



Homeownership Application Packet

Habitat for Humanity of Spartanburg seeks to share the love of Christ by bringing people together to build homes, communities, and hope!

What is the Homeownership Program? We offer Spartanburg County community members in need the opportunity to partner with us to build and buy a safe, decent, and affordable home!

To participate in the program, you must be able to meet ALL the following qualifications:

Need for Assistance

- I am a U.S. citizen or permanent resident.
- I have lived OR worked in Spartanburg County for at least the past year.
- I currently live in housing that is substandard in some way, such as physical disrepair, safety hazards, or a transitional nature that makes it suitable only for short-term stay.

Ability to Pay

- My gross annual income is within 30-60% of the Area Median for Spartanburg County:

Household* Size	Minimum Applicant Income	Maximum Household Income
1	\$14,448	\$28,896
2	\$16,512	\$33,024
3	\$18,576	\$37,152
4	\$20,640	\$41,280
5	\$22,291	\$44,582
6	\$23,942	\$47,885

*Household Size = Me (Applicant) + Any Adults Who Will Live With Me + Any Children Who Will Live With Me AND For Whom An Adult Household Member Has Custody + My Spouse, If Legally Married, Unless Separation of 12+ Months Is Documented

- My primary income source has been stable for at least the previous 12 months.
- I have not declared or discharged a bankruptcy in the previous 2 years.
- I do not owe more than \$2,000 in collections or charge-offs.
- I do not have any open judgments or liens against me.
- I am making on-time payments towards ALL my debts.

Willingness to Partner

- I maintain a law-abiding household.
- I proactively care for my home and neighborhood.
- I will fulfill all requirements in a timely, honest manner.
- I am willing to learn through construction, education, and community involvement.
- I am willing to share my experience through conversations, events, and media publications.
- I am willing to accept a home with its design, location, AND financing determined by Habitat.

**If ALL the above statements are true for you, YOU MIGHT BE ELIGIBLE!
Please contact our Family Services Coordinator at (864) 279-7875 for details!**



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REQUIRED DOCUMENTATION CHECKLIST
You must include a copy of ALL the following documents with your application packet! Failure to submit all required documentation may result in denial of your application.

- Photo ID for the applicant(s)
- Proof of U.S. citizenship or permanent residence for the applicant(s)
Acceptable documentation includes a U.S. birth certificate, U.S. naturalization certificate, U.S. passport, or U.S. permanent resident card.
- Current lease agreement or other documentation of rent in the name of the applicant(s)
- Documentation of the remaining balance & monthly payment amount for ALL known debts
It is HIGHLY recommended that applicants review their credit reports in advance to confirm documentation has been obtained for ALL debts with a balance over \$0 in their name.
- Current statement showing balance in all bank accounts in the name of the applicant(s)
- Documentation of the previous year's income for applicant(s)
Acceptable documentation includes Tax Return (Form 1040), a tax transcript from the IRS, OR a non-filing letter from the IRS accompanied by documentation of stable income from another source for at least the previous 12 months (e.g., 1099, W2, DSS Benefit History).
- Documentation of the past 6 months' gross earnings for all adult household members
Household includes everyone expected to reside in your home upon closing and your spouse if legally married unless a separation of more than 12 months can be documented.
- Documentation of ALL other income currently received by adult household members
Examples include Supplemental Security Income, Social Security, Disability, Housing Choice Voucher / Section 8, SNAP / Food Stamps, Child Support, Alimony, etc.
- Birth certificates for all household members
- Social Security cards for all household members
- DD 214 form for any veterans in the household
- Three letters of recommendation from professional, educational, or community references, each of which should include the reference's contact information for follow-up questions
Do not include purely personal references such as family, friends, or romantic partners.

**Different or additional documentation may be required in unique circumstances.
Call (864) 279-7875 if you have questions on any of the required documentation!**

- * You will be contacted to submit a \$25 fee AFTER a preliminary review is complete!
*Acceptable payment methods include cash in exact change, check, or money order.***



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EQUAL HOUSING OPPORTUNITY STATEMENT



We are 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. We pledge to keep information in this application packet confidential in accordance with the Gramm-Leach-Bliley Act.

SECTION I: HOUSEHOLD INFORMATION

Applicant (Homeowner)	Co-Applicant (Co-Homeowner, if applicable)
Name: _____	Name: _____
Birth Date: _____ Age: ____ Gender: M / F	Birth Date: _____ Age: ____ Gender: M / F
Social Security Number: _____	Social Security Number: _____
Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

All Other Household Members (Adults & children who will also live in the home)

Name	Relationship	Birth Date (MM/DD/YY)	Age	Gender
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F

Do all the above household members currently live together? Y / N
Is there anyone currently living with you who will NOT be living in the Habitat home? Y / N

Read this statement BEFORE completing the information below:
The following information is requested by Habitat for Humanity of Spartanburg, Inc. to monitor our efficacy in serving diverse populations in need of housing assistance.
You are not required to furnish this information but are encouraged to do so!
In accordance with the letter and spirit of the law, we will not discriminate based on information in this section, nor on whether you choose to furnish it.

I do not wish to furnish this information. (If you check this, please leave the rest of this section blank.)

of Household Members with a Diagnosed Mental or Physical Disability: _____

of Household Members who have ever been a member of the U.S. Military: _____

of Household Members of Race / Ethnicity: _____ American Indian / Alaska Native; _____ Asian; _____ Native Hawaiian / Pacific Islander; _____ Black / African-American; _____ Hispanic / Latino; _____ White / Caucasian; _____ Other: _____



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SECTION II: CURRENT HOUSING CONDITIONS

Provide all the following information about your current housing to the best of your present knowledge:

Street Address: _____	Mailing Address (if different): _____
_____	_____
Total Years at this Residence: _____	Total Monthly Rent Payment: \$ _____
# of People at this Residence: _____	# of Bedrooms: _____ # of Bathrooms: _____
Previous Street Address: _____	Landlord's Name, Address, and Phone #: _____
_____	_____

In as much detail as possible, describe any problematic conditions with your current residence(s) and why you need assistance through the Homeownership Program:

SECTION III: EMPLOYMENT

Applicant (Homeowner)	Co-Applicant (Co-Homeowner)
Current Job Title: _____	Current Job Title: _____
Current Employer: _____	Current Employer: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Years on this Job: _____	Years on this Job: _____
Previous Job Title: _____	Previous Job Title: _____
Previous Employer: _____	Previous Employer: _____
Address: _____	Address: _____
Years on this Job: _____	Years on this Job: _____
Reason for Leaving: _____	Reason for Leaving: _____



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SECTION IV: INCOME

Income Source	Applicant (Homeowner)	Co-Applicant (Co-Homeowner)	Household Members	Total (\$ / Month)
Earnings	\$	\$	\$	\$
Alimony, Child Support, or Separate Maintenance*	\$	\$	\$	\$
Housing Choice Voucher (Section 8, etc.)	\$	\$	\$	\$
Social Security (SS, SSD, etc.)	\$	\$	\$	\$
Supplemental Security Income (SSI, SSDI, etc.)	\$	\$	\$	\$
Supplemental Nutrition (SNAP, Food Stamps, etc.)	\$	\$	\$	\$
Temporary Assistance (TANF / FI)	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$

Total Monthly Income: \$ _____

**As a Special Purpose Credit Program, we are authorized to inquire about income from alimony, child support, or separate maintenance. Applicants may request that this income not be used in determining their ability to repay a loan.*

SECTION V: ASSETS

Provide the following information regarding ALL financial accounts or other assets held by applicant(s):

CIRCLE ONE:	Bank / Financial Institution	Account Type (e.g., checking)	Current Balance
Applicant / Co-Applicant	_____	_____	\$ _____
Applicant / Co-Applicant	_____	_____	\$ _____
Applicant / Co-Applicant	_____	_____	\$ _____
Applicant / Co-Applicant	_____	_____	\$ _____

Do you own any land? Y / N Est. Value: \$ _____ Unpaid Balance: \$ _____

Do you own any vehicles? Y / N Est. Value: \$ _____ Unpaid Balance: \$ _____

Do you own any mobile homes? Y / N Est. Value: \$ _____ Unpaid Balance: \$ _____

Do you own any other houses? Y / N Est. Value: \$ _____ Unpaid Balance: \$ _____

If you are approved for the Homeownership Program, you will be required to save for closing costs.

Describe your plan to save up this money: _____



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SECTION VI: DEBTS & OTHER EXPENSES

List the total dollar amounts owed by the Applicant & Co-Applicant combined for each category below:

Expense Type	Minimum Payment / Month	Actual Payment / Month	Total Unpaid Balance
Alimony, Child Support, or Separate Maintenance	\$	\$	\$
Real Property Loan or Lease (e.g., land, mobile home)	\$	\$	\$
Motor Vehicle Loan or Lease (e.g., car, boat)	\$	\$	\$
Rent-to-Own (e.g., furniture)	\$	\$	\$
Medical Debts	\$	\$	\$
Student Loans	\$	\$	\$
Personal Loans	\$	\$	\$
Credit Cards	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$

SECTION VII: WILLINGNESS TO PARTNER

Describe any recent experience with volunteer work or community involvement:

List names & phone numbers for anyone you know who would be willing to volunteer to help you:

How did you hear about our Homeownership Program? Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Familiar with Habitat | <input type="checkbox"/> Saw a post on social media | <input type="checkbox"/> Referred by another agency |
| <input type="checkbox"/> Shopped in the ReStore | <input type="checkbox"/> Read about it in the news | <input type="checkbox"/> Heard from family or friends |
| <input type="checkbox"/> Referred by a homeowner | <input type="checkbox"/> Heard about it on the radio | <input type="checkbox"/> Heard from work |
| <input type="checkbox"/> Referred by a volunteer | <input type="checkbox"/> Watched a TV report on it | <input type="checkbox"/> Heard from church |



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SECTION IX: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

READ THIS STATEMENT BEFORE FILLING OUT THIS SECTION:

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!** The law provides that a lender may neither discriminate based on this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender may be required to note ethnicity, race, and sex based on visual observation or surname. **If you do not wish to furnish the information below, please check the designated box in each section.**

Applicant (Homeowner)	Co-Applicant (Co-Homeowner)
Name: _____ <input type="checkbox"/> I do not wish to furnish this information. Race (you may select more than one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: ____ / ____ / ____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, or widowed)	Name: _____ <input type="checkbox"/> I do not wish to furnish this information. Race (you may select more than one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: ____ / ____ / ____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, or widowed)

STAFF SECTION

This application packet was taken by:

- Drop-off at the office
- Face-to-face intake meeting
- Telephone
- Email
- Mail
- Fax

Initial Intake Date: _____

Intake Staff Name: _____

Intake Staff Signature: _____

Intake Staff Phone Number: _____