



2 Academy Street - Mayville, NY 14757  
716/488-6955 / 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 are 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](http://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](mailto:droof@roadrunner.com) or call 716 951-8111 (leave message), 716 640-6941 (text)

Sincerely,

**Donna Roof**

Family Committee Chairperson



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## APPLICATION CHECKLIST

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- 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



|  |  |
|--|--|
| Present Street Address (street, city, state, ZIP code)<br>Own                      Rent<br><br>Number of Years _____ | Present Street Address (street, city, state, ZIP code)<br>Own                      Rent<br><br>Number of Years _____ |
|--|--|

**If Living at Present Address for Less Than Two Years, Complete the Following**

|  |  |
|--|--|
| Last Street Address (street, city, state, ZIP code)<br>Own                      Rent<br><br>Number of Years _____    Are you a Veteran?<br>Yes                      No | Last Street Address (street, city, state, ZIP code)<br>Own                      Rent<br><br>Number of Years _____    Are you a Veteran?<br>Yes                      No |
|--|--|

**2. WILLINGNESS TO PARTNER**

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.

|   |                             |
|---|-----------------------------|
| Co-Applicant  | Applicant                   |
| I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: | Yes                      No |
| Yes                      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, familial status, or national origin.

### FOR CREDIT REVIEW

(We) authorize CAHFH Family Chairperson/Executive Director/Board President 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/Executive Director/Board President 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/Executive Director/Board President 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<br>_____        | Name and Address of Current Employer | Years on This Job<br>_____        |
|  | Monthly (Gross) Wages<br>\$ _____ |                                      | Monthly (Gross) Wages<br>\$ _____ |
| Type of Business   | Business                          | Type of Business                     | Business                          |
| If Working at a Current Job Less Than One Year, Complete the Following Information |                                   |                                      |                                   |
| Name and Address of Current Employer   | Years on This Job<br>_____        | Name and Address of Current Employer | Years on This Job<br>_____        |
|  | Monthly (Gross) Wages<br>\$ _____ |                                      | Monthly (Gross) Wages<br>\$ _____ |
| Type of Business   | Business                          | Type of Business                     | Business                          |

**2. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

| Gross Monthly Income                | Applicant | Co-Applicant | <sup>2</sup> Others in Household | <sup>3</sup> Monthly Bills | Monthly Amount |
|-------------------------------------|-----------|--------------|----------------------------------|----------------------------|----------------|
| <sup>1</sup> 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                       | \$ |

|  |   |
|--|---|
| <p><sup>1</sup>Self-employed applicant(s) may be required to provide additional documents such as tax returns and financial statements.</p> <p><sup>3</sup>Please attach copies of last month's bills.</p> | <p><sup>2</sup>List additional household members over 18 who receive income:</p> <p>Name _____ Age _____ Monthly Income _____</p> |
|--|---|

**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:<br>Balance \$                              | Account Number:<br>Balance \$                             |
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union |
| Account Number:<br>Balance \$                              | Account Number:<br>Balance \$                             |

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

**5. DEBT**

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

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

|                                       |                              |                               |                     |
|---------------------------------------|------------------------------|-------------------------------|---------------------|
|                                       | Months left to pay:<br>_____ | <b>total monthly expenses</b> | \$ _____ /<br>month |
| <b>Column 1: Subtotal of Payments</b> | \$ _____<br>/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? | No        | Yes          | Yes |
| b. Have you been declared bankrupt within the past seven years?  | No        | Yes          | Yes |
| c. Have you had property foreclosed on in the past seven years?  | No        | Yes          | Yes |
| d. Are you currently involved in a lawsuit?                      | No        | Yes          | Yes |
| e. Are you paying alimony or child support?                      | No        | Yes          | Yes |
| f. Are you a U.S. citizen or permanent resident?                 | No        | Yes          | Yes |

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

|  |  |
|--|--|
| I do not wish to furnish this information                    | I do not wish to furnish this information                    |
| <b>Race/National Origin:</b>                                 | <b>Race/National Origin:</b>                                 |
| American Indian or Alaskan Native                            | American Indian or Alaskan Native                            |
| Native Hawaiian or Other Pacific Islander                    | Native Hawaiian or Other Pacific Islander                    |
| Black/African American                                       | Black/African American                                       |
| Caucasian  | Caucasian  |
| Asian  | Asian  |
| American Indian or Alaskan on Native AND Caucasian           | American Indian or Alaskan on Native AND Caucasian           |
| Asian AND Caucasian  | Asian AND Caucasian  |
| Black/African American AND Caucasian                         | Black/African American AND Caucasian                         |
| American Indian or Alaskan Native AND Black/African American | American Indian or Alaskan Native AND Black/African American |
| Other (specify)  | Other (specify)  |
| <b>Ethnicity:</b>  | <b>Ethnicity:</b>  |
| Hispanic   | Hispanic   |
| Non-Hispanic   | Non-Hispanic   |
| <b>Sex</b>   | <b>Sex</b>   |
| Male   | Male   |
| Female   | Female   |
| <b>Birthdate:</b> ____/____/____                             | <b>Birthdate:</b> ____/____/____                             |
| <b>Marital Status:</b>                                       | <b>Marital Status:</b>                                       |
| Married  | Married  |
| Separated  | Separated  |
| Unmarried  | Unmarried  |
| (Include single, divorced, widowed)                          | (Include single, divorced, widowed)                          |

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



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Chautauqua Area Habitat for Humanity  
2 Academy Street  
Mayville, NY 14757

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.

**AUTHORIZATION OF RELEASE OF INFORMATION**

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 have provided the CAHfH with a current email address that the CAHfH may send electronic communications to in accordance with federal regulations.
- It is 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 will notify the Executive Director or Family Committee Chairperson of any change in your current email address, emailing address: [David.kurzawa@gmail.com](mailto:David.kurzawa@gmail.com), phone number 716-863-4475; Donna Roof 716 951-8111, [droof@roadrunner.com](mailto:droof@roadrunner.com)
- 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.

**DISCLOSURE AND CONSENT AGREEMENT – EMAIL COMMUNICATION**

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

---

Name Date

---

Current Email Address



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**Background Check Information**  
**CONFIDENTIAL**

|  |             |
|--|-------------|
| Print Name (First, Middle, Last)                         |             |
| Former Name(s) and Dates Used                            | <hr/> <hr/> |
| Current Address Since (Month/Year/Street/City/Zip/State) | <hr/> <hr/> |
| Previous Address From (Month/Year/Street/City/Zip/State) | <hr/> <hr/> |
| Previous Address From (Month/Year/Street/City/Zip/State) | <hr/> <hr/> |
| 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.

### **Background Check Information**

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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| <b>MORTGAGE CREDIT REPORT RELEASE</b><br>**THIS RELEASE AUTHORIZES HABITAT FOR HUMANITY TO OBTAIN A CREDIT REPORT |                         |
|---|-------------------------|
| <b>APPLICANT</b>  |                         |
| Name  |                         |
| Date of Birth   |                         |
| Address (Street/City/Zip/State)   | <hr/> <hr/> <hr/> <hr/> |
| Social Security #   |                         |

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>MORTGAGE CREDIT REPORT RELEASE</b><br><b>**THIS RELEASE AUTHORIZES HABITAT FOR HUMANITY TO OBTAIN A CREDIT REPORT</b> |  |
|--|--|
| <b>CO-APPLICANT</b>  |  |
| 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 \_\_\_\_\_