



We build homes, community, and hope

Homeownership Program Application Packet & Instructions

To apply for Habitat DC-NOVA's homeownership program, please complete the entirety of the enclosed application and provide the required documentation as shown in the Homeownership Application Documents checklist.

Applications can be submitted via the following:

- Mailed or dropped off to our program office at 4245 N Fairfax Drive, Suite 650, Arlington, VA 22203. Regular business hours are 9AM to 5PM Monday through Friday.
- Emailed to Eli.Echavarria@habitatdcnova.org.

Application documents must be submitted as scanned or printed copies. **Photographs of documents will NOT be accepted.**

Applicants must complete a Homebuyer Information Session for the application to be considered complete.

Information sessions are held regularly both in-person and online. Please visit www.habitatdcnova.org/events to view the calendar and sign up for a session. If an applicant is unable to join a scheduled session, staff appointments are available and can be scheduled online at www.habitatdcnova.org/homeownership or by contacting us using the below information.

Applicants must also complete a tour of the unit(s) to which they are applying for the application to be considered complete. Open houses are posted on each home listing on our website at www.habitatdcnova.org/homes-for-sale and on the Events page of our website at www.habitatdcnova.org/events. If an applicant is unable to attend an open house, a showing can be scheduled with a staff member using the contact information below.

Contact Information

Housing Programs Telephone: 703.521.9890 ext. 504

Staff Contact: Eli Echavarria, Family Services Coordinator, eli.echavarria@habitatdcnova.org



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.

Homeownership Program Requirements

General Criteria - Applicants must meet all 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, City of Alexandria or City of Falls Church

Need - Applicants must meet the first requirement:

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

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	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM
1	\$ 34,900	\$ 93,016	\$2,908	\$7,751
2	\$ 39,800	\$ 106,304	\$3,317	\$8,859
3	\$ 44,840	\$ 119,592	\$3,737	\$9,966
4	\$ 49,800	\$ 132,880	\$4,150	\$11,073
5	\$ 53,850	\$ 143,510	\$4,488	\$11,959
6	\$ 57,850	\$ 154,141	\$4,821	\$12,845
7	\$ 61,750	\$ 164,771	\$5,146	\$13,731
8	\$ 65,700	\$ 175,402	\$5,475	\$14,617

*From HUD 2026 Data where 100% MFI for a family of four is = \$166,100

Ability to Pay - Applicants must meet all of the following requirements:

- Wage or salary income: Demonstrate 2 year work history and any gaps in employment must be explained
- Self-Employed: Demonstrate 2 years of 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 or foreclosures in the last 7 years
- Tri-Merge middle credit report of 620+
- For homes sold with 3rd party mortgages: 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

Program participants must complete 50-100 hours of partnership hours (for single or co-applicants) including financial and homebuyer education hours and community service hours with Habitat DC-NOVA.

Contact Us: 4245 N. Fairfax Dr, Suite 650, Arlington, VA 22203

Phone: (703) 521-9890 ext. 504

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, source of funds, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business.





We build homes, community, and hope

Homeownership Program Application Certifications

Please confirm the following regarding your application to Habitat DC-NOVA's homeownership program.

____ All applicants have completed the required Homebuyer Information Session.

Date(s) of completion: _____

____ All applicants have toured the home(s) to which I/we are applying.

Date(s) of completion: _____

Please list the street address of the property or properties for which you are applying. If you are applying to more than one property, please list the properties in order of preference.

First Preference Property Street Address: _____

Second Preference Property Street Address: _____

Third Preference Property Street Address: _____

Additional Properties:

Applicant Signature: _____ Printed Name: _____

Co-Applicant Signature: _____ Printed Name: _____



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.



We build homes, community, and hope

Homeownership Application Documents

Your application cannot be fully processed until all of the requested information is received. Please note Habitat DC-NOVA does not begin reviewing application materials until the application with all requested materials is received in full. Delays in receipt of requested information may result in the expiration of your application. Additional information may be requested during the processing of your application to verify your eligibility.

Application Documents

- ☐ Fully completed application packet – no blank sections
- ☐ Application Certifications form (included in application packet)
- ☐ Housing Need Questionnaire
- ☐ Recent electric, gas, and telephone bills showing no delinquency
- ☐ Name, address and phone number of current landlord
- ☐ Lease agreement or statement explaining current housing situation if no lease exists
- ☐ Housing assistance program approval if applicable
- ☐ Explanation letter for any judgements, liens, defaults, foreclosures, or bankruptcies
- ☐ Signed Consumer Credit and Background Report Authorization for all adults (form included in application packet)
- ☐ Signed Equal Credit Opportunity Notice for all adults (form included in application packet)

[CONTINUE TO NEXT PAGE]



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.

Proof of Income Documents for all working adults and all benefits recipients (all ages)

- ☐ Tax returns for the last two (2) years
- ☐ W-2 forms for the last two (2) years
- ☐ Two most recent paystubs from present employer showing year-to-date earnings and pay period
- ☐ 2 months' worth of most recent bank statements, including checking and savings balances (provide for all adults)
- ☐ Current employer(s) name, address, and phone number
- ☐ Previous employer(s) name and address (if at current job less than 2 years)
- ☐ Signed Request for Verification of Employment form for all adults (form included in application packet)
- ☐ Verification and explanation of commissions, bonuses, overtime, child support payments, and other supplemental income (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 Statement
 - ☐ Schedule C from taxes for the past two years
 - ☐ 1099 Forms for the past 2 years

Identification Documents for all Household Members:

- ☐ **For minors:** a Social Security 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



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.



We build homes, community, and hope

Housing Need Questionnaire

To be eligible for Habitat DC-NOVA's homeownership program, applicants must demonstrate housing need. Please check the box and give an explanation to all that apply to your current living situation. **An explanation must be included for each checked box for the form to be considered complete.**

- ☐ Currently homeless (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 rent burdened (Paying more than 30% of your income on rent); If yes, how much of your household income goes to pay rent?

- ☐ Current dwelling 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 currently working in DC, with a significant commute to/from your home; If yes, how long is the commute and from where to where?

- ☐ Unsafe/unsanitary neighborhood, unsuitable for human habitation; If yes, describe neighborhood conditions and specify in which neighborhood you are living.

Does the home that you are currently living in have any of the following problems? Check all that apply.

- ☐ Broken/missing windows
- ☐ Leaking roof
- ☐ Structural problems
- ☐ Inadequate electrical/plumbing system
- ☐ Lack of proper egress
- ☐ Unsafe or no formal heating system, family isn't able to control heat
- ☐ Unhealthy conditions of pest or mold infestations
- ☐ Inoperable kitchen or bathroom
- ☐ Landlord doesn't respond to reports of problems or responds very slowly
- ☐ Broken or inadequate locks on doors



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.

Habitat for Humanity of Washington, D.C. & Northern Virginia
4245 N Fairfax Drive Suite 650, Arlington, VA 22203
(703) 521-9890, ext. 504

Application

Habitat Homeownership Program



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: _____	Co-applicant's name: _____																																																
Alternative and former names: _____	Alternative and former names: _____																																																
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) _____																																																
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																																																
Dependents and others who will live with you:	Dependents and others who will live with you (not listed by co-applicant):																																																
<table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr></tbody></table>	Name	Age	Male	Female	_____	_____	☐	☐	_____	_____	☐	☐	_____	_____	☐	☐	_____	_____	☐	☐	_____	_____	☐	☐	<table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td></tr></tbody></table>	Name	Age	Male	Female	_____	_____	☐	☐	_____	_____	☐	☐	_____	_____	☐	☐	_____	_____	☐	☐	_____	_____	☐	☐
Name	Age	Male	Female																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
Name	Age	Male	Female																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
_____	_____	☐	☐																																														
Present address (street, city, state, ZIP code): ☐ Own ☐ Rent	Present address (street, city, state, ZIP code): ☐ Own ☐ Rent																																																
_____	_____																																																
Number of years: _____	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): ☐ Own ☐ Rent	Previous address(es) (street, city, state, ZIP code): ☐ Own ☐ Rent																																																
_____	_____																																																
Number of years: _____	Number of years: _____																																																
FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE																																																	
Date received: _____	Date of selection committee approval: _____																																																
Date of notice of incomplete application letter: _____	Date of board approval: _____																																																
Date of adverse action letter: _____	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	☐	☐
Co-applicant	☐	☐

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	
☐ Does not apply.		☐ 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:
☐ 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) \$ _____			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	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

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?	☐ 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** _____

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

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	☐ Yes ☐ No	
Was the sex of the Borrower collected on the basis of visual observation or surname?	☐ Yes ☐ No	
Was the race of the Borrower collected on the basis of visual observation or surname?	☐ Yes ☐ No	
This application was taken by: ☐ Face-to-face interview (included electronic media w/video component) ☐ By mail ☐ By telephone	Interviewer's name (print or type)	Interviewer's phone number
	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: _____



We build homes, community, and hope

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):

X _____

X _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____



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.



We build homes, community, and hope

Instructions and Additional Information for Consumer Credit and Background Release Form

As part of the Homeownership application and with authorization from each applicant and/or household member, Habitat DC-NOVA will obtain consumer credit and background reports on applicant household members. These reports are obtained and used in accordance with all applicable local and federal laws and regulations for the purpose of determining eligibility for our program and verifying the information provided in the program application.

HOW TO COMPLETE: Your authorization is required to obtain Consumer Credit and Background Reports. Each applicant and household member age 18 or older should submit a signed release form. Additional copies of the release form can be printed from the online application, requested to be sent via postal mail, or picked up in our program office at 4245 N Fairfax Drive Suite 650, Arlington, VA 22203.

Credit reports will be obtained only for the applicant and co-applicant(s). Credit reports will not be obtained for dependents or other members of the household. Credit reports are obtained at the time of application and only after all application documents have been received. Copies of credit reports are provided to applicants alongside applicable disclosures. If applicable, credit reports are refreshed 7-10 days before home purchase.

Background reports, which include information regarding criminal history, the National Sex Offender Registry, and the Office of Foreign Assets Control, will be obtained on all household members of age 18 or older. The information obtained from the Background Report will be used solely for the purpose of determining eligibility to participate in the housing program and will remain confidential.

In accordance with Fair Housing regulations, Habitat DC-NOVA does not automatically disqualify applicants with criminal history. Individualized assessments are conducted and reviewed by the selection committee as part of the application process before a final decision is made.



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.



CONSUMER CREDIT AND BACKGROUND REPORT RELEASE FORM

THIS FORM IS FOR APPLICANT HOUSEHOLD MEMBERS AGE 18 AND OVER

BY MY SIGNATURE BELOW, I AUTHORIZE:

Habitat for Humanity of Washington, D.C. & Northern Virginia, Inc. to obtain a Consumer Credit 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).

Habitat for Humanity of Washington, D.C. & Northern Virginia, Inc. to obtain a Background Report on me. The Background Report includes a criminal background check, National Sex Offender Registry Check, and Office of Foreign Assets Control (OFAC) check. The Background Report may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

The information obtained from the Background Report will be used solely for the purpose of determining eligibility to participate in the housing program and will remain confidential.

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 history. This authorization shall be valid in original or copy form.

Name: _____ Social Security Number: _____

Date of Birth: _____

Current Address: _____

Driver's License #: _____ State: _____

Signature: _____ Date: _____



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.



Instructions for Verification of Employment Form

As part of the application, Habitat DC-NOVA verifies the employment of all adults in the household. We do this by submitting a request for Verification of Employment (VOE) directly to the employer, which they return directly to Habitat DC-NOVA.

Your permission is required to request the Verification of Employment from your employer.

To provide permission, the applicant(s) will sign the enclosed Employment Verification form. A separate signed form must be provided for all employed adults for whom employment must be verified for each distinct employer. For example, if Jane Doe is employed at Company A and Company B, we will need two separate signed request forms to send to each employer.

Additional copies of the request form can be printed from the online application, requested to be sent via postal mail, or picked up in our program office at 4245 N Fairfax Drive Suite 650, Arlington, VA 22203.

Do NOT fill out any other information on the Verification of Employment form. The remaining information will be filled out by Habitat DC-NOVA staff and the employer.

The completed form is to be transmitted by the employer directly to Habitat DC-NOVA and is not to be transmitted through the applicant or any other party.

EMPLOYMENT VERIFICATION

Regarding: _____

Date of request: _____

Requested by: Habitat for Humanity of Washington, DC &
Northern Virginia
4245 N Fairfax Drive Suite 650
Arlington, VA 22203

I (we) authorize the release of the following information to Habitat for Humanity of Washington, D.C. & Northern Virginia for use in determining eligibility for the Habitat homeownership program.

Applicant Signature

Date

Co-Applicant Signature

Date

Company Name: _____ Type of business: _____

Company Address: _____

City, state, ZIP: _____

Date of employment: _____

Present position: _____

Current base pay

Amount: \$ _____ Annually _____ Per Hour

Scheduled hours per week: _____

Year to date earnings: \$ _____ Last calendar year earnings: \$ _____

Does this person regularly receive overtime or bonuses? _____ Yes _____ No

If yes, average number of overtime hours per month: _____

If yes, bonus type, payment schedule, and average amount: _____

Additional comments: _____

Name: _____

Title: _____

Signature: _____

Phone number: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to Habitat DC-NOVA and is not to be transmitted through the applicant or any other party. Forms can be mailed or sent via email to Eli.Echavarria@habitatdcnova.org.



INSTRUCTIONS FOR YEAR-TO-DATE PROFIT AND LOSS STATEMENT [SELF-EMPLOYMENT INCOME ONLY]

Applicants with self-employment income should provide a Year-To-Date Profit and Loss Statement demonstrating the finances of the business for the current calendar year. Applicants are welcome and encouraged to provide a Year-To-Date Profit and Loss Statement generated by a business accounting software (if used) in lieu of using the provided form below. If the business does not use an accounting software, applicants should fill out the provided Year-To-Date Profit and Loss Statement. Please submit a separate YTD Profit and Loss statement for each type of self-employed income.

Business bank statements may be requested to verify the provided information.

HOW TO FILL OUT THE YEAR-TO-DATE PROFIT AND LOSS STATEMENT

Using your business bank statements:

1. Fill in the name of each month.
2. **Income:** Fill in the gross business revenue for the given month. Calculate this figure by adding up each revenue line item on the month's bank statement.
3. **Expense:** Fill in the gross business expense for the given month. Calculate this figure by adding up all business costs listed on the month's bank statement.
4. **Profit/Loss:** Subtract the Expense line from the Income line. For positive values (profit), write in the figure. For negative values (loss), write in (-) before the value. Example of a Loss: -\$1,000.
5. **Year-To-Date:** Calculate total income by adding the income lines of each month. Calculate total expense by adding the expense lines of each month. Calculate total profit/loss by subtracting total expense from total income. Denote losses by writing in (-) before the value.
6. **Sign and certify.**

YEAR-TO-DATE PROFIT AND LOSS STATEMENT

Applicant Name: _____

Business Name: _____

Business Address: _____

Business Fiscal Year Start and End Dates (ie, January 1- December 31): _____

Month 1 _____	Month 2 _____	Month 3 _____	Month 4 _____
<i>Income:</i> \$ _____	<i>Income:</i> \$ _____	<i>Income:</i> \$ _____	<i>Income:</i> \$ _____
<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____
<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____

Month 5 _____	Month 6 _____	Month 7 _____	Month 8 _____
<i>Income:</i> \$ _____	<i>Income:</i> \$ _____	<i>Income:</i> \$ _____	<i>Income:</i> \$ _____
<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____
<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____

Month 9 _____	Month 10 _____	Month 11 _____	Month 12 _____
<i>Income:</i> \$ _____	<i>Income:</i> \$ _____	<i>Income:</i> \$ _____	<i>Income:</i> \$ _____
<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____	<i>Expenses:</i> \$ _____
<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____	<i>Profit/(Loss)</i> \$ _____

Year-To-Date	
<i>Income:</i>	\$ _____
<i>Expenses:</i>	\$ _____
<i>Profit/(Loss)</i>	\$ _____

I understand that this information will be used to determine my eligibility for Habitat DC-NOVA's homeownership program. I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.

Applicant Signature : _____



Privacy Statement and Notice

At Habitat for Humanity of Washington, D.C. & Northern Virginia we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name. When collecting, storing, and retrieving applicant, program family, 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.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as Name, Address, social security number, assets, income, etc.
- Information about your transactions with us or others such as your loan balance, payment history, etc.; and
- Information we receive from a consumer reporting agency such as your credit worthiness and credit history

Habitat for Humanity of Washington, DC & Northern Virginia 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 nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents; and
- Nonprofit organizations, government entities, or other subsidy providers.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity of Washington, DC & Northern Virginia, Inc. at 703-521-9890.



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.