



Habitat
for Humanity®
of Pueblo

ALL OF THESE MUST BE PRESENT FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

- ☐ **2 years of employment.**
- ☐ **2 years of residency in Pueblo**
- ☐ **Minimum credit score of 620.**
- ☐ **Federal income tax return for 2024 & 2025.**
- ☐ **Self-Employed 1099's. - (P&L six months)- 3 years of taxes**
- ☐ **2024 & 2025 W-2's 1099's.**
- ☐ **3 months of current bank statements - All pages.**
- ☐ **1 month of most current paystubs.**
- ☐ **Copy of ID/Driver license.**
- ☐ **Yearly - Social Security/disability letters**



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):			
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 ten 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 address 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.)

\$ _____

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 the 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 PRINT NAME OF BUSINESS OWNER OR SELF-EMPLOYED INDIVIDUAL

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
					\$
					\$
					\$
					\$
					\$
					\$
					\$

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	
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
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 – Origin: _____ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ☐ Not Hispanic or Latino ☐ I do not wish to provide this information	Ethnicity (check one or more): ☐ Hispanic or Latino ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino – Origin: _____ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ☐ 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 — Name of enrolled or principal tribe: _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — race: _____ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — race: _____ For example: Fijian, Tongan, and so on. ☐ White ☐ I do not wish to provide this information	Race (check one or more): ☐ American Indian or Alaska Native — Name of enrolled or principal tribe: _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — race: _____ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — race: _____ For example: Fijian, Tongan, and so on. ☐ 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 signature	Interviewer's phone number 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 selects "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness or insuring 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: _____

Equal Credit Opportunity Act (ECOA) Notice

The attached ECOA notice should be provided to all applicants with the application for the Habitat homeownership program in order to communicate the right to require certain income information from applicants for the Habitat program.

Purpose and background: Because Habitat for Humanity homeownership and loan programs qualify as Special Purpose Credit Programs under the Equal Credit Opportunity Act, Habitat can request and consider certain information about income that other lenders may not be allowed to request and consider in connection with their loan programs without providing certain disclosures and options for the applicant to decline to provide that information.

Although federal law allows Special Purpose Credit Programs to request and consider this information to determine eligibility for their programs, the law does not explicitly provide an exemption from the disclosure.

Accordingly, in order to avoid any confusion by Habitat applicants about their rights and obligations to provide this information, we recommend that Habitat affiliates provide the customary disclosure together with the explanation for Habitat's right to consider that information in evaluating applications for the Habitat program. Please see the attached sample ECOA notice.

Affiliate instructions: The Habitat affiliate needs to fill in the address for the FTC regional office for the region in which the affiliate is located. To find the appropriate regional office for the FTC, please check the FTC website <http://www.ftc.gov/about-ftc/bureaus-offices/regional-offices>.

Provide two copies of the ECOA notice to the applicant with the application.

Each applicant and co-applicant, if any, should sign and date the ECOA notice to acknowledge receipt, and return the signed copy to Habitat with the written application.

FOR AFFILIATE USE ONLY

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 or 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**

address for region in which the affiliate operates (see instructions for link) 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.

**HABITAT: CONFIRM ALL APPLICANTS ARE REQUIRED BY YOUR POLICY TO PROVIDE THIS INFORMATION AND THEN
DELETE THIS LINE FROM ORIGINAL**

Applicant(s):

X _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____