

Dear Applicant,

Habitat for Humanity is a housing ministry grounded in Christian values. We are funded by private donations and rely on volunteer labor to fulfill our mission. Our goal is to construct homes alongside families and offer these houses at cost with no interest to individuals who may not have the means to purchase a home otherwise.

Kindly review the following criteria to determine if you have an interest in our mission and whether you meet our basic eligibility requirements:

- I. To qualify, you must demonstrate that your current housing is inadequate. For example, no indoor plumbing, poor heating, leaks in the roof, overcrowding (three or more bedrooms), and unsafe or unsanitary conditions.
- 2. You need to have lived in San Juan County for a year.
- 3. Your total family income should not exceed \$52,100 for a family of four per year which is 80% of the median income for San Juan County.
- 4. With your permission, we will verify employment and other income, verify checking and savings account balances, get a statement from your current and previous landlords, have a credit check done, and ask you for credit references.
- 5. If you are approved for a Habitat home, you will be required to join programs to learn and practice budgeting, home repair, and maintenance. You will also attend Habitat for Humanity homeowners' meetings.
- 6. If approved for a Habitat home, we require that each adult 18 years and older in your family must be willing to work on the house for 200 hours over a six-month period. This is your "sweat equity."
- 7. If approved for a Habitat home, \$500.00 will be needed for a down payment and required to be paid prior to construction beginning on your home. In addition, there will be closing costs of one percent of the anticipated home sale price, projected to be about \$1,500.00.
- 8. If you are approved for a home and meet the sweat-equity and down payment requirements, we will sell you a home at cost. Habitat house payments include taxes and insurance and will cost* approximately \$650 to \$700 a month. The house payments will be used by Habitat to build more houses with other families. This requires that you make these payments on time.



If you are interested in Habitat and if you believe you qualify for a home according to the above guidelines, we encourage you to fill out an application.

If there are questions, please call 505-258-9273, and one of our Selection Committee will get back to you as soon as possible.

All information is confidential and will be used only for family selection. The application process takes between two weeks and three months.

Sincerely,

Tura Hayes, Chair of the Selection Committee

* The stated cost of this home is an estimate. The actual cost may vary.



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.

A credit report is needed for each applicant. Please attach \$10.00 to this document and fill it out completely so that we may obtain a credit report for you.

(Please Print Clearly and Date after you sign)

REQUEST FOR PERSONAL CONSUMER REPORT

| Ι, | , hereby authorize and ins | truct Tres Rios Habitat for Humanity |
|------------------------------------|---------------------------------------|--|
| Farmington, NM to access my co | nsumer credit information. | |
| Name: | SS | t: |
| Address | | |
| Address(Street) | (City) | (State, Zip) |
| How long have you lived at this a | | |
| If less than 1 year, please provid | e the previous address below: | |
| Address | | |
| (Street) | (City) | (State, Zip) |
| | Home Phone: | |
| Employer Employer's Address (s | | |
| Frankland | Date of bii | th |
| Employer: | Employer's ad | aress |
| Picture Identification Presented | I | |
| | ncy under false pretenses shall be fi | obtains information on a consumer ned under Title 18, United States |
| Signed: | Г | Date: |



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.

| | t: Please complete this applicatio | | | nity homeownership program truthfully, completely and accurately. ance with our privacy policy. | | | |
|---|--|--|---------|--|--|--|--|
| Type of credit | be 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. AP | PLICANT | INFORMATION | | | |
| | Applicant | | | Co-applicant | | | |
| Applicant's na | me: | | | 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) | | | |
| | Separated Unmarried (single, | | | ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union | | | |
| *************************************** | o, registered reciprocal beneficiary relations | hip) (Fill out Section | on 14.) | domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.) | | | |
| Dependents and Name | d others who will live with you: Age | Male | Female | Dependents and others who will live with you (not listed by co-applicant): Name Age Male Female | | | |
| | | | | | | | |
| | | | | | | | |
| | | □ | | | | | |
| *************************************** | | | | | | | |
| | | | | | | | |
| Present address | (street, city, state, ZIP code): | Own ☐ Rent | | Present address (street, city, state, ZIP code): ☐ Own ☐ Rent | | | |
| Number of vegra | 8: | | | Number of committee | | | |
| | | | | Number of years: | | | |
| | | | | omplete the following, for all addresses during the past two years: | | | |
| Previous addres | s(es) (street, city, state, ZIP code): | LI Own LI | Rent | Previous address(es) (street, city, state, ZIP code): Own Rent | | | |
| Number of years | · | | | Number of years: | | | |
| | FOR OF | FICE USE ON | ILY — D | O NOT WRITE IN THIS SPACE | | | |
| Date received: | | | | Date of selection committee approval: | | | |
| Date of notice of | f incomplete application letter: | | | Date of board approval: | | | |

| 1B. MILITAR | Y SERVICE | | | | | | |
|---|--|--|--|--|--|--|--|
| Did you (or your deceased spouse) serve, or are you currently serving, in the Ui (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or N | | | | | | | |
| If yes, check all that apply: | | | | | | | |
| ☐ Currently serving on active duty with projected expiration date of service | e/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☐ Currently retired, discharged, or separated from service | e/tour/ (mm/dd/yyyy) | | | | | | |
| Only period of service was as a non-activated member of the Reserve | or National Guard | | | | | | |
| | | | | | | | |
| WILLINGNESS To be considered for the Habitat homeownership program, you and your | I AM WILLING TO COMPLETE THE REQUIRED | | | | | | |
| household members must be willing to complete a certain number of "sweat- | SWEAT-EQUITY HOURS: | | | | | | |
| equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other | Yes No Applicant □ □ | | | | | | |
| approved activities. | Co-applicant | | | | | | |
| | | | | | | | |
| 3. PRESENT HOUS | ING 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: | ☐ 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 ham? | | | | | | |
| The space below, describe the contained of the house of apartment where | you live. Willy do you need a Habitat home? | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| If you rent your current residence, please supply a copy of yo | ur loses and a convert the most vecent manay evilor reseint | | | | | | |
| bank statement or canceled rent | 그리면 없는데 보면 하면 그렇게 있다. 나라는 그리다는 아니라 나를 생각하면 하는데 나를 내려면 하면 사람들이 되었다. 그리다는데 하는데 그렇게 하는데 | | | | | | |
| Name, address and phone number of current landlord: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 PPODEDTY I | NEODMATION | | | | | | |
| 4. PROPERTY I ☐ I do not own any real estate (move to Section 5). | VECKNIATION | | | | | | |
| If you own your residence, what is your monthly mortgage payment (including insurance, etc.)? | | | | | | | |
| \$/month Unpaid balance \$ | Monthly payment (including taxes, insurance, etc.) \$ | | | | | | |
| If you wish your property to be considered for building your Habitat home, pleas | | | | | | | |
| Note: A separate approval process will apply with respect to any such requests, through the Habitat program. | as each parcel of land is unique and may not be suitable for building on | | | | | | |

| | 5. EMPLOYMEN | IT INFORMATION | | | |
|---|------------------------------|---|-----------------------|---|--|
| Applicant | | Co | -applicant | - B. | |
| ☐ Does not appl | y. | ם ם | oes not apply | y. | |
| Name and address of CURRENT employer: | Start date (mm/dd/yyyy): | Name and address of CURRENT employer: Start | | Start date (mm/dd/yyyy): | |
| | Annual (gross) wages: | | | Annual (gross) wages: \$ | |
| Type of business: | Business phone: | Type of business: | | Business phone: | |
| If working a | at current job less than one | year, complete the following infor | nation. | | |
| Name and address of PREVIOUS employer: | Years on this job: | | | Years on this job: | |
| | Annual (gross) wages: | | | Annual (gross) wages: | |
| Type of business: | Business phone: | Type of business: Business pho | | Business phone: | |
| ☐ Check if you are the business owner or a ☐ I have an ownership share of less that Monthly income (or loss) \$ | • • | ownership share of 25% or more. | applicants additional | NOTE: Self-employed will be required to provide documents such as tax d financial statements. | |

| 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 | \$ | S | \$ | \$ | |

| HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE | | | | | | |
|--|--|---------------|--|--|--|--|
| Income source | Monthly income | Date of birth | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | AND NO. 1. THE STATE OF THE STA | T | | | | |

| 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/ value/vested amount (if applicable) |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

| 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 | Months left to pay |
| Auto Ioan | \$ | \$ | | \$ | \$ | |
| 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 | Total |
| 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 | | ou and the co-applicant. | Applicant | Co-applicant |
| a. Are there any outstanding judgments because of a court d | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| b. Have you declared bankruptcy within the past seven years If YES, identify the type(s) of bankruptcy: Chapter 7 | s? ☐ Chapter 11 ☐ Chapte | r 12 | ☐ Yes ☐ No | ☐ Yes ☐ No |
| c. Have you had any property foreclosed upon in the past se | ven years? | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| d. Are you party to a lawsuit in which you potentially have an | y personal financial liability? | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| e. Have you conveyed title to any property in lieu of foreclosu the lender agreed to accept less than the outstanding mor | | | ☐ 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 | s not disclosed on this applicatio | n? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| h. Are you a U.S. citizen or permanent resident? | | | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 11. AUTHO | PRIZATION, AGREEMENT A | | ership program, m | v ability to repay an |
| affordable loan and other expenses of homeownership, and my wi | llingness to be a partner through s | weat equity and otherwise acco | rding to Habitat for | Humanity policy. |
| I understand that the evaluation will include personal visits, a cred application truthfully and accurately, and if any of the information punderstand that if I have not answered the questions truthfully, accompleteness, my application may be denied, and that even if I have any rights or claims to a Habitat home. The original or a copy of the | provided changes after I submit this curately or completely, or fail to sup ave already been selected to recein his application will be retained by H | s application, I will supplement pplement this application as ne ve a Habitat home, I may be di labitat for Humanity even if the | this application, as cessary to maintai squalified from the application is not a | applicable. I n its accuracy and program and forfeit pproved. |
| If this application is created as (or converted into) an "electron are defined in and governed by applicable federal and/or state electronic signature or (b) a written signature and agree that if be an electronic record, and the representation of my written s | e electronic transaction laws. I int a paper version of this application | tend to sign and have signed on is converted into an electro | this application ei | ther using my: (a) |
| I also understand that Habitat for Humanity screens all applica inquiry. I further understand that by completing this application | ints on the sex offender registry. i, I am submitting myself to a crir | By completing this applicatio minal background check. | n, I am submitting | myself to such an |
| Applicant signature Dat X | | elicant signature | | ate |
| PLEASE NOTE: If more space is needed to complete any application. Please mark your additional comments with "A | part of this application, please | use a separate sheet of par plicant. | per and attach it t | o this |
| 12. RIGH | IT TO RECEIVE COPY OF A | APPRAISAL | | |
| This is to notify you that if you qualify for the homeownership power value of a home that you may be eligible to purchase, and we copy to you, even if the loan does not close. | program and complete the program and complete the programay charge you for this appraisa | am requirements, we may ord al. Upon completion of the ap | er an appraisal to praisal, we will pro | determine the omptly provide a |
| Applicant's name | Co annlican | d'a nama | | |

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 Cul Other Hispanic or Latino — Origin: For example: Argentinean, Colombian, Do 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: | provide this information | Sex: □ Female □ Male □ I do not wish to provide this information | | |
| Race (check one or more): | | Race (check one or more): | | |
| ☐ American Indian or Alaska Native — Name of enrolled or principal tribe: | | ☐ American Indian or Alaska Native — Name of enrolled or principal tribe: | | |
| □ Japanese □ Korean □ Vietnamese □ Japanese □ Other Asian — race: For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. □ Other Asian — race: For example: Hmong, □ Black or African American □ Black or African American □ Native Hawaiian or Other □ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander □ Other Pacific Islander | | ☐ Asian Indian ☐ Chinese ☐ Japanese ☐ Korean ☐ Other Asian — race: For example: Hmong, Laotian, The ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islan ☐ Native Hawaiian ☐ Guamania ☐ Other Pacific Islander — race: For example: Fijian, Tongan, and so | Korean | |
| ☐ I do not wish to provide this information | | ☐ I do not wish to provide this information | | |
| To b Was the ethnicity of the Borrower collected on the b Was the sex of the Borrower collected on the b Was the race of the Borrower collected on the b | the basis of visual observation or su | mame? ☐ Yes ☐ No | | |
| This application was taken by: | Interviewer's name (print or ty | rpe) | Interviewer's phone number | |
| ☐ Face-to-face interview (included electronic media w/video component) ☐ By mail ☐ By telephone | | | 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 selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring 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? |
| 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: