



# Application Packet

## Partnership Program

### ***What is Thousand Islands Area Habitat for Humanity?***

Thousand Islands Area Habitat for Humanity is an ecumenical Christian ministry that changes lives by building safe, decent, and affordable homes in partnership in Jefferson and Lewis Counties.

### ***How can I become a Habitat homeowner?***

You may be eligible to participate in our homeownership program if you meet the **3 guidelines**:

(1) Need, (2) Ability to Pay, and (3) Willingness to Partner. Do the following statements apply to you?

#### **1. I have need:**

- I currently live in housing that is substandard in at least one of the following ways:
  - Structurally defective or in significant disrepair
  - Transitional in nature/homeless
  - Substandard or poses a health challenge
  - Cost-burdensome

#### **2. I have the ability to pay:**

- My gross annual income, including benefits, is within these guidelines: (35-60% 2019 Area Median)

Household Size*	Maximum Applicant Income Jefferson County	Maximum Household Income Lewis County
1	\$28,500	\$27,864
2	\$32,580	\$31,800
3	\$36,660	\$35,760
4	\$40,680	\$39,720
5	\$43,980	\$42,900
6	\$47,220	\$46,080

*\*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*

- I have had stable income for at least the previous 12 months.
- I expect my income to remain stable or increase in the future.
- I am making on-time payments on all my current bills and debts.
- I have not declared or discharged a bankruptcy in the previous 3 years.
- My household members and I abide by the law.
- I am a U.S. citizen or permanent resident.

#### **3. I am willing to partner:**

- I am willing to fulfill all requirements in a timely, honest manner.
- I am willing to make all my monthly mortgage payments on time.
- I am willing to live anywhere that Habitat might build a home for me.
- I am willing to accept a home with its floor plan and other features determined by Habitat.
- I am willing to spend time learning through construction, education, and community involvement.
- I am willing to share my experience through conversations, events, and media publications.
- I am willing to proactively care for my home & neighborhood.

**If all the above statements apply, you might be eligible!**

**Please contact us at [Family@tiahabitat.org](mailto:Family@tiahabitat.org)!**



# Application Packet

## Partnership Program

### REQUIRED DOCUMENTATION\*

In order for us to process your application, we will need all of the following:

- Photo ID **for all applicant(s)**
- Proof of U.S. citizenship or permanent residence **for all applicant(s)\***  
*\*Acceptable documentation includes a U.S. birth certificate, U.S. naturalization certificate, U.S. passport, or permanent resident card.*
- Documentation of current rent or other housing cost **for all applicant(s)** (e.g., lease agreement)
- Copies of all the most recent utility bills **for all applicant(s)** (e.g., electric, gas, water, sewer, trash)
- Documentation of all current debts **for all applicant(s)** (e.g., credit card, student loan, medical, etc.)
- Documentation of the previous year's income **for all applicant(s)\***  
*\*Acceptable documentation includes Tax 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/Household Summary).*
- Documentation of the past 6 months' wages **for all adult household members currently employed.**
- Documentation of any other sources of income **for all adult household members** (e.g., Supplemental Security Income, Social Security, Disability, Section 8, Food Stamps, Child Support, or Alimony)
- Copies of Social Security cards and birth certificates **for all household members**
- \$25 application fee (check or money order payable to TIA Habitat)

\_\_\_\_\_  
Applicant Signature


\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

**\*Some special circumstances may require additional or different documentation.**

***If you have a question about required documentation for your household please contact our Home Owner Selection Committee at [family@tiahabitat.org](mailto:family@tiahabitat.org) and we will be glad to assist you!***

 <small>EQUAL HOUSING OPPORTUNITY</small>	<p><i>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. We further pledge to keep all information you include in this application packet confidential in accordance with the Gramm-Leach-Bliley Act.</i></p>
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# **Application Packet**

**Partnership Program**



Effective Date of this Form: 1/2020

Thousand Islands Area Habitat for Humanity  
 938 Water St. Watertown, NY 13601  
 315-785-0308 x 1

# Application

## FOR PARTNERSHIP PROGRAM



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.

**Dear Applicant:** Complete this application to determine if you are a 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
<b>Applicant's Name</b>	<b>Co-applicant's Name</b>
Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security Number _____ Home Phone _____ Age _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
<b>Dependents and others who live with you (not listed by co-applicant)</b> Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Dependents and others who live with you (not listed by co-applicant)</b> Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____
<b>If Living at Present Address for Less Than Two Years, Complete the Following</b>	
Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____	Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of Years _____

## 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.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

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

## 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:

## 5. 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?  No  Yes If yes, Monthly Payment \$ \_\_\_\_\_ Unpaid Balance \$ \_\_\_\_\_

## 6. 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 of 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
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 additional comments with "A" for Applicant or "C" for Co-applicant.

Effective Date of this Form:



Thousand Islands Area Habitat for Humanity
938 Water St. Watertown, NY 13601
315-785-0308

Application
FOR CREDIT REVIEW



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.

I (We) authorize [Housing Counseling Agency] 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 Thousand Islands Area Habitat for Humanity, Inc. \_\_\_\_\_, hereinafter referred to as HFH (Habitat for Humanity).

In addition, I (we) authorize Housing Counseling Agency and HFH 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 phone number of the Consumer Reporting Agency 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 [Housing Counseling Agency] will be held harmless for information received in this credit report.

Applicant First Middle Last

Co-Applicant First Middle Last

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 <b>Current</b> Employer	Years on This Job	Name and Address of <b>Current</b> 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 <b>Last</b> Employer	Years on This Job	Name and Address of <b>Last</b> 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	2 Others in Household	3 Monthly Bills	Monthly Amount
1 Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilizes	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Rent	
Other				Utilizes	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

<p>1 Self-employed applicant(s) may be required to provide additional documents such as tax returns and financial statements.</p> <p>3 Please attach copies of last month's bills.</p>	<p>2 List additional household members over 18 who receive income:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 20%;">Monthly Income</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Age	Monthly 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: <span style="float: right;">Balance \$</span>	Account Number: <span style="float: right;">Balance \$</span>
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: <span style="float: right;">Balance \$</span>	Account Number: <span style="float: right;">Balance \$</span>
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: <span style="float: right;">Balance \$</span>	Account Number: <span style="float: right;">Balance \$</span>
<b>Do you own a:</b> 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"/>	<b>Do you own a:</b> Yes                      No Car (#1) <input type="checkbox"/> <input type="checkbox"/> Make & Year _____  <b>Do you own a:</b> Yes                      No Car (#2) <input type="checkbox"/> <input type="checkbox"/> Make & Year _____

#### 5. DEBT

To Whom Do You and the Co-applicant Owe Money

COLUMN 1		COLUMN 2	
Car	Monthly Payment    Unpaid Balance \$                      \$ Mos. left to pay:	Cell Phone Contracts	Monthly Payment    Unpaid Balance \$                      \$ Mos. left to pay:
Furniture, Appliances and Television	Monthly Payment    Unpaid Balance \$                      \$ Mos. left to pay:	Other Money You Owe	
Credit Card	Monthly Payment    Unpaid Balance \$                      \$ Mos. left to pay:	Alimony/Child Support	\$                      /month
Medical	Monthly Payment    Unpaid Balance \$                      \$ Mos. left to pay:	Job-related Expenses	\$                      /month
<b>Column 1: Subtotal of Payments</b>	\$                      /month	Child-care, Union dues, etc.	\$                      /month
		<b>Column 2: Subtotal of Payments</b>	\$                      /month
		<b>Column 1: Subtotal of Payments</b>	\$                      /month
		<b>Total Monthly Expenses</b>	\$                      /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.





**Applicant**

**Co-applicant**

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

Applicant	Co-applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic      <input type="checkbox"/> Non-Hispanic</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p><b>Birthday:</b> ____/____/____</p> <p><b>Marital Status</b></p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race/National Origin</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic      <input type="checkbox"/> Non-Hispanic</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p><b>Birthday:</b> ____/____/____</p> <p><b>Marital Status</b></p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

**To Be Completed Only By the Person Conducting the Interview**

<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p>Interviewer's Name (print or type)</p>
	<p>Interviewer's Signature <span style="float: right;">Date</span></p>
	<p>Interviewer's Phone Number</p>

## **Thousand Islands Area Habitat for Humanity Privacy Statement and Notice**

At Thousand Islands Area Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income
- Information about your transactions with us or others such as your loan balance, payment history; and
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history.

Thousand Islands Area Habitat for Humanity employees and volunteers are subject to a written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents; and
- Nonprofit organizations, government entities, or other subsidy providers.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Thousands Islands Area Habitat for Humanity at 315-785-0308 x 1.