

Re: Home Repair Program Application

Dear Applicant,

Thank you for your interest in the Blount County Habitat for Humanity (Habitat) Home Repair Program. This packet contains the Home Repair application, supplemental forms, and supporting documentation checklist requested. If you have questions regarding any of the forms included, you may call 865-982-8717 to schedule application assistance during regular office hours Monday-Friday, 8:30 am until 4:30 pm EST.

Completed applications are considered on a **FIRST QUALIFIED**, **FIRST SERVED** basis, so providing required documentation in a timely manner is important. All supporting documentation related to you must be submitted to complete your application. Please, reference the Application Checklist included for required documents.

Any household member over 18 years old must complete the "Additional Household Member Authorization" form. This is required for Habitat to complete the required background check and sex offender registry check for adult household members.

Once submitted, your application must be completed within 30 days. Incomplete applications may be closed at 30 days, and you must reapply for further consideration.

Completed applications and supporting documents, along with the **\$25 application fee (check or money order - NO CASH)**, may be submitted to Habitat by any of the following methods:

- Mail or deliver to our office located at 1017 Hampshire Drive, Maryville, TN 37801
  - Please call to schedule all in-person application submissions, 865-982-8717 option 4
- Fax to 865-982-3895 attention: Tiffany Kaun
- Email to tiffany@blounthabitat.org

There is no guarantee you will qualify for the program or one of the funding products.

# All homeowners or homeowner's representative in the Home Repair Program are required to contribute 8 hours of sweat equity. (Reasonable modifications will be made for participants with a disability.)

Please read and complete each form carefully. Please submit all of your supporting documentation. Misinformation or missing information may lead to program disqualification.

Again, thank you for your interest in the Habitat Home Repair Program.

Best Regards,

Tiffany Kaun Interim Home Repair Program Coordinator



# Things You Need to Know Home Repair Program (HRP)



### Program Qualifications\*

- 1. <u>Need for housing repairs</u> that address health, safety, and mobility issues.
- 2. A <u>willingness to partner</u> with Habitat through application completion, sweat equity, and program compliance
- 3. <u>Ability to pay</u> by qualifying for one of the available financial products below
- 4. Additional qualifications:
  - a. Home located in Blount County
  - b. Legal resident of the United States
  - c. Household income up to 60% or 80% area median income (based on funding)
  - d. Proof of homeownership
  - e. The home is your primary residence not a secondary home
  - f. A criminal background check, including a sex-offender registry check is performed for all household members 18 years of age and older
  - g. Homeowner or representative completes 8 hours of sweat equity\*\*

#### **Funding Qualifications**\*

- 1. USDA 504 Grant and/or Loan Program
  - Household income limits apply
  - Grants are forgiven in 3 years
  - Loans require 620 median credit score (non-traditional credit history may be acceptable)
  - Loans have an affordable repayment of 20 years
  - Primary residence owner occupied
  - Property tax payments must be current
  - **Excludes** property located in Maryville City
- 2. THDA Emergency Repair Grant Program
  - Household income limits apply
  - Minimum 3 years as primary residence, owner occupied
  - Must be at least 60 years of age OR an individual with a disability
  - Property tax payments must be current
- 3. FHLB Carol M. Peterson Housing Fund
  - Household income limits apply
  - Household occupant must be **at least 60 years** of age or an individual with a special need **(as defined by CMPHF guidelines)**
  - Primary residence owner occupied
- 4. HUD Veterans Housing Rehabilitation and Modification Pilot Program
  - Household income limits apply
  - Primary residence of eligible disabled veteran
  - Veteran of Active Duty with discharge status other than dishonorable
  - No previous VA funding from programs under Chapter 21 of Title 38



\*Additional qualifications apply and are assessed in the Home Repair Program application process. \*\*Reasonable modifications will be made for participants with a disability

# Things You Need to Know Home Repair Program (HRP)



- 5. Pinnacle FAHE Loan Fund
  - Household income limits apply
  - 620 median credit score
  - Affordable repayment period up to 20 years
  - Primary residence owner occupied
  - Property tax payments must be current
  - Homeowners insurance is required
  - Closing costs may be financed
- 6. Habitat Critical Home Repair Grant
  - Household income limits apply
  - Primary residence owner occupied
  - Property tax payments must be current



\*Additional qualifications apply and are assessed in the Home Repair Program application process. \*\*Reasonable modifications will be made for participants with a disability



Habitat for Humanity 1017 Hampshire Drive Maryville, TN 37801 865-982-8717



We are pledged to the letter and spirit of U.S. policy for achievement of equal housing opportunity. We encourage and support an affirmative advertising and marketing pro- gram in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

# Application Checklist Home Repair Program

Include copies of the following documents with your application. Check the "N/A" box (Not Applicable) for each item that does not relate to you. Your application is not complete until receive all of your documents.

	Application Fee: \$25 check or money order. <b>NO CASH</b> .	□n/A
	Authorization to Release Information- 18 years and older in household	<b>□</b> N/A
	Valid State Issued ID AND Social Security Card for photocopying (in color)	□n/a
	Income tax statements, W2s, 1099s and all schedules for the past 2 years (signed)	□n/a
	Current Year Profit-and-Loss statement if self-employed- All household	□n/a
	6 most recent consecutive pay-statements for ALL household employment	□n/a
□ acc	<b>2</b> most recent consecutive monthly statements for <b>ALL household</b> financial counts- bank, retirement, investment, etc.	□n/a
	Proof of life insurance- including current cash value	□n/a
	Divorce Documents- Most Recent	□n/a
	Alimony Payment Forms- All household- Most Recent	□n/a
	Current Child Support Order AND Payment History Forms	□n/a
	Pension Payment Forms- All household- Most Recent	□n/a
	Disability Benefit/Payment Forms- All household- Most Recent	□n/a
	SSI Benefit/Payment Forms- All household- Most Recent	□n/a
	Social Security Benefit/Payment Forms- All household- Most Recent	□n/a
	Warranty Deed, Quitclaim Deed, Title, or other proof of ownership of property	□n/a
	Proof all property taxes are paid- City and County	□n/a
	Copy of Power of Attorney	□n/A
	Mortgage Statement- Most Recent	□n/a
Apr	plicant's Name Co-applicant's Name	

### YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT THE REQUIRED SUPPORTING DOCUMENTS.



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# plication Home Repair Program

Instructions: You must complete this application to see if you qualify for the Home Repair Program. **Cross out** any section that does not apply to you. Follow the checklist attached. All information is kept confidential. 1. APPLICANT INFORMATION

Applicant's Legal Name:	Veteran: □Yes or □No	Co-Applicant's Legal Name:	Veteran: $\Box$ Yes or $\Box$ No
Date of Birth:	Social Security #:	Date of Birth:	Social Security #:
Home Address: (Street, City	y, State, Zip Code)		
Email Address:	Home/Cell Phone:	Email Address:	Home/Cell Phone:
☐ Married ☐ Separate	d 🗌 Unmarried (divorced, etc.)		ited 🗌 Unmarried (divorced, etc.)
Name	18 must complete the Additional Relation		Date of Birth
List anyone with your pern	nission to speak with Habitat abo	out your Home Repair applicatior	ı for you:
I currently: Own a home and Ian Own home, rent Iand Name on Deed:		I live in a : House Trailer Manufactured Ho	
Date Received:	2. FOR OFFICE USE OF	AMI % Year	
More Information Request			
	d:		
	Blount County		
□ Accepted □ Denied			

Asistencia lingüística gr	atuita y servicios (	de traducción disponibles cuando sea necesa	irio.
	3. Willingne	ess to Partner	
equity requirements may include working	g on your home r allowing Habitat	be willing to complete 8 hours of "sweat e repair with volunteers, participating in clea to use your utilities during the project. Rea ty.	nup, clearing
I AM WILLING TO COMPLETE THE REQUIR	RED SWEAT EQUI	<u>TY:</u> Applicant 🗌 Yes 🗌 No	
		Co-Applicant 🗆 Yes 🛛 No	
If you are unable to do sweat equity, nam	ne a representati	ve to work for you.	
4.	PRESENT HOU	SING CONDITIONS	
Please describe problem areas in your hor	ne. This does not	guarantee the work will be done by Habit	at.
Have you filed an homeowners insurance	claim that includ	es any of the repairs listed above?	🗆 No
	5. ADDITI	ONAL NEEDS	
Is the homeowner disabled? $\Box$ Yes $\Box$ N		ONAL NEEDS	
	lo	ONAL NEEDS ne (SSI) or Social Security Disability Insuran	ce lncome
Does anyone in the house get Supplement (SSDI)?   Yes  No	<b>lo</b> tal Security Incon	ne (SSI) or Social Security Disability Insuran	
Does anyone in the house get Supplement (SSDI)?   Yes  No	<b>lo</b> tal Security Incon		
Does anyone in the house get Supplement (SSDI)?	lo tal Security Incon DNo If Yes, p	ne (SSI) or Social Security Disability Insuran provide the power of attorney name and pl <b>Phone:</b>	
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Does anyone in the house get Supplement (SSDI)?	lo tal Security Incon DNo If Yes, p 6. EMPLOYMEN	ne (SSI) or Social Security Disability Insuran provide the power of attorney name and pl Phone: T INFORMATION Co-applicant Name & Address of Current Employer	none number:
Does anyone in the house get Supplement (SSDI)?   Yes   No Do you have a Power of Attorney?  Yes Name:	lo tal Security Incon Do If Yes, p 6. EMPLOYMEN	ne (SSI) or Social Security Disability Insuran provide the power of attorney name and pl Phone: T INFORMATION Co-applicant Name & Address of Current Employer Job Title: Company Phone Number:	none number:
Does anyone in the house get Supplement (SSDI)?   Yes   No Do you have a Power of Attorney?  Yes Name:	lo tal Security Incon Do If Yes, p 5. EMIPLOYMEN Job Start Date	ne (SSI) or Social Security Disability Insuran provide the power of attorney name and pl Phone: T INFORMATION T INFORMATION Name & Address of Current Employer Name & Address of Current Employer Job Title: Company Phone Number: urrent job less than 2 years	one number:
Does anyone in the house get Supplement (SSDI)?   Yes   No Do you have a Power of Attorney?  Yes Name:	lo tal Security Incon Do If Yes, p 5. EMIPLOYMEN Job Start Date	ne (SSI) or Social Security Disability Insuran provide the power of attorney name and pl Phone: T INFORMATION Co-applicant Name & Address of Current Employer Job Title: Company Phone Number:	none number:
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Asistencia iniguistica gratuita	y servicios de traducción dis	pollibles cualido sea necesario.

Gross Monthly Income       Applicant       Co-Applicant       3. Others in House       Monthly Bills       Monthly Amount         Employment income       \$       \$       \$       Mortgage       Imployment income       \$       \$       \$       Mortgage       Imployment income       \$       \$       \$       Mortgage       Imployment income       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$			7. MONTHL	Y INCOME AND BILL	.S			
TANF       \$       \$       \$       Utilities         Food Stamps       \$       \$       \$       Car Payments         Social Security       \$       \$       \$       Other:         SSI       \$       \$       \$       \$         Disability       \$       \$       \$       \$         Sissibility       \$       \$       \$       \$         Disability       \$       \$       \$       \$         Sissibility       \$       \$       \$       \$         Child Support       \$       \$       \$       \$         Child Support       \$       \$       \$       \$         Child Support       \$       \$       \$       \$         Other:       \$       \$       \$       \$         I.st Bit All Other household members who receive income:       Name       Age       Monthly Income         members must give us a current year	Gross Monthly Income	Applicant	Co-Applicant	3. Others in House	Monthly Bills		Monthly An	nount
Food Stamps       \$       \$       \$       Car Payments         Social Security       \$       \$       \$       Other:         SSI       \$       \$       \$       \$         Disability       \$       \$       \$       \$         Alimony       \$       \$       \$       \$         Alimony       \$       \$       \$       \$         Child Support       \$       \$       \$       \$         Other:       \$       \$       \$       \$         Other:       \$       \$       \$       \$         I. Self-employed applicant(s)/household members who receive income: numbers must give us a current year profit-and-loss statement.       Name       Age       Monthly Income         provide proof of all household income with this application.       \$	Employment Income	\$	\$	\$	Mortgage			
Social Security \$   Social Security \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$   \$ \$ <tr< td=""><td>TANF</td><td>\$</td><td>\$</td><td>\$</td><td>Utilities</td><td></td><td></td><td></td></tr<>	TANF	\$	\$	\$	Utilities			
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Alimony       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$ </td <td>SSI</td> <td>\$</td> <td>\$</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td>	SSI	\$	\$	\$				
Child Support \$ \$   Child Support \$ \$   Other: \$ \$   S \$ \$   1. Self-employed applicant(s)/household members who receive income: Name   Name Age   Mathematical	Disability	\$	\$	\$				
Other:       \$       \$       \$         Other:       \$       \$       \$         1. Self-employed applicant(s)/household members must give us a current year profit-and-loss statement.       Age       Monthly Income         2. Provide proof of all household income with this application.       \$       \$       \$         8. ASSETS       Does anyone in your home have life insurance?       Yes       No         List all companies you have life insurance with:       You must give us proof of life insurance including current cash value.       Does anyone in your home have a bank account?       Yes       No         List all banks with an account:	Alimony	\$	\$	\$				
Other:       \$       \$       \$         1. Self-employed applicant(s)/household members must give us a current year profit-and-loss statement.       3. List ALL other household members who receive income:         2. Provide proof of all household income with this application.       \$       \$         8. ASSETS       \$       \$         Does anyone in your home have life insurance?       Yes       No         List all companies you have life insurance with:       You must give us proof of life insurance including current cash value.         Does anyone in your home have a bank account?       Yes       No         List all banks with an account:	Child Support	\$	\$	\$				
I. Self-employed applicant(s)/household members must give us a current year profit-and-loss statement.       3. List ALL other household members who receive income: Name       Age       Monthly Income         2. Provide proof of all household income with this application.       \$	Other:	\$	\$	\$				
1. Self-employed applicant(s)/household members must give us a current year profit-and-loss statement.       Name       Age       Monthly Income         2. Provide proof of all household income with this application.       \$       \$       \$         8. ASSETS       Does anyone in your home have life insurance?       Yes       No         List all companies you have life insurance with:	Other:	\$	\$	\$				
Does anyone in your home have a retirement account or investment account? Yes No   You must give us the 2 most recent statements for each account (at least 60 days).   Did you sell any assets in the last year? Yes No   Automobile/Motorcycle (#1) Image: Ima	<ul> <li>profit-and-loss state</li> <li>2. Provide proof of all with this application</li> <li>Does anyone in your ho</li> <li>List all companies you h</li> <li>You must give us proof</li> <li>Does anyone in your ho</li> </ul>	ement. household inco n. me have life insuran ave life insuran of life insuranc me have a bank	ome 8 urance?  Yes ce with: e including curr account?  Ye	rent cash value.			\$ \$	
Explain:       Automobile/Motorcycle (#1)       □         Make and Year:	Does anyone in your ho	me have a retire	ement account o	or investment accou	nt? 🗆 Yes 🗆 No	0		
Explain:       Automobile/Motorcycle (#1)       □         Make and Year:	Did you sell any assets i	n the last year?	🗆 Yes 🗖 No	Do you own a:			Yes	No
	Explain:	-		-				
				-				

	9. DECLARATIONS						
Che	Check the box that best answers the follow questions. Applicant						int
			Yes	No		Yes	No
Α.	Do you have any debt because of a court decision against you?	Α.			Α.		
В.	Have you declared bankruptcy within the past 7 years?	В.			В.		
C.	Have you directly or indirectly been obligated on any loan that resulted in foreclosure transfer of title in lieu of foreclosure, or judgement in the last 7 years? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured or mobile home loans, any mortgage, financial obligation, bond, or loan guarantee). If "Yes" provide details, including date, name, and address of lender, FHA or V.A. case number, if any, and reasons for the action.	C.			C.		
D.	Are you currently delinquent or in default on any other loan mortgage, financial obligation, bond, or loan guarantee? If "Yes" give details as designed in question C above.	D.			D.		
Ε.	Have you co-signed a loan?	E.			E.		
F.	Are you currently involved in a lawsuit?	F.			F.		
G.	Are you obligated to pay alimony, child support, or separate maintenance payments?	G.			G.		
н.	Do you occupy the property as your primary residence?	Н.			Н.		
Ι.	Do you have an ownership interest in any other real property including but not limited to land or another home? If "Yes", provide a letter of explanation including the property address.	Ι.			I.		
J.	Are you a U.S. citizen or legal resident?	J.			J.		
К.	Have you had Habitat home repair work done on your home in the past? If "Yes", list dates and work completed:	К.			К.		
L.	Do you have a home business?	L.			L.		

#### **10. AUTHORIZATION**

I understand that by completing this application, I am authorizing Blount County Habitat for Humanity to evaluate my need for repairs and/or modification made to my residence. I understand by completing this application and signing I am giving permission for HABITAT to request a credit report. I further understand and am giving permission for Habitat to verify any information contained in this application. 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not pre-approved.

I also understand that Blount County Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and home repair and homeownership program applicants against the sex offender registry, and with a criminal background check. I understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. Additional household members 18 years of age or older who are not an applicant or co-applicant must execute a separate permission form.

xx	Applicant Signature	Date	Co-Applicant Signature	Date
	x		x	

#### APPLICATION ADDENDUM

**Please Note:** Use this page if you need more space to complete any part of this application. If you need more space please attach a sheet of paper to this application. Please mark your comments with **"A"** for Applicant and **"C"** for Co-applicant.

#### Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

#### Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. 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.

Ethnicity: Check one or more	Race: Check one or more
Hispanic or Latino	American Indian or Alaska Native - Print name of enrolled
Mexican Puerto Rican Cuban	or principal tribe:
Other Hispanic or Latino - Print origin:	Asian
	Asian Indian Chinese Filipino
For example: Argentinean, Colombian, Dominican,	Japanese Korean Vietnamese
Nicaraguan, Salvadoran, Spaniard, and so on.	Other Asian - Print race:
Not Hispanic or Latino	For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
I do not wish to provide this information	Black or African American
Sex	Native Hawaiian or Other Pacific Islander
Female	Native Hawaiian Guamanian or Chamorro Samoan
	Other Pacific Islander - Print race:
$\Box$ I do not wish to provide this information	
	For example: Fijian, Tongan, and so on.
	White
	I do not wish to provide this information
To Be Completed by Financial Institution (for application taken in p	verson):
Was the ethnicity of the Borrower collected on the basis of visual observ	ration or surname? ONO OYES
Was the sex of the Borrower collected on the basis of visual observation	or surname? ONO OYES
Was the race of the Borrower collected on the basis of visual observatio	n or surname? O NO O YES
The Demographic Information was provided through:	
O Face-to-Face Interview (includes Electronic Media w/ Video Comp	onent) O Telephone Interview O Fax or Mail O Email or Internet

#### Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

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Ethnicity: Check one or more	Race: Check one or more
Hispanic or Latino	American Indian or Alaska Native - Print name of enrolled
Mexican Puerto Rican Cuban	or principal tribe:
Other Hispanic or Latino - Print origin:	Asian
	Asian Indian Chinese Filipino
For example: Argentinean, Colombian, Dominican,	Japanese Korean Vietnamese
Nicaraguan, Salvadoran, Spaniard, and so on.	Other Asian - Print race:
Not Hispanic or Latino	For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
I do not wish to provide this information	Black or African American
Sex	Native Hawaiian or Other Pacific Islander
Female	Native Hawaiian Guamanian or Chamorro Samoan
	Other Pacific Islander - Print race:
I do not wish to provide this information	
	For example: Fijian, Tongan, and so on.
	White
	I do not wish to provide this information
To Be Completed by Financial Institution (for application taken in p	erson):
Was the ethnicity of the Borrower collected on the basis of visual observ	ation or surname? ONO OYES
Was the sex of the Borrower collected on the basis of visual observation	or surname? ONO OYES
Was the race of the Borrower collected on the basis of visual observatio	n or surname? O NO O YES
The Demographic Information was provided through:	
O Face-to-Face Interview (includes Electronic Media w/ Video Comp	onent) O Telephone Interview O Fax or Mail O Email or Internet

#### **Additional Household Member Authorization**

I understand someone within my household has applied for the Blount County Habitat for Humanity Home Repair Program.

I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and home repair and homeownership program applicants on the sex offender registry. I further understand it is a requirement of the program that all household members 18 years of age and older submit to sex offender registry screening.

I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and home repair and homeownership program applicants with a criminal background check. I further understand it is a requirement of the program that all household members 18 years of age and older submit to a criminal background check.

I understand that by completing this form, I am submitting myself, as a household member of an applicant, to a sex offender registry check and criminal background check.

Household Member Full Legal N	lame– Print:		
Birthdate (MM/DD/YY):			
Household Member Signature:		Date	

#### ADDITIONAL COMMENTS

#### WHAT DOES BLOUNT COUNTY HABITAT FOR HUMANITY DO WITH YOUR PERSONAL FACTS **INFORMATION?** Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. What? The types of personal information we collect and share depend on the product or service you have with us. This information can include: Social Security number and income account balances and payment history credit history and credit scores When you are no longer our customer, we continue to share your information as described in this notice. All financial companies need to share customers' personal information to run their everyday business. In the How? section below, we list the reasons financial companies can share their customers' personal information; the reasons Blount County Habitat for Humanity chooses to share; and whether you can limit this sharing. For our everyday business purposes such as to process your transactions, maintain Yes No your account(s), respond to court orders and legal investigations, or report to credit bureaus For our marketing purposes -No We don't share to offer our products and services to you For joint marketing with other financial companies We don't share No For our affiliates' everyday business purposes -We don't share No information about your transactions and experiences For our affiliates' everyday business purposes -No We don't share information about your creditworthiness For nonaffiliates to market to you No We don't share

## Questions? Call (865) 982-8717

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What we do	
How does Blount County Habitat for Humanity protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Blount County Habitat for Humanity collect my personal information?	<ul> <li>We collect your personal information, for example, when you</li> <li>apply for a loan or give us your income information</li> <li>give us your employment history or give us your contact information</li> <li>show your driver's license</li> <li>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</li> </ul>
Why can't I limit all sharing?	<ul> <li>Federal law gives you the right to limit only</li> <li>sharing for affiliates' everyday business purposes - information about your creditworthiness</li> <li>affiliates from using your information to market to you</li> <li>sharing for nonaffiliates to market to you</li> <li>State laws and individual companies may give you additional rights to limit sharing.</li> <li>See below for more on your rights under state law.</li> </ul>
Definitions	
Affiliates	<ul> <li>Companies related by common ownership or control. They can be financial and nonfinancial companies.</li> <li>Blount County Habitat for Humanity has no affiliates</li> </ul>
Nonaffiliates	<ul> <li>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</li> <li>THDA, FAHE, Inc., USDA, Blount Title Agency, Tennessee Valley Appraisers, Sloan Real Estate Solutions, Grant Providers including but not limited to FHLB, HTF, and HOME.</li> </ul>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul> <li>Blount County Habitat for Humanity doesn't jointly market</li> </ul>
Other important informa	tion
	r dedication to protecting your privacy. If you have questions concerning our Notice, you may call anity at 865-982-8717 between the hours of 8:30 a.m. and 4:30 p.m., EST, Monday through

Blount County Habitat for Humanity at 865-982-8717 between the hours of 8:30 a.m. and 4:30 p.m., EST, Monday through Friday.

By signing below I (we) acknowledge receiving a copy of this disclosure.

X		X	
Borrower	Date	Borrower	Date



# 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, 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 (FTC), with offices at: FTC Regional Office for the Southeast region, Suite 1500, 225 Peachtree St. NE, Atlanta, GA 30303 <a href="https://www.ftc.gov/about-ftc/bureaus-offices/southeast-region">https://www.ftc.gov/about-ftc/bureaus-offices/southeast-region</a> 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.

Applicant(s):

Sign;	Sign:
Print Name:	Print Name:
Date:	Date:

**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, 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 Southeast Region, Federal Trade Commission, Suite 1500, 225 Peachtree Street, NE Atlanta, GA 30303] or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.



We are pledged to the letter and spirit of U.S. policy for achievement of equal housing opportunity. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing regarding race, color, national origin, religion, sex, familial status, marital status, income from public assistance, handicap or because a right was exercised under the Consumer Credit Protection Act.



# We Do Business in Accordance With the Federal Fair Housing Law

**OPPORTUNITY** 

(The Fair Housing Amendments Act of 1988)

# It is illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

In the sale or rental of housing or residential lots
In advertising the sale or rental of housing
In the appraisal of housing
In the financing of housing
Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination: 1-800-669-9777 (Toll Free) 1-800-927-9275 (TTY) www.hud.gov/fairhousing

U.S. Department of Housing and Urban Development Assistant Secretary for Fair Housing and Equal Opportunity Washington, D.C. 20410