

Habitat for Humanity:
Community Impact Fund Program (ROUND 4)



Date:

Application for Down Payment Assistance

A. Applicant Information

Property Address:

Applicant's Full Name: SS#

Highest Grade Completed in School: Mother's Maiden Name:

2 Forms of ID Provided: Picture ☐ Other (list)

Co-Applicant's Full Name: SS#

Highest Grade Completed in School: Mother's Maiden Name:

2 Forms of ID Provided: Picture ☐ Other (list)

Phone No. (Home) (Work) (Cell)

Email Address:

Marital Status: ☐ (Single) ☐ (Married) ☐ (Other)

Number of Persons residing at this address:

Provide the names and ages of all persons residing at this address:

Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>
Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="text"/>

Do all of the household members listed above reside at this address 100% of the year? Yes No

B. Gross Monthly Income

Source	Applicant	Co-Applicant	Other Adult Resident
Salary/Wages			
Pension			
SS/SSI Benefits			
VA Benefits			
AFDC			
Child Support			
Other			

C. Employment Status

	Applicant	Co-Applicant	Other Adult Resident
Employer			
Address			
Occupation/Title			
How Long			
Contact Person			

For Day Care Providers Only:

How many children are currently in your care? Do you currently have an assistant? Yes No If so, list their income

Child's Name	Hours per Week	Amount Paid	Parent's Name

D. No Income Certification

The Adults over 18 years of age listed below are certifying that they do not have any income from any source. For periods of time where the person received income, they must provide documentation of their income source or prove they did not have to be considered for computing total income.

Printed Adult Name	Signature	Social Security No	Period Beginning	Period Ending

E. Monthly Housing Expenses

Mortgage:

Lender/Seller:

Loan #

Address:

Date: Rate: % Original Debt:

Mo.Payment: Term: Current Balance:

Insurance Co.: Policy #:

Address: Premium:

F. Other Expenses

Company	Account Number	Name on Account	Balance	Monthly Payment
Property Taxes				
Credit Cards				
Personal/Other Loans				
Long Term Medical Payments				

G. Assets

	Name on Account	Name on Account
Checking Account #/Address		
Checking Account #/Address		
Savings Account #/Address		
Savings Account #/Address		
Real Estate Owned – Value		
Mortgage Balance		
Other Assets - Value		
Stocks, Bonds, Mutual Funds		
Retirement Accounts 9401K IRA, etc.)		

I acknowledge I received a copy of the Privacy Act Notice (Authority for Release of Information) prior to completing this application.

Buyer**Co-Buyer/Applicant**

The following information is requested in order to monitor 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 provide it.

Buyer**Co-Buyer**

Ethnicity:

Ethnicity:

Hispanic Yes No

Hispanic Yes No

Buyer**Co-Buyer**

Race/National Origin:

Race/National Origin:

American Indian/Alaskan Native
Asian
Black/African American
Native Hawaiian/Other Pacific Islander
White
American Indian/Alaskan Native & White
Asian & White
Am Indian/Alaskan Native & Black African Am.
Black/African American & White
Other Multi-Racial

American Indian/Alaskan Native
Asian
Black/African American
Native Hawaiian/Other Pacific Islander
White
American Indian/Alaskan Native & White
Asian & White
Am Indian/Alaskan Native & Black African Am.
Black/African American & White
Other Multi-Racial

Gender: Male Female

Gender: Male Female

H. Certification

I (we) certify that all information provided in this application, and all information furnished in support of this application, is given for the purpose of obtaining down payment assistance and is true and complete to the best of my (our) knowledge and belief. I (we) further understand that knowingly omitting information from or supplying false information to Habitat for Humanity will void this application and make me (us) ineligible for down payment assistance.

The undersigned specifically acknowledge(s) and agrees) that: (1) the loan requested by the application will be secured by a first mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the grant indicated herein; (4) occupation of the property will be as indicated above; (5) verification or re-verification of any information contained in the application may be made at any time by Habitat, the Lender, their agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by Habitat and the Lender, even if the grant is not approved; (6) Habitat, the Lender, their agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) in the event my/our payments on the grant and/or loan indicated in this application become delinquent, Habitat, their agents, successors and assigns may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (8) Ownership of the loan may be transferred to successor or assigns of Habitat and/or Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of Habitat or the Lender with prior notice to me, (9) Habitat, the Lender, their agents, successors and assigns make no representation or warranties, expressed or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification: I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intention or negligent misrepresentation(s) of the information contained in this application may result in civil liberty and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1002, et seq. and liability for monetary damages to Habitat and/or the Lender, their agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

I (we) also certify that verification of any of the information contained in this application may be obtained from all necessary sources including, but not limited to income, asset, and expense verification; credit reports; police checks, and title searches.

Buyer

Co-Buyer/Applicant

Date

Date

STATE OF ILLINOIS }
COUNTY OF _____ }

I, the undersigned, a Notary Public in and for said County and State aforesaid, do hereby certify that _____ and _____ personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and Notarial seal this ____ day of _____, 20____

Notary Public