



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.

Please return completed pre-application to:
 Chippewa Valley Habitat for Humanity
 145 N. Clairemont Avenue
 Eau Claire, WI 54703

715-833-8993
 elizabeth@cvh4h.org
 www.cvh4h.org



Pre Application

Habitat Homeownership Program

Dear Applicant: Please complete this pre-application to determine if you are eligible to proceed forward in the Habitat for Humanity Home Ownership Program. Please fill out the pre-application form as completely and accurately as possible. All information will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																								
Applicant's Legal Name <i>(First, Middle, Last)</i>	Co-Applicant's Legal Name <i>(First, Middle, Last)</i>																								
Social Security number _____ Home phone _____ Age _____ E-Mail Address _____ Date of Birth ____/____/____	Social Security number _____ Home phone _____ Age _____ E-Mail Address _____ Date of Birth ____/____/____																								
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																								
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by applicant)																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____																								
If you have lived at your present address for less than two years, complete the following:																									
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years _____																								

2. 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 adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living room Dining room

Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month
(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid balance \$ _____

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

Our next homes will be in Chippewa Falls and Menomonie. Which location would you like to be considered for:

Chippewa Falls Menomonie (check all that apply)

5.1 USDA/Bank Pre-Approval

We are asking all applicants to be pre-approved for a home loan either through a bank or through USDA prior to submitting this application.

Name of lending institution (bank, USDA, credit union): _____

Amount you are approved for: \$ _____

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than two years, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
Wisc. Works	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

12. AUTHORIZATION AND RELEASE

I understand that by filing this pre-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.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this pre-application truthfully. I understand that if I have not answered the questions truthfully, my pre-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 pre-application will be retained by Habitat for Humanity even if the pre-application is not approved.

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.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan 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 _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. **You are not required to provide this information.** We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant

I do not wish to furnish this information

Race (applicant may select more than one racial designation):

- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian
- Other

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

Sex:

- Female Male

Birthdate:

_____/_____/_____

Marital status:

- Married Separated Unmarried (single, divorced, widowed)

Co-applicant

I do not wish to furnish this information

Race (applicant may select more than one racial designation):

- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African-American
- White
- Asian
- Other

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

Sex:

- Female Male

Birthdate:

_____/_____/_____

Marital status:

- Married Separated Unmarried (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

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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 office at

Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. NW, 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 pre-application, your pre-application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____