disposition of my application to Fauquier Habitat for Humanity employees, volunteers or affiliates.

A copy of this release is also acceptable authorization.

Name: _____

I have a social security or Individual Taxpayer Identification Number (ITIN)** Yes No

Social Security Number/ITIN: _____

Address: _____

Date of Birth: _____

Signature _____ Date _____

* Inquiries made to your credit may Impact your credit score

** Lack of a SS# or ITIN will not automatically disqualify you.



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