



Thank you for contacting Habitat for Humanity of Carroll County and for your interest in applying to purchase a Habitat for Humanity home. We are very excited to announce that applications are being accepted for a home located at 164 S Court Street in Westminster, MD. We will be selecting one hard working and deserving family who will partner with Habitat and our volunteers to rehab and then purchase this home. This split foyer duplex has 3 bedrooms, 1.5 baths, and a sun room.

The selected family will have a 30 year \$130,000 first mortgage with a zero percent interest rate and a 2nd mortgage that will be forgiven over the life of the first mortgage. The monthly payment will be approximately \$650.00 including property taxes and homeowner's insurance. In addition, the accepted partner family will be required to pay approximately \$2,500 in closing costs, prior to move in. Monthly payment and closing cost amounts are estimates and actual expenses will be determined prior to purchase.

We anticipate that the selection process will be completed in August of 2018. In order to meet this schedule, applications must be completed and received in our office by **May 4, 2018. Late and incomplete applications will not be considered.**

In order to become a Habitat homeowner, an applicant must meet the following criteria:

1. Currently live and/or work in Carroll County and have lived in the County for the past two or more consecutive years
2. Do not currently own a home
3. Make less than 60% of the Area Media Income based on family size:

1 Person - \$38,280	5 People - \$59,040
2 People - \$43,740	6 People - \$63,420
3 People - \$49,200	7 People - \$67,800
4 People - \$54,660	8 People - \$72,180
4. Gross Income may not be less than \$23,400 per year
5. Submit complete application by deadline
6. Complete 250 hours of sweat equity during the construction process, including Saturdays
7. Enroll in and complete a HUD certified homeownership education class
8. Enroll in and complete the Habitat financial and homeownership education classes
9. Demonstrate the ability to repay the first mortgage on a monthly basis
10. Provide evidence of ability to pay closing costs
11. Provide two personal letters of recommendation. One must be from your current employer and another from someone in the community who is not related to you.
12. Provide a personal statement explaining your need and why you should be selected for a Habitat home.
13. Agree to credit and criminal background check

Thank you again for your interest in owning a Habitat home. We will notify you when we receive your application. If you have any further questions, or need help completing the application, please contact our office at (410)751-7722 or email applications@cchabitat.org.





Application Checklist

Please complete the following checklist to insure that your application is complete. We will not consider incomplete applications.

Name: _____

Date Submitted: _____

Number of people, including children, who will live in the home: _____

Please answer the following questions by circling Yes or No:

Yes / No - Have you lived and/or worked in Carroll County for the past two years?

Yes / No - Do you, or anyone who will be living in the home, currently own a home?

Yes / No - Do you make less than 60% of the Area Median Income per the chart on the application letter?

Yes / No - Do you make more than \$23,400 per year?

Yes / No - Will you and your family work 250 hours on the site, office, at events, or on other Habitat projects?

Yes / No - Will you complete Habitat financial and homeownership education classes as offered?

Yes / No - Did you complete section 8 of the application and explain how you will provide \$2,500 in closing costs?

Yes / No - Did you include 2 letters of reference with one being from your current employer?

Yes / No - Did you include a personal statement?

Yes / No - Did you include the completed application?

Please mail this checklist with your application, letters of reference, and personal statement to:

Habitat for Humanity of Carroll County
255 Clifton Blvd.
Suite 301
Westminster, MD 21157

Thank you again for your interest in owning a Habitat home. We will notify you when we receive your application. If you have any further questions, or need help completing the application, please contact our office at (410)751-7722 or email applications@cchabitat.org.





Habitat for Humanity of Carroll County, Inc.
 255 Clifton Blvd. Suite 301
 Westminster, MD 21157
 www.chhabitat.org

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 to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant	Co-applicant
Applicant's name	Co-applicant's name
Social Security number _____ Home phone _____ Date of Birth _____	Social Security number _____ Home phone _____ Date of Birth _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)
Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Present address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____
If living at present address for less than two years, complete the following	
Last address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____

2. 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: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete 200 "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant	<input type="checkbox"/>	<input type="checkbox"/>
	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

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

Other rooms in the place where you are currently living:

Kitchen Bathroom Living room Dining room Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ / month
 (Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

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

Please attach separate personal statement letter to application. This letter should explain your need and why you should be selected for a Habitat home.

5. PROPERTY INFORMATION

Do you currently own any land or other real estate? Yes No

If so, please describe: _____

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (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 LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

10. DEBT

Account	To whom do you and the co-applicant(s) owe money?					
	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

Monthly expenses			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please circle the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have 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 been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. 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

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

12. AUTHORIZATION 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 the no-interest loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families 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.

Applicant's name _____

Co-applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview

This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number