



2 Academy Street - Mayville, NY 14757
716/269-7772 / 716-863-4475
www.chqhabitat.org



Dear Potential Applicant:

Thank you for considering filling out an application for Homeownership with Chautauqua Area Habitat for Humanity (CAHfH).

We're thrilled you've heard about us, and we want to ensure a positive application process for you.

As you may know, CAHfH's mission is building strength, stability and self-reliance through shelter. Our vision is a world where everyone has a decent place to live. As a reminder, Habitat partners:

- Have a need for housing that is better than your current substandard housing.
- Have not owned a home before, and you are a first-time homeowner applicant.
- Have a willingness to partner with Habitat (provide 250 hours of sweat equity per adult, 18 or older).
- Have Children under 18 years of age living in the home with you.
- Have income to pay an affordable mortgage.

Please make sure to go over the included checklist and return ALL requested documents in this application. This includes copies of your monthly bills and debts, such as rent payments (copy of lease or monthly check to landlord), copy of monthly utility bills, copy of any monthly car payments, copy of credit card bills, etc. We will also need proof of income (copy of paystubs for 30 days) and a copy of your last two years of tax returns. This information is needed for co-applicants as well.

You will also need to include a recent (within the last 30 days) copy of your credit report. Annually, you are entitled to a free copy of your credit report via AnnualCreditReport.com. *It is important that you include all requested documentation, or your application will be considered incomplete which may jeopardize your eligibility.*

Please send the completed application to the address below:

Chautauqua Area Habitat for Humanity
ATTN: Family Selection Committee
2 Academy Street
Mayville NY 14757

We will provide you with a status update within 30 days.

What's Next?

Once we have received your completed application, the Family Committee will review your eligibility – ability to pay, willingness to partner, need for better housing. They will contact you to set up an appointment to meet and notify Chautauqua Area Habitat for Humanity of your financial eligibility.

After the application is complete, the site visit has been conducted, and the background check is passed, the Family Selection Committee will deliberate over pertinent factors such as immediate need and identify a future homeowner family for the purchase of the desired house. You will be notified within 30 days of your last notice from Chautauqua Area Habitat for Humanity of the results of your application. We wish you the best of luck with the process and look forward to working with you.

If you have any questions, please reach out to our Family Committee Chairperson: Donna Roof at droof@roadrunner.com or call 716 951-8111.

Sincerely,

Donna Roof

Family Committee Chairperson



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APPLICATION CHECKLIST

- Social Security numbers included for applicant and co-applicant
- Listing of all dependents. Any income of theirs must be listed if over 18 and living in your home
- Willingness to partner must be checked
- Description of your present housing conditions
- Employment information for applicant and co-applicant
- Monthly income from all sources – copies are required (i.e., Paystubs for last 2 months)
- Tax returns for most recent two years
- Listing of **all** assets, such as cars, boats, property.
- Listing of **all** debts, including monthly bills – **copies are required**
- Signature of applicant and co-applicant on the application
- Signature of applicant and co-applicant on Credit Report Release
- Signature of applicant, co-applicant, and anyone 18 or over on background check form
- Copy of driver's license – applicant and co-applicant
- Copy of your (and co-applicant if applicable) credit report dated within last 30 days.
- Disclosure and Agreement to Email

Thank you for completing this check list. Please use this as a guide to make sure all items are submitted with your application.

Family Selection Committee
Rev 4/1/2022



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FOR SPONSORSHIP PROGRAM

Dear Applicant: Complete this application to determine if you are qualified for Habitat for Humanity's partnership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION											
Applicant						Co-Applicant					
Applicant's Name						Co-applicant's Name					
Social Security Number		Home Phone		Age		Social Security Number		Home Phone		Age	
<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 live with you (not listed by co-applicant)						Dependents and others who live with you (not listed by co-applicant)					
Name		Age	Male	Female		Name		Age	Male	Female	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent						Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					
Number of Years _____						Number of Years _____					
If Living at Present Address for Less Than Two Years, Complete the Following											
Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent						Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					
Number of Years _____ Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No						Number of Years _____ Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					

2. WILLINGNESS TO PARTNER			
<p>To be considered for the Habitat partnership program, 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.</p>			
<p>I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:</p>		<p>Applicant</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<p>Co-Applicant</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. 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. _____

The Habitat partnership program serves families with a critical need for housing. In the space below, please describe why you need a Habitat home:

4. PROPERTY INFORMATION

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

Do you own land? Yes No (If yes, please describe, including location) _____

Is there a mortgage on the land? Yes No (If yes, Monthly Payment \$ _____ Unpaid Balance \$ _____)

5. AUTHORIZATION & RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home 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, and that even if I have already been selected to partner with Habitat, I may be disqualified from the program. The original copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry, and that by completing this application I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

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 additional comments with "A" for Applicant or "C" for Co-Applicant.



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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, familiar status, or national origin.

FOR CREDIT REVIEW

(We) authorize CAHFH Family Chairperson in partnership with Habitat for Humanity to obtain a tri-merged consumer credit report on me (us). It is understood that the information contained in the credit report will be used to confirm my (our) residency address and determine my (our) eligibility for a family partnership with Chautauqua Area Habitat for Humanity, hereinafter referred to as CAHFH.

In addition, I (we) authorize CAHFH Family Committee to share with each other the information contained in the credit report and all other information I (we) have provided in conjunction with my (our) application for a family partnership.

Upon request or if my (our) application for partnership is denied based on information found in the credit report, HFH will provide me (us) with the name and address and number of the Consumer Reporting contacted to supply the report.

It is understood that credit inquiries have the potential to impact my credit score and that all information will be kept confidential and CAHFH Family Committee will be held harmless for information received in this credit report.

Applicant: First Middle Last Name

Co-Applicant: First Middle Last Name

Current Address

City State Zip Code

Applicant Signature Date

Applicant Date of Birth

Applicant Social Security number

Co-Applicant Signature Date

Co-Applicant Date of Birth

Co-Applicant Social Security number

1. 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 a Current Job Less Than One Year, Complete the Following Information					
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	

2. MONTHLY INCOME AND COMBINED MONTHLY BILLS					
Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$ _____	\$ _____	\$ _____	Rent	\$ _____
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Alimony				Average Credit Card Payment	
Child Support				Rent	
Other				Utilities	
Total	\$ _____	\$ _____	\$ _____	Total	\$ _____
Self-employed applicant(s) may be required to provide additional documents such as tax returns and financial statements. Please attach copies of last month's bills.			List additional household members over 18 who receive income: Name _____ Age _____ Monthly Income _____		

3. SOURCE OF DOWN PAYMENT AND CLOSING COSTS
Where will you get the money to make the down payment (for example, savings or parents?) If you borrow the money, who will you borrow it from and how will you pay it back?

4. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number: Balance \$	Account Number: Balance \$
Do you own a: Yes No Boat <input type="checkbox"/> <input type="checkbox"/> Mobile Home <input type="checkbox"/> <input type="checkbox"/> Washer <input type="checkbox"/> <input type="checkbox"/> Dryer <input type="checkbox"/> <input type="checkbox"/>	Do you own a: <input type="checkbox"/> Yes <input type="checkbox"/> No Car (#1) Make & Year Do you own a: <input type="checkbox"/> Yes <input type="checkbox"/> No Car (#2) Make & Year

5. DEBT

To Whom Do You and the Co-applicant Owe Money?

COLUMN 1		COLUMN 2	
Car	Monthly Payment Unpaid Balance \$ _____ \$ _____ Months left to pay: _____	Cell Phone Contracts	Monthly Payment Unpaid Balance \$ _____ \$ _____ Months left to pay: _____
Furniture, Appliances and Television	Monthly Payment Unpaid Balance \$ _____ \$ _____ Months left to pay: _____	OTHER MONEY YOU OWE	
Credit Card	Monthly Payment Unpaid Balance \$ _____ \$ _____ Months left to pay: _____	Name & Address of Company	Monthly Payment Unpaid Balance \$ _____ \$ _____ Months left to pay: _____
Medical	Monthly Payment Unpaid Balance \$ _____ \$ _____ Months left to pay: _____	Alimony/Child Support	\$ _____ /month
		Job-related Expenses	\$ _____ /month
		Child-care, Union dues, etc.	\$ _____ /month
		Column 2: Subtotal of Payments	\$ _____ /month
		Column 2: Subtotal of Payments	\$ _____ /month
		Total Monthly Expenses	\$ _____ /month
Column 1: Subtotal of Payments	\$ _____ /month		

6. DECLARATIONS

Please Check the Box that Best Answers the Following Questions for You and the Co-Applicant

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question **a** through **e**, or "no" to **f**, please explain on a separate piece of paper.



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INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 on 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 on 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"/> Male <input type="checkbox"/> Female	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday: ____/____/____	Birthday: ____/____/____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Include single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Include 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Interviewer's Name (print or type)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Interviewer's Signature</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Interviewer's Phone Number</td> </tr> </table>	Interviewer's Name (print or type)		Interviewer's Signature	Date	Interviewer's Phone Number	
Interviewer's Name (print or type)							
Interviewer's Signature	Date						
Interviewer's Phone Number							



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Chautauqua Area Habitat for Humanity
2 Academy Street
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To: _____

AUTHORIZATION OF RELEASE OF INFORMATION

Consent

I/we authorize and direct any Federal, State, local CAHfH, organization, business or individual to release to Habitat for Humanity of Chautauqua Area Habitat for Humanity the information requested on the form enclosed with this authorization.

I/we understand and agree that this authorization or the information obtained with its use will be confidential to my application.

Information Covered

I/we understand that depending on program policies and requirement, previous or current information regarding me or my household may be needed.

I/we understand this authorization cannot be used to obtain any information about me that is not pertinent to the housing assistance program managed by Chautauqua Area Habitat for Humanity

Groups or Individuals That May Be Asked

The groups or individuals that may be asked to release the above information include but are not limited to:

- Past and Present Employers
- Veterans Administration
- Welfare Agencies
- Retirement Systems
- State Unemployment Agencies
- Banks and Financial Institutions
- Social Security Administration
- Support and Alimony Providers
- Past and present landlord/housing management agencies
- Chautauqua/Section 8/HAP/HUD voucher and/or other rental subsidy programs

Conditions

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Chautauqua Area Habitat for Humanity. I/we understand I/we have the right to review my file and correct any information I can prove is incorrect.

I/we give Chautauqua Area Habitat for Humanity authorization to share the information obtained. I/we understand that if I/we have been found to have willfully made mistruths or omissions on this application then I/we will no longer be considered for housing with Chautauqua Area Habitat for Humanity.

Applicant

Print Name

Signature

Date

Co-Applicant

Print Name

Signature

Date



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DISCLOSURE AND CONSENT AGREEMENT – EMAIL COMMUNICATION

This online service e-sign Disclosure and Consent applies to all communications and transactions contained on this Site, to all documents generated by this Site, and to all email or other communications to and from Chautauqua Area Habitat for Humanity (hereinafter referred to as “the CAHfH”) regarding your application, background checks or financial information. The term "communication", used in this Disclosure and Consent, means any information, notice (including financial notifications), authorization, disclosure, acknowledgement, question, or other information sent to or received from you about your application. You agree that any such communications, whether electronically or printed, will be considered "in writing", and each shall have the same binding legal significance.

The CAHfH has an information security program that's designed to make sure the security and privacy of your information is protected against security or integrity threats and to guard against unauthorized access or use of such information.

By providing your consent below, you agree that:

- You've provided the CAHfH with a current email address that the CAHfH may send electronic communications to in accordance with federal regulations.
- It's your responsibility to provide us with a true, accurate and complete email address, contact and other information related to this disclosure and your application status.
- You'll notify the Executive Director or Family Committee Chairperson of any change in your current email address, mailing address: David.kurzawa@gmail.com, phone number 716-863-4475; Donna Roof 716 951-8111.
- The CAHfH may provide you with any communications in electronic format at the email address provided.
- You may use email to supply information to the CAHfH regarding your application.

There are no additional costs for processing your documents electronically. You have the right to receive any legally required communications about your application via paper copies by following the instructions below. But if you choose to receive paper documents in a printed format, you may experience delays because of U.S. mail delivery and manual processing.

You may withdraw your consent to receive disclosures and communications in electronic form and to receive them in a printed format via U.S. mail by contacting the CAHfH.

If you provide an invalid email address or an error occurs with a previously valid email address, we will treat that as a withdrawal of your consent to receive electronic documents.

Name

Date

Current Email Address



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Background Check Information CONFIDENTIAL	
Print Name (First, Middle, Last)	
Former Name(s) and Dates Used	_____ _____
Current Address Since (Month/Year/Street/City/Zip/State)	_____ _____
Previous Address From (Month/Year/Street/City/Zip/State)	_____ _____
Previous Address From (Month/Year/Street/City/Zip/State)	_____ _____
Date of Birth	
Social Security Number	
Telephone Number	
Driver's License Number/State	

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Chautauqua Area Habitat for Humanity** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for application partnership purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice. CAHfH in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public CAHfH (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Chautauqua Area Habitat for Humanity** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public CAHfH may have, to include information or data received from other sources.

I hereby release Chautauqua Area Habitat for Humanity, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature _____ Date _____



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MORTGAGE CREDIT REPORT RELEASE	
**THIS RELEASE AUTHORIEZES HABITAT FOR HUMANITY TO OBTAIN A CREDIT REPORT	
APPLICANT	
Name	
Date of Birth	
Address (Street/City/Zip/State)	_____ _____ _____
Social Security #	
Telephone # Home () ____ - ____	Work () ____ - ____ Cell () ____ - ____
Email Address	
Telephone Number	
Driver's License Number/State	

Signature _____ Date _____

MORTGAGE CREDIT REPORT RELEASE	
**THIS RELEASE AUTHORIEZES HABITAT FOR HUMANITY TO OBTAIN A CREDIT REPORT	
CO-APPLICANT	
Name	
Date of Birth	
Address (Street/City/Zip/State)	

Social Security #	
Telephone # Home () ____ - ____ Work () ____ - ____ Cell () ____ - ____	
Email Address	
Telephone Number	
Driver's License Number/State	