

Financial Information

Total <u>monthly</u> income before taxes for the <u>homeowner</u> (please make sure income reflects income listed on the documents provided): \$	
Are you still making loan payments on your home? <i>Mark one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have homeowner's insurance? <i>Mark one</i> <i>If yes please provide proof.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
FEMA:	
Have you applied for FEMA Disaster Relief Assistance? <i>Mark one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you awarded FEMA Disaster Relief Assistance? <i>Mark one</i> <i>If yes please state how much \$</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Requested Repairs

Please provide a detailed description of requested repairs. In the left-hand column, label each in order of importance, with 1 being the most important.

Homeowner's Agreement

I understand that by filing this application, I am authorizing GCHFH to evaluate my actual need for home repair assistance, and my willingness to be a partner family. I understand that the evaluation will include personal visits. 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, even if I have already been selected to receive repairs. The original or a copy of this application will be retained by GCHFH even if the application is not approved.

I understand that if I am selected to be a part of Golden Crescent Habitat's ABWK program I will be required to partake in the sweat equity program and will be subject to the terms of a Golden Crescent Habitat for Humanity family partnership. I also understand that if I am selected to be a part of GCHFH's ABWK program I will be required to pay a program fee which must be paid within 60 days of acceptance.

_____ /_____/_____
 Homeowner's Signature Date

4103 N. Navarro St., Suite 200 | Victoria, TX 77901
361.573.2511 | www.goldencrescenthabitat.org

Application Checklist

Please check off each item you've included. If not applicable write N/A.

<input type="checkbox"/>	Completed application
<input type="checkbox"/>	Verification of all homeowner income
<input type="checkbox"/>	Deed of home or other proof of homeownership
<input type="checkbox"/>	Legible copy of government-issued photo ID, showing name, address, date of birth

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 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 assure 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	<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"/> Asian 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)	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"/> Asian 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	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: ____ / ____ / ____	Birthdate: ____ / ____ / ____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	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