Building strength, stability, and self-reliance through shelter.



Mary G. Lamond • Director of Family Services • 770-886-4939 • mlamond@habitat-ncg.org

Dear Applicant:

Habitat for Humanity-NCG is a Christian housing ministry financed through private donations utilizing volunteer labor. Our mission is to build or repair homes with families who could not otherwise afford to do so.

The Application must be completed in its' entirety. Incomplete applications will delay the evaluation process and may lead to the application not being considered. You will need to complete the Application Checklist as well. This document lists all of the items you MUST include with your application in order to be complete Please note that each item on this list must be provided for both the Applicant **AND** the Co-Applicant (if applicable).

The application must be <u>mailed to Habitat for Humanity–NCG</u>, 133 Samaritan Drive, Suite 107, Cumming, Georgia 30040. No one is available to accept in-person submissions. Mail is the only accepted way to submit.

Once we receive the completed application, we will begin the evaluation process. Please be advised that the evaluation process may take **one to two months depending on the number of current requests**. We will notify you in writing of the results of our evaluation. Also, please be aware that we may ask you to repay a small portion of the cost of the repairs. The repayment terms would be over 2 to 3 years in order to minimize the impact to your monthly budget.

There is a great need for our repair program. Applications are approved on basis of need as long as funding is available.

Sincerely,

Mary G. Lamond Director of Family Services 770-886-4939 mlamond@habitat-ncg.org



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 administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.



Do I Qualify?

To be considered as a candidate for theHabitat for Humanity-NCG Home Repair Program, you must be able to answer "YES" to all of these questions:

- Do you own and occupy your home? The warranty deed must be in the occupant's name only. All owners listed on the deed must live in the home. The home must be on a permanent foundation.
- Have you lived in your home in Cherokee, North Fulton, Forsyth or Dawson County for at least one year?
- Is your home at least five years old?
- Can you demonstrate NEED FOR REPAIRS? For example--
 - Are you on a fixed income?
 - Does your home have unsafe conditions, high energy bills, inaccessible?
 - Are you unable to obtain funding through other conventional means to pay for repairs?
- Are you WILLING TO PARTNER with Habitat by-
 - Completing Habitat's "sweat equity" requirements, if required?
 - Participate in public relations efforts with Habitat by allowing your project to be included in social media and print media?
 - Interact with volunteers who may visit your home to complete repair project? 0
- Are you over 55, OR a veteran, OR disabled and receive social security disability?
- Do you fall within the income guidelines listed on the table below?

| Income Guidelines (effective 6/01/21) | | | | |
|---------------------------------------|---------------------------|--|--|--|
| Number of Family Members | Maximum Income Allowed | | | |
| 1 | \$42,270 | | | |
| 2 | \$48,300 | | | |
| 3 | \$54,330 | | | |
| 4 | \$60,335 | | | |
| 5 | \$65,180 | | | |
| 6 | \$70,000 | | | |
| 7 | \$74,845 | | | |
| 8 | \$79,665 | | | |

Need more information? Call 770-886-4939 or email Mary Lamond (mlamond@habitat-ncg.org)

Participants may be responsible for paying some part of the total cost. We provide a short term, no interest payment plan. Some government funded repairs are free.

Revised 6/5/21



Habitat for Humanity-North Central Georgia is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity. 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, handiatcap, familial status, or national origin. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, new, marital status, age, or because all or part of the applicant's income derives from any public assistance program or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Washington, DC 20580.





Application Checklist

(Complete and Submit with Application)

In order to avoid a delay in processing, check each item listed below to ensure all items are included. An incomplete application may result in your request being denied.

PLEASE DO NOT SEND ORIGINALS OF ANY DOCUMENTS, as they will not be returned to you. DO NOT SEND IN ANY DOCUMENTATION FOR CHILDREN UNDER AGE 18

Application – Completed, signed & dated on the last page by Applicant and Co-Applicant (if applicable)

<u>Residency</u>: You must provide <u>each</u> of these items. Failure to include one of these will result in a delay of your application review.

- _____ Warranty Deed or Quit Claim Deed as proof of home ownership*
- _____ Property Tax receipt for previous year
- _____ Current Utility bill as proof of residence
- _____ Current Proof of Home Owner Insurance

*Only those occupying the home can be named on the deed. A deed containing prior or deceased owners will not be sufficient for our purposes.

Income:

If you have income from sources other than employment or wages earned, you must provide documentation to support the income. Documentation must include:

_____ Award letter from Social Security Administration for SSI, Disability, and/or Widower's Benefits for *the current year.*

If your income comes from employment, you must provide:

Last 3 months of pay stubs for each full-time and part-time job currently held by Applicant, Co-Applicant, and any resident over age 18 (pay stubs must show gross pay and all deductions).

Assets:

Please include a copy of your statement for **each** checking & savings accounts, retirement, investment, pension or other account/asset noted on your application for both Applicant and Co-Applicant.

- Checking Account(s) Three Months, all pages
- _____ Savings Account(s) Three Months, all pages
- _____ Retirement Account(s) 401(k), 403(b), IRA or other Retirement or Pension acct
- Other Investment Account(s), Stocks, Bonds, CD's held



Home Repair Program Application

| I. APPLICANT INFORMATION | | | | | | | |
|--|-----------------|---------|--|-----------|--------------|------------------|------------|
| Applicant | | | Co-Applicant | | | | |
| Applicant's Name | | | Co-Applicant's Name | | | | |
| | | | | | | | |
| Primary Phone: | | | Prima | ry Phone: | | | |
| Email Address: | | | Email Address: | | | | |
| □ Married □Unmarried (includes single,) □ Separated divorced or widowed) | | | □ Married □Unmarried (includes single,) □ Separated divorced or widowed) | | | | |
| Spouse's name (if spouse is not Co-Applicant) | | | Relationship to Applicant | | | | |
| Address | □Rent □Own | | Address 🛛 Rent 🗆 O | |]Own | | |
| How long at this address? | | | How long at this address? | | | | |
| List Information for All Household Members Below | | | | | | | |
| Name (First, Middle, Last) | DOB | A | ge | Gender | Relationship | Student (Y/N) | Disability |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Military Status | | | | | <u> </u> | <u> </u> | |
| Have your or a household member ever served in the Armed Forces? ()Yes | | | |)Yes ()No | | Branch | |
| If you received a DD214 (honorable discha | rge form), plea | se prov | ide a co | ру. | | | |

Our policy prohibits Habitat-NCG Homeowners from participating in the Repair Program.

II. INCOME INFORMATION

| What is the Applicant's primary source of income? | | | | |
|---|---|---|--|--|
| Check One | | | | |
| Social Security | (|) | | |
| Retirement/Pension | (|) | | |
| Employment/Wages | (|) | | |
| Other: please explain _ | | | | |

| What is the Co-Applicant's primary source of income? | | | | |
|--|-----|--|--|--|
| Check One | | | | |
| Social Security | () | | | |
| Retirement/Pension | () | | | |
| Employment/Wages | () | | | |
| Other: please explain | | | | |

| List the total household income fo | r each adult below. The income | of all adults is considered | the | | |
|---|----------------------------------|---|-------------|--|--|
| household income even though on | ly the applicant and/or co-appli | icant will be responsible for | the repairs | | |
| and any repayment amount. | | | | | |
| Name of Adult: | Monthly Gross | ncome (before taxes): \$ | | | |
| Name of Adult: | Monthly Gross | Monthly Gross Income (before taxes): \$ | | | |
| Name of Adult: | Monthly Gross | Monthly Gross Income (before taxes): \$ | | | |
| | III. ASSETS | | | | |
| List <u>all</u> Checking Accounts, Savings Accounts, and Retirement Accounts and attach the last three (3) months of each statement (all pages) for Applicant and Co-Applicant. | | | | | |
| Bank/Company Name | Account Number | Account Holder | Attached | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Monthly Loan Expenditures | | | | | |
| Mortgage Company Name | | Amount E \$\$\$ | Balance | | |
| Homeowners Insurance Company Name | | | | | |
| Property Taxes (County Name) | | | | | |

(PLEASE NOTE: Applicant is not be eligible for program if funds have been received from HFH-NCG, CDBG, or other affiliated organizations providing home preservation, critical home repairs or weatherization.)

| List any programs for which you have been approved and/or received services related to your home. | | | | |
|---|------|---------|------|--|
| Program | Year | Program | Year | |
| | | | | |

| Please | Please print a brief description of your repair needs: | | | | |
|--------|--|--|--|--|--|
| А. | Exterior Minor Repairs | | | | |
| В. | Exterior Painting | | | | |
| C. | Yard Work/Landscaping | | | | |
| D. | Air Conditioning/Heating | | | | |
| E. | Plumbing | | | | |
| F. | Electrical | | | | |
| G. | Roofing | | | | |
| H. | Other | | | | |

IV. APPLICANT CERTIFICATION

By Signature below, the undersigned applicant herby certifies the following:

I/We, the undersigned, certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief. In applying for the loan/grant, I/we completed the application containing information for the purpose of obtaining a loan. Employment, all income, assets and liabilities information will be verified. I /we made no misrepresentation in this application or other documents, nor did I/we omit any pertinent information. Verification will be obtained from any sources named herein.

I/We certify that we are the owner occupant(s) and that I / we hold fee simple title to the above property. Failure to disclose all income reporting of in accurate or false information will result in disapproval of assistance and will be considered fraudulent.

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both to knowingly make any false statements when applying for loan, as applicable under the provisions of Title 18, United States Code Section 1014.

Applicant's Printed Name

Applicant's Signature

Date

Date

Applicant's Printed Name

Applicant's Signature

EQUAL HOUSING OPPORTUNITY

Habitat for Humanity-North Central Georgia is pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity. 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. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age, or because all of part of the applicant's income derives from any public assistance program or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Washington, DC 20580.

V. 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. If you do fill out this form, please be sure to check the appropriate box that best describes your race <u>and</u> ethnicity. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. 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 | | |
|---|---|--|--|
| \Box I do not wish to furnish this information | \Box I do not wish to furnish this information | | |
| Race/National Origin: | Race/National Origin: | | |
| American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American Caucasian Asian American Indian or Alaskan Native AND Caucasian Asian AND Caucasian Black/African American AND Caucasian American Indian or Alaskan Native AND Black/African American Other (specify) | American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American Caucasian Asian American Indian or Alaskan Native AND Caucasian Asian AND Caucasian Black/African American AND Caucasian American Indian or Alaskan Native AND Black/African American Other (specify) | | |
| Ethnicity: | Ethnicity: | | |
| □ Hispanic □ Non-Hispanic or Latino | □ Hispanic □ Non-Hispanic or Latino | | |
| Sex: | Sex: | | |
| Female Male | Female Male | | |
| | | | |

| To Be Completed Only By the Person Conducting the Interview | | | | |
|---|------------------------------------|------|--|--|
| | Interviewer's Name (print or type) | | | |
| This application was taken by: | | | | |
| □Face-to-Face Interview | Interviewer's Signature | Date | | |
| □By Mail | | | | |
| □By Telephone | | | | |