



August 14, 2015

Dear Home Rehabilitation Project Applicant:

Habitat for Humanity for San Luis Obispo County (HFHSLOCO) is an ecumenical Christian organization that brings people together to build homes, communities, and hope. Our motivation is to build communities where everyone has the opportunity to thrive. We believe that no one lives in dignity until everyone can live in dignity. In bringing people together, we practice a philosophy of “a hand up, not a handout,” and build on existing community assets: financial, physical, natural, human, social, and spiritual. We are sending you an application for your home to be considered as a recipient of a Habitat home rehabilitation project. Homeowners selected for the program will enter into a deed-restricted loan at 0% to cover the costs of the repairs undertaken by HFHSLOCO.

To qualify as a Habitat partner family, you must meet the following criteria:

- Income for the family must be between 30% and 80% of the median income for the county.
- Ability to make a loan payment (including taxes and insurance). Your “debt to income” ratio cannot be greater than 43%.
- Provide proof of a reliable source of income.
- Be citizens of the United States OR provide proof of permanent residency status in the United States.
- Must live in San Luis Obispo County.
- Home needing repair must be owner occupied and not a rental unit.
- Contribute 75 Sweat Equity Hours toward the construction on your home or in another manner identified by HFHSLOCO. Family members can contribute to the required sweat equity hours.
- Commit to being Habitat partners and support efforts of the local affiliate.
- Have a need for repairing your home.

As part of the application process, we require each applicant to submit a **nonrefundable \$25 credit report fee** and give us permission to verify employment and other income, checking and savings account balances, obtain confirmation that you own your home (e.g., title report) and are current on your mortgage payments (if you are still paying on your mortgage), do a credit check, and follow-up with your credit and personal references.

If you believe you qualify to be considered as a Habitat partner family, please fill out and return the enclosed application and other forms, and submit them with the additional financial information requested. Submitted applications that are not complete, do not have all the required forms, and/or do not have the financial information will be returned to the applicant for completion. The information included in the application and other documentation will be treated as confidential, and will be used for Habitat family selection purposes only.

Incomplete applications that have been returned to the applicant must be completed and returned. We will inform you of the status of your application as soon as we can. If you have any questions about the application, please call the Habitat office at 805-782-0687 or email us at ceo@hfhsloco.org. Thank you for your interest in HFHSLOCO and our rehab program!



Family Selection Criteria Summary

Qualifying Criteria

- Income for the family must be between 30% and 80% of the median income for the county.
- Ability to make a loan payment (including taxes and insurance). Your “debt to income” ratio cannot be greater than 43%.
- Provide proof of a reliable source of income.
- Be citizens of the United States OR provide proof of permanent residency status in the United States.
- Must live in San Luis Obispo County.
- Home needing repair must be owner occupied and not a rental unit.
- Contribute 75 Sweat Equity Hours toward the construction on your home or in another manner identified by HFHSLOCO. Family members can contribute to the required sweat equity hours.
- Commit to being Habitat partners and support efforts of the local affiliate.
- Have a need for repairing your home.

Household Income Limits for San Luis Obispo County as of April 2015 SLO County Department of Planning and Building Affordable Housing Standards

Persons in Family	30% of Median	80% of Median
1	\$16,185	\$43,200
2	\$18,510	\$49,400
3	\$20,820	\$55,550
4	\$23,130	\$61,700
5	\$24,975	\$66,650
6	\$26,835	\$71,600



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.



Application Instruction Sheet

1. Your application must be complete and accurate to be considered for processing.
2. If possible, complete your application in English (you may be able to have a friend or relative assist you in completing the application) but we will accept applications in Spanish.
3. Your application must include clear, readable copies of the documents listed on the Application Document Checklist.
4. Applications that DO NOT include all requested material will NOT be considered complete. Applicants will be notified that their application will NOT be processed unless the missing documentation is provided before the end of the application acceptance period.
5. Applications may be submitted by MAIL to:

Habitat for Humanity for San Luis Obispo County
P.O. Box 613
San Luis Obispo, CA 93406

Applications can also be HAND DELIVERED to our office at:

189 Cross St.
San Luis Obispo, CA
6. Call 805-782-0687 if you have questions about the application or our family selection process.

Thank you!



Application Document Checklist

IN ORDER TO PROCESS YOUR APPLICATION ALL THE MATERIAL LISTED BELOW MUST BE SUBMITTED WITH YOUR APPLICATION

- \$50 NON-REFUNDABLE processing fee – cash or a check payable to Habitat for Humanity for San Luis Obispo County**
- Copies of 2014 and 2015 Federal Tax Returns (including W-2s) for all adults in the household**
- 2 most recent paystubs for all adults in household**
- Proof of other form of income (unemployment, child support, pension, SSI, SSA, etc.) if applicable**
- A copy of 2 most recent bank account statements**
- A copy of current driver’s license or documentation indicating all adults members of household are permanent legal residents**
- A copy of a recent utility bill**
- A copy of most recent property tax bill and homeowners insurance.**
- A copy of most recent mortgage payment OR copy of deed to property.**
- 3 personal references**

The applicants understand and agree that Habitat for Humanity for San Luis Obispo County will retain the Housing Authority of the City of San Luis Obispo, People’s Self Help, or another qualified entity to conduct income verification for potential buyers of Habitat homes to determine if they qualify as eligible households.

All materials submitted to Habitat for Humanity for San Luis Obispo County will be kept confidential.



Authorization to Release Information

To Whom It May Concern:

1. I/we _____ have applied to Habitat for Humanity for San Luis Obispo County's (HFHSLOCO's) home rehabilitation program. As part of the application process, HFHSLOCO has my/our full authorization to verify all information contained in my/our application and in other documents HFHSLOCO requires in connection with the application. HFHSLOCO may conduct this verification at any point, either before or after the family selection process, for one year from the date written below.
2. I/we authorize you to provide to HFHSLOCO any and all information and documentation that they may lawfully request in order to make a family selection determination. Such information may include, but is not necessarily limited to, employment history and income; bank, money market, and similar account balances; credit history; title report; and copies of income tax returns.
3. A copy of this authorization may be accepted as an original.

Signature

Social Security No.

Date

Signature

Social Security No.

Date



Application for Habitat Housing

Thank you for your interest in Habitat for Humanity and our home rehabilitation program! Please complete this application so we can determine whether you qualify for the program. The application must be filled out as completely and accurately as possible, and submitted with the supporting documentation requested (see application and document list) with the non-refundable processing fee of \$50. If more spaced is needed to complete any part of this application, please use a separate please of paper and attach it to application. Please mark your additional comments with “A” for Applicant and “C: for Co-applicant. **All information you provide will be kept confidential.**

1. APPLICANT INFORMATION			
Applicant’s Name		Co-applicant’s Name	
Social Security Number:		Social Security Number:	
Home Phone No.:		Home Phone No.:	
Cell Phone No.:		Cell Phone No.:	
Age:		Age:	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (e.g.,single, divorced, widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (e.g.,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 applicant)	
Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Address (street, city, state, zip)	Present Address (street, city, state, zip)
Is the home owner occupied? Yes ___ No ___	Is the home owner occupied? Yes ___ No ___
If you are approved for the Habitat home rehabilitation program, how should your name appear on the deed-restricted loan documents?	If you are approved for the Habitat home rehabilitation program, how should your name appear on the deed-restricted loan documents?

2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete 75 sweat equity hours. "Sweat equity" is your help toward the construction on your home or in another manner identified by HFHSLOCO.

	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"/>

3. HOUSING CONDITIONS

Number of Bedrooms (please circle) 1 2 3 4 5

Other rooms in home:

Kitchen Bathroom Living Room Dining Room Other (please describe): _____

Yard size and condition:

Identify areas/items in need of repair:

4. PROPERTY INFORMATION

If you are making mortgage payments what is your monthly mortgage payment? \$ _____/month

What is the unpaid balance on your mortgage? \$ _____

Do you have a home equity loan or second mortgage on the house needing repair? Yes ___ No ___

What is the monthly loan payment? \$ _____ What is the unpaid balance on your loan(s)? \$ _____

Do you own land? Yes No If yes, please describe including location:

Is there a mortgage on the land? Yes No If yes, what is your mortgage payment? \$ _____/month

What is the unpaid balance on your mortgage? \$ _____

5. EMPLOYMENT INFORMATION

APPLICANT	CO-APPLICANT
Name and address of current employer:	Name and address of current employer:
Phone number for employer:	Phone number for employer:
Occupation:	Occupation:
Years on this job: _____	Years on this job: _____
Monthly gross wages: \$ _____/month	Monthly gross wages: \$ _____/month

If Working at Current Job Less Than One Year, Complete the Following Information

Name and address of last employer:	Name and address of last employer:
Phone number for employer:	Phone number for employer:
Occupation:	Occupation:
Years on this job: _____	Years on this job: _____
Monthly gross wages: \$ _____/month	Monthly gross wages: \$ _____/month

6. OTHER MONTHLY INCOME AND COMBINED MONTHLY BILLS

	Applicant	Co-applicant	Others in Household**	Monthly Bills***	Monthly Amount
Base Employment Income*	\$	\$	\$	Mortgage Payment/Home Equity Loan(s)	\$
AFCD/TANF				Utilities/Phone/Internet	
Food Stamps				Credit Card(s)	
Social Security				Health Insurance	
SSI				Car Payments	
Disability				Car Insurance	
Alimony				Food	
Child Support				Student Loans	
Other				Other	

*Self employed applicant(s) may provide additional documentation such as tax returns and financial statements.

** List additional household members over 18 who receive income:

Name	Age	Monthly Wages
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

*** Please attach a copy of last month's bills

7. ASSETS

List Checking and Savings Accounts Below

Applicant		Co-applicant	
Name and address of bank, savings & loan, or credit union:		Name and address of bank, savings & loan, or credit union:	
Account Number:	Balance \$	Account Number:	Balance \$
Name and address of bank, savings & loan, or credit union:		Name and address of bank, savings & loan, or credit union:	

Account Number:			Balance \$			Account Number:			Balance \$		
List Other Assets											
Applicant						Co-applicant					
Do you own a:						Do you own a:					
Car	<input type="checkbox"/> Yes	<input type="checkbox"/> No				Car	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Make and Year:						Make and Year:					
Car (2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No				Car (2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Make and Year:						Make and Year:					
Boat	<input type="checkbox"/> Yes	<input type="checkbox"/> No				Boat	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
8. DEBT											
To Whom Do You and the Co-Applicant Owe Money?											
Car	Monthly Payment	Unpaid Balance	Name and address of Company			Monthly Payment	Unpaid Balance				
	\$	\$				\$	\$				
	Months left to pay:					Months left to pay:					
Credit Card(s)	Monthly Payment	Unpaid Balance	Name and address of Company			Monthly Payment	Unpaid Balance				
	\$	\$				\$	\$				
	Months left to pay:					Months left to pay:					
Other loans	Monthly Payment	Unpaid Balance	Alimony/Child Support			\$	/month				
	\$	\$	Job-related Expenses			\$	/month				
	Months left to pay:		Child care, Union dues, etc.			\$	/month				
Medical	Monthly Payment	Unpaid Balance	Column 2: Subtotal of Payments			\$	/month				
	\$	\$	Column 1: Subtotal of Payments			\$	/month				
	Months left to pay:										
Column 1 Subtotal of Payments	\$ /month		Total Amount of Monthly Payments			\$ /month					
9. DECLARATIONS											
						Applicant			Co-applicant		
Do you have any debt because of a court decision against you?						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you declared bankruptcy within the last 7 years?						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had property foreclosed on in the last 7 years?						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you co-signed on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any unpaid collections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any unpaid judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently involved in a law suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying child support or alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen or a permanent legal resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answering "yes" to these questions does not automatically disqualify you for a Habitat home. If you answered "yes" to any of the above questions, please explain on a separate sheet of paper.		

10. AUTHORIZATION AND RELEASE

I understand that by filing this application I am authorizing Habitat for Humanity for San Luis Obispo County to evaluate my actual need for my home's rehabilitation, my ability to repay the no-interest deed-restricted loan, and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, home ownership verification, debt evaluation, and employment and income 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 if I have been selected to for the home rehabilitation program, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity for San Luis Obispo County even if the application is not approved. The \$50 processing fee is non-refundable even if you are not selected to be a Habitat partner family.

Applicant Signature

Date

Co-applicant Signature

Date

11. 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 deed-restricted loans made to rehabilitate 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 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. Lender must review the above material to ensure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify): _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information. Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify): _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)



Application for Habitat Housing Personal Reference List

Please list below three personal references. Personal references should not include family members.

1. Name:

Address (street, city, state, zip):

Phone:

Email:

2. Name:

Address (street, city, state, zip):

Phone:

Email:

3. Name:

Address (street, city, state, zip):

Phone:

Email: