

A Step-by-Step Guide to Purchasing a Home with Habitat DC-NOVA

PRE-APPROVAL

SHOWING

FULL APPLICATION BOARD SELECTION PARTNERSHIP AGREEMENT

SWEAT EQUITY

LENDER UNDERWRITING LOANS SECURED

CLOSING

POST PURCHASE EDUCATION

Get a mortgage pre-approval showing that you can secure enough financing to afford the home you're interested in Schedule a showing of the unit with a Housing Programs staff member or attend an Open House

Submit a full, completed application within 2 weeks of your showing /open

house

Our Board of Directors will approve or deny all families that submit a full application packet Meet with Housing Programs staff to sign your commitment to partner with us and your Sweat Equity Policy Work on completing your 200 / 300 hours of prepurchase Sweat Equity

Work with your lender to get your mortgage loan secured Work on any other loans or financing needed to finance the home Close on your home and move in Complete any postpurchase education or remaining sweat equity within 1 year





Please note that to be considered for a unit, you must first attend a showing or an open house at that unit. Please indicate below which unit(s) you are applying for:

1314 Constitution Ave NE, Washington, DC 200 Open House, Thursday, 11/13, 2pm – 6pm Open House, Monday, 11/17 – 2pm – 6pm Open House, Sunday, 11/23 – 10am – 12pm Application Deadline: 12/22/25	02, Lower Unit (2 br), \$350,000, Family size 1 – 4
1314 Constitution Ave NE, Washington, DC 200 Open House, Thursday, 11/13, 2pm – 6pm Open House, Monday, 11/17 – 2pm – 6pm Open House, Sunday, 11/23 – 10am – 12pm Application Deadline: 12/22/25	02, Upper Unit (3 br), \$450,000, Family size 3 – 6
227 54 th St. NE, Washington, DC 20019, (3 br), 9 Open House, Monday, 11/17, 2pm – 6pm Open House, Sunday, 11/23, 1pm – 3pm Open House, Monday, 12/01, 3pm – 7pm Application Deadline: 12/22/25	\$365,000, Family size 3 – 7
11328 Westbrook Mill Ln, #303, Fairfax, VA 220 Open House, Sunday, 11/23, 10am – 12pm Open House, Monday, 11/24, 3pm – 7pm Open House, Monday, 12/01, 3pm – 7pm Application Deadline: 12/22/25	30 (4 br), \$460,000, Family size 4 - 8
Applicant 1 Signature:	Date:
Applicant 2 Signature:	Date:



Homeownership Program Requirements

Board Approved 07/17/2017

Habitat for Humanity of Washington, D.C. & Northern Virginia builds and restores affordable homes in partnership with qualified buyers in need of safe, decent housing. With the support of donors and probono partners, we sell our volunteer-built homes at no profit.

General Criteria - Applicants <u>must meet all</u> of the following:

- First-time homebuyer (having not owned real estate in the last three years); and
- No household member on the sex offender registry
- Primary residency or at least one applicant with full-time employment in DC,
 Fairfax County, Arlington County, City of Fairfax, or City of Falls Church

Need - Applicants must meet the first requirment:

 Total household income falls between 30-80% Median Family Income (MFI) as defined annually by the HUD and/or DHCD

and at least one of the following:

- Currently living in an unsafe surrounding environment
- Residing in temporary housing
- Living in subsidized housing or participating in a housing voucher program
- Overcrowding
- Rent burden (paying more than 30% of monthly income on rent)
- Heating, electrical, plumbing, or structural deficiencies

Household Size	Yearly Income Range *	Yearly Income Range *	Monthly Income Range *	Monthly Income Range *
Household Size	МІМІМИМ	MAXIMUM	МІМІМИМ	MAXIMUM
1	\$ 34,400	\$ 91,784	\$2,867	\$7,649
2	\$ 39,400	\$ 104,896	\$3,283	\$8,741
3	\$ 44,300	\$ 118,008	\$3,692	\$9,834
4	\$ 49,200	\$ 131,120	\$4,100	\$10,927
5	\$ 53,150	\$ 141,610	\$4,429	\$11,800
6	\$ 57,150	\$ 152,099	\$4,763	\$12,675
7	\$ 61,010	\$ 162,589	\$5,084	\$13,549
8	\$ 64,900	\$ 173,078	\$5,408	\$14,423

*From HUD 2025 Data where 100% MFI = \$154,700

Ability to Pay - Applicants <u>must meet all</u> of the following requirements:

- If wages or salary are primary sources of income, a 2 year work history and any gaps in employment must be explained
- If self-employed, just have 2 years of documented, stable income with the last 6-months in the same line of work
- Income can reasonably be expected to continue for 3 years or more
- Current credit reports free of unpaid collections, judgements, liens, or excessive late payments

- Current credit report must not show bankruptcy in the last 3 years of foreclosures in the last 7 years
- Tri-Merge middle credit report of 620+
- Qualify for non-subprime and approved alternative third party financing
- Total debt to income ratio including new housing cost must be less than 43% of your monthly income
- Show at least \$2,000 in current bank statements for your down payment, no account overdrafts in the last 2 months, and bank statement or proof of assets not to exceed 10% of the fair market value

Willingness to Partner

All program participants must complete 300 hours of "sweat equity", or volunteer work. This may include working on the construction site, attending homeownership and financial literacy classes, and/or volunteering in the office or at special events.

NOVA Office: 4245 N. Fairfax Dr, Suite 650, Arlington, VA 22203 | Phone: (703) 521-9890 | Fax: (202) 882-9434





Proof of Income: (for all	adults)
---------------------------	---------

□ W-2 forms and tax returns for the last two (2) years
☐ Two most recent paystubs from your present employer showing year-to-date earnings and pay period
□ Current employer(s) name, address, and phone number
□ Previous employer(s) name and address (if at current job less than 2 years)
□ Verification and explanation of commissions, bonuses, overtime, child support payments, and other supplementa ncome (SSI, TANF, SNAP, etc.)
☐ Bankruptcy petition, discharge, and written explanation of any bankruptcy
□ Final divorce or separation papers
□ For Self Employed / Contractors:
□ Year to Date Profit and loss form filled out (included)
□ Schedule C from taxes for the past two years
□ 1099 Forms for the past 2 years

Other Documents:

□ ID for all family members

	For minors: a Social Securit	y card or birth certificate

For adults: ONE (1) document from List A or ONE (1) document EACH from List B and List C

List A	List B	List C
US Passport	Driver's License	Social Security Card
Certificate of US Citizenship	Voters Registration Card	Birth Certificate
Certificate of Naturalization	US Military Card/Draft Record	Certificate of Birth Abroad
Permanent Resident Alien Card	Native American Tribal Document	Native American Tribal Document

☐ Recent electric, gas, and telephone bills showing no delinquency

□ 2 months' worth of most recent bank statements, including checking and savings balances (all adults)
□ Completed application packet
□ Name, address and phone number of current landlord
□ Lease agreement or statement explaining current housing situation if no lease exists
□ Section 8 approval if applicable
□ Explanation letter for any judgements, liens, defaults, foreclosures, or bankruptcies
□ Request for Verification of Employment form (included) for all adults
□ Need Questionnaire
□ Consumer Credit and Background Report Authorization (included) for all adults
□ Equal Credit Opportunity Notice (included) for all adults.

Your application cannot be fully processed until the requested information is received. Delays in receipt of requested information may result in the expiration of your application. Other information may be requested during the processing of your application.



Habitat for Humanity of Washington, D.C. & Northern Virginia does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, sexual orientation, gender identity or expression, personal appearance, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business.



Application

Habitat Homeownership Program

Date of adverse action letter:

Habitat for Humanity of Washington, D.C. & Northern Virginia

For application questions, please contact: eli.echavarria@habitatdcnova.org, 703-656-1028



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.

		-			anity homeownership program t ance with our privacy policy.	ruthfully, completely and accurately.
Type of credit	☐ I am applying for ind ☐ I am applying for joi l ☐ Each borrower intend	nt credit . To	tal number		vers: initials:	
			1A. API	PLICAN	INFORMATION	
	Applicant	t				Co-applicant
Applicant's na	me:				Co-applicant's name:	
Alternative and	d former names:				Alternative and former name	es:
Social Security	number				Social Security number	
Home phone ()				Home phone ()	
Cell phone ()				Cell phone ()	
Work phone ()				Work phone ()	
Age	Date of birth (mm/dd	/yyyy)			Age Date of	birth (mm/dd/yyyy)
	Separated Unmarried n, registered reciprocal beneficiary				1	☐ Unmarried (single, divorced, widowed, civil union, ocal beneficiary relationship) (Fill out Section 14.)
Dependents and Name	d others who will live with yo	ou: Age	Male	Female	Dependents and others who win Name	ill live with you (not listed by co-applicant): Age Male Female
			_ 🗆			
			_ 🗆			
			_			
			_			
Present address	(street, city, state, ZIP code		_ □			ate, ZIP code):
Number of years	s:				Number of years:	
If you ha	ve lived at your present ac	ddress for le	ss than tw	o years, o	complete the following, for all a	ddresses during the past two years:
Previous addres	s(es) (street, city, state, ZIP	code):	Own □ F	Rent	Previous address(es) (street, cit	ty, state, ZIP code): □ Own □ Rent
Number of years	S:				Number of years:	
	FC	OR OFFICE	USE ON	LY — D	O NOT WRITE IN THIS SPA	ACE
Date received:					Date of selection committee ap	oproval:
Date of notice of incomplete application letter:			Date of board approval:			

Date of partnership agreement:

1B. MILITARY SI	RVICE
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 Nation	
If yes, check all that apply:	
☐ Currently serving on active duty with projected expiration date of service/tou	r/(mm/dd/yyyy)
☐ Currently retired, discharged, or separated from service	
☐ Only period of service was as a non-activated member of the Reserve or Na	itional Guard
☐ Surviving spouse	
Is anyone else in your household serving, or did they serve, in the United States Arm	ed Forces?
If yes, check all that apply:	
☐ Currently serving on active duty with projected expiration date of service/to	ur/ (mm/dd/yyyy)
☐ Currently retired, discharged, or separated from service	
Only period of service was as a non-activated member of the Reserve or No	ıtional Guard
2. WILLINGNESS TO	PARTNER
11 3 ,,	WILLING TO COMPLETE THE REQUIRED
9 '	EAT-EQUITY HOURS:
equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other App	Yes No icant □ □
· · · · · · · · · · · · · · · · · · ·	ipplicant
	<u>''</u>
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:	Bathroom ☐ Living room ☐ Diningroom
Other (please describe):	
In the space below, describe the condition of the house or apartment where you	ive. Why do you need a Habitat home?
In the space below, describe the condition of the house of apartment where your	ve. Willy do you need a Habitat home?
If you rent your current residence, please supply a copy of your le bank statement or canceled rent chec	
Name, address and phone number of current landlord:	
realitio, address and phone number of surrent failuleta.	
4. PROPERTY INFO	RMATION
☐ I do not own any real estate (move to Section 5).	
If you own your residence, what is your monthly mortgage payment (including tainsurance, etc.)?	des, Do you own land other than your residence? ☐ No ☐ Yes Monthly payment (including taxes, insurance, etc.)
\$/month Unpaid balance \$	\$
If you wish your property to be considered for building your Habitat home, please atta Note: A separate approval process will apply with respect to any such requests, as e through the Habitat program.	

5. EMPLOYMENT INFORMATION					
Applicant	Co-applicant				
☐ Does not apply.	□ Do	□ Does not apply.			
Name and address of CURRENT employer:	Start date (mm/dd/yyyy):	Name and address of CURRENT er	nployer:	Start date (mm/dd/yyyy):	
	Annual (gross) wages:			Annual (gross) wages:	
Type of business:	Business phone:	Type of business:		Business phone:	
If working at o	current job less than one y	rear, complete the following inform	ation.		
Name and address of PREVIOUS employer:	Years on this job:	Name and address of PREVIOUS en	mployer:	Years on this job:	
	Annual (gross) wages:			Annual (gross) wages:	
Type of business:	Business phone:	Type of business:		Business phone:	
☐ Check if you are the business owner or are self-employed. ☐ I have an ownership share of less than 25%. ☐ I have an ownership share of 25% or more. Monthly income (or loss) \$				TE: Self-employed Il be required to provide cuments such as tax nancial 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.)	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	Months left to pay
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					
	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 follow	owing questions for you an	nd the co-applicant.	Applicant	Co-applicant
a. Are there any outstanding judgments because of a court decision a		☐ Yes ☐ No	☐ Yes ☐ No	
b. Have you declared bankruptcy within the past seven years?		☐ Yes ☐ No	☐ Yes ☐ No	
If YES, identify the type(s) of bankruptcy: ☐ Chapter 7 ☐ Ch	apter 11	☐ Chapter 13		
l	_			I — —

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?	☐ Yes ☐ No	☐ Yes ☐ No			
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Yes ☐ No	☐ Yes ☐ No			
c. Have you had any property foreclosed upon in the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No			
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No			
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	☐ Yes ☐ No	☐ Yes ☐ No			
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	☐ Yes ☐ No	☐ Yes ☐ No			
h. Are you a U.S. citizen or permanent resident?	☐ Yes ☐ No	☐ Yes ☐ 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
Applicant's name	Co-applicant's name

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

☐ By mail

☐ By telephone

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			
Ethnicity (check one or more): Hispanic or Latino Mexican Puerto Rican Cu Other Hispanic or Latino — Origin: For example: Argentinean, Colombian, Do Salvadoran, Spaniard, and so on. Not Hispanic or Latino I do not wish to provide this information		Ethnicity (check one or more): Hispanic or Latino Mexican Puerto Rican Other Hispanic or Latino — Origin: For example: Argentinean, Colombia Salvadoran, Spaniard, and so on. Not Hispanic or Latino I do not wish to provide this informatio			
Sex: □ Female □ Male □ I do not wish to	provide this information	Sex: ☐ Female ☐ Male ☐ I do not wish to provide this information			
Race (check one or more): American Indian or Alaska Native — Name of enrolled or principal tribe:		Race (check one or more): American Indian or Alaska Native — Name of enrolled or principal tribe:			
	Filipino Vietnamese xistani, Cambodian, and so on.	☐ Asian ☐ Asian Indian ☐ Chinese ☐ Japanese ☐ Korean ☐ Other Asian — race: For example: Hmong, Laotian, Tha	☐ Filipino ☐ Vietnamese ai, Pakistani, Cambodian, and so on.		
☐ Black or African American		☐ Black or African American			
 □ Native Hawaiian or Other Pacific Islander □ Native Hawaiian □ Guamanian or 0 □ Other Pacific Islander — race: For example: Fijian, Tongan, and so on. 	Chamorro □ Samoan	 □ Native Hawaiian or Other Pacific Islander □ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander — race: For example: Fijian, Tongan, and so on. 			
☐ White		☐ White			
☐ I do not wish to provide this information		\square I do not wish to provide this informatio	n		
Tob	a completed only by the n	arean conducting the interview			
Was the ethnicity of the Borrower collected on to Was the sex of the Borrower collected on the b	the basis of visual observation or sur	rname? ☐ Yes ☐ No			
This application was taken by: ☐ Face-to-face interview (included electronic	Interviewer's name (print or ty	pe)	Interviewer's phone number		
media w/video component)	Interviewer's signature	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: __



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

	Lender — Complete ite Employer — Please co The form is to be tra	implete either Part II	ve applicant con or Part III as ap	nplete item 8. Fo	orward directly to	o employer return direc	named in iten	amed in item 2.	
Part I - Re	quest								
To (Name and address of employer)				2. From (Na	ame and a	ddress of le	nder)		
I certify that th	is verification has b	een sent directly t	o the employe	er and has not	passed throug	gh the har	nds of the a	pplicant or an	y other interested party.
3. Signature of	Lender		4. Tit	le		***************************************	5. Date		6. Lender's Number (Optional)
I have applied f	or a mortgage loan	and stated that I	am now or w	as formerly em	nploved by you	u. Mv siai	nature belov	v authorizes v	erification of this information.
	ddress of Applicant						ignature of		
Part II - Ve	rification of Pr	esent Employ	ment	1000		············			
	Date of Employment		nt Position				11. F	Probability of	Continued Employment
12A. Current	Gross Base Pay (Er	nter Amount and	Check Period)	13.	For Military Po	ersonnel (Only	14 If Ove	rtime or Bonus is Applicable,
	☐ Annual	□ Hourly		Pay	Pay Grade		Is Its Continuance Likely?		
	Monthly	Other (Spe	ecify)	Тур	е	Monthly	/ Amount	Overti Bonus	
\$	Weekly			Base	e Pay	\$			
Туре	12B. Gr Year To Date	oss Earnings Past Year	Past Year	r Rati	one	\$		15. If paid week	hourly - average hours per
Туре	Thru	Tast Teal	Tast Teal		ht or	*		16. Date of	of applicant's next pay increase
Base Pay	\$	\$	\$	Haz	ard	\$			
Overtime	\$	\$	\$	Clot	hing	\$		17 Projec	ted amount of next pay increas
				Qua	rters	\$			
Commissions	\$	\$	\$	Pro	Pay	\$		18. Date of	f applicant's last pay increase
Bonus	\$	\$	\$	Ove Com	rseas or nbat	\$		19. Amou	nt of last pay increase
Total	\$ 0.00	\$ 0.00	\$ 0.00		able Housing wance	\$			
	mployee was off w		- 100 PECONOCE	se indicate tim	e period and	reason)			
Part III — Ve 21. Date Hired	erification of Pr	~		mination Per (Y	ear) (Month) (\	Week)			
22. Date Termina	ted	Base		Overtime		Com	missions		Bonus
24. Reason for Le	eaving				25. Position H	Held			
or conspiracy p	uthorized Signa urposed to influen Assistant Secretary	ce the issuance of	statutes provi of any guaran	ide severe per nty or insuran	nalties for any ce by the VA	y fraud, i Secretar	ntentional r y, the U.S	nisrepresenta .D.A., FmHA	tion, or criminal connivance /FHA Commissioner, or
26. Signature of I	Employer	<u> </u>		27. Title (Pleas	se print or type)			28. Date
29. Print or type r	name signed in Item :	26		30. Phone No.				1.2	_



NEED QUESTIONNAIRE

Check off and give an explanation to all that apply to your current living situation.

□ Currently	nomeless (including living with friends and extended family); If yes, please explain.
□ Currently	residing in temporary, transitional or supportive housing; If yes, where and for how long?
□ Currently goes to pay	rent burdened (Paying more than 30% of your income on rent); If yes, how much of your household incom rent?
□ Current d	welling is overcrowded; If yes, please explain size of dwelling and number of people:
□ Currently	receiving public housing assistance; If yes, please explain situation and amount:
□ You are confrom where	urrently working in DC, with a significant commute to/from your home; If yes, how long is the commute and to where?
□ Unsafe/ur	sanitary neighborhood, unsuitable for human habitation; If yes, where?
Does the hon	ne that you are currently living in have any of the following problems? Check all that apply.
□ Bro	oken/missing windows
	aking roof
	uctural problems dequate electrical/plumbing system
	ck of proper egress
	safe or no formal heating system, family isn't able to control heat
□ Un	healthy conditions of pest or mold infestations
	perable kitchen or bathroom
	ndlord doesn't respond to reports of problems or responds very slowly oken or inadequate locks on doors
	one in the desire to the one of the original

Note: A home visit may be required to verify your living situation, particularly if your family's Area Median Income (AMI) is above 50%.

Habitat for Humanity of Washington, D.C & Northern Virginia., Inc. does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, sexual orientation, gender identity or expression, personal appearance, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business.





Annicont None

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

YEAR-TO-DATE PROFIT AND LOSS STATEMENT (if applicable)

Applicant Name.							
Business Name:							
Business Address:							
Month 1		Month 2		Month 3		Month 4	
Income: \$	Income:	\$	_ Income:	\$	Income:	\$	
Expenses: \$	Expenses:	\$	_ Expenses:	\$	Expenses:	\$	
Profit/(Loss) \$	Profit/(Loss)	\$	Profit/(Loss)	\$	Profit/(Loss)	\$	
Month 5		Month 6	I	Month 7	T	Month 8	
Wollin 3		WOTHITO	İ			MOHUI 6	
Income: \$	Income:	\$	_ Income:	\$	Income:	\$	
Expenses: \$	Expenses:	\$	_ Expenses:	\$	Expenses:	\$	
Profit/(Loss) \$	Profit/(Loss)	\$	Profit/(Loss)	\$	Profit/(Loss)	\$	
F							
Month 9		Month 10		Month 11		Month 12	
Income: \$	Income:	\$	_ Income:	\$	Income:	\$	
Expenses: \$	Expenses:	\$	_ Expenses:	\$	Expenses:	\$	
Profit/(Loss) \$	Profit/(Loss)	\$	Profit/(Loss)	\$	Profit/(Loss)	\$	

Habitat for Humanity of Washington, D.C. & Northern Virginia, Inc. does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, sexual orientation, gender identity or expression, personal appearance, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business.



Page 2 of 2

Year-To-Date	I understand that this information will be used to determine my eligibility for approval with DC
Income: \$ Expenses: \$	Habitat. I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.
Profit/(Loss) \$	Applicant Signature :

YEAR-TO-DATE PROFIT AND LOSS STATEMENT (if applicable)

Using your business bank statements

- 1.) **Income:** use the balance on that month bank statement.
- 2.) Expenses: Add up all your business cost per the month's bank statement.
- 3.) Subtract expenses from bank statement
- 4.) **Profit & Loss**: If there is a **Profit** add a plus (+) and the \$ amount, if there is a **Loss** and a and the amount on the profit and loss line.
- 5.) Continue steps 1 4 until most recent month
- 6.) Year-To-Date: Total Income for each month, Total Expenses for each month
- 7.) Profit & Loss: If there is a **Profit** add a plus (+) and the final \$ amount, if there is a **Loss**, add a negative (-) and the \$ amount on the profit and loss line.





CONSUMER CREDIT AND BACKGROUND REPORT RELEASE FORM (FOR HOUSEHOLD MEMBERS AGE 18 AND OVER)

(Note: We cannot make copies in our office. Please provide copies of the required documents with your completed application.)

BY MY SIGNATURE BELOW, I AUTHORIZE

Habitat for Humanity of Washington, D.C. & Northern Virginia, Inc. to obtain a Consumer Credit Report and/or a Background Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA).

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal anddriving history. This authorization shall be valid in original or copy form.

Name	Social Security Number	
Date of Birth		
Current Street Address		
City, State, Zip Code		
Drivers License #	State	
Signature	Date	

NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE or CURRENT VALID ID

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout thenation. 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.



EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at: FTC Regional Office for the Eastern Central region, Consumer Response Center, 600 Pennsylvania Ave, NW, Washington DC 20580, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete and we will be unable to invite you to participate in the Habitat program.

Applicant(s):		
Χ	<u>X</u>	
Print Name:	Print Name:	
Date:	Date:	

