

Habitat for Humanity of Greater Plymouth

P.O. Box 346 - 160 North Main Street, Carver, MA 02330

(508) 866-4188 • www.hfhplymouth.org



2025 APPLICATION FOR FAMILY PARTNERSHIP PROGRAM at

Green Street, Carver, MA

Veterans receive Primary Preference; Secondary Preference: Bedroom Need

Applicants should live or work in Plymouth, Carver, Kingston, Plympton, Middleboro, or Lakeville.

Individuals with a financial interest in the development or family are not eligible to apply for this opportunity.

HOUSEHOLD INFORMATION

Applicant's Name: _____

Date of Birth: ____/____/____ ☐ Married ☐ Separated ☐ Unmarried

Present Address: _____

Mailing Address (if different): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Co-Applicant's Name: _____

Date of Birth: ____/____/____ ☐ Married ☐ Separated ☐ Unmarried

Present Address: _____

Mailing Address (if different): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Include the names of any child or adults (other than the applicant) who will live in your Habitat Home:

Name: _____	DOB: _____	Age: _____	☐ Female	☐ Male
Name: _____	DOB: _____	Age: _____	☐ Female	☐ Male
Name: _____	DOB: _____	Age: _____	☐ Female	☐ Male
Name: _____	DOB: _____	Age: _____	☐ Female	☐ Male
Name: _____	DOB: _____	Age: _____	☐ Female	☐ Male

PRESENT HOUSING CONDITION

Number of Bedrooms where you currently live:	1	2	3	4	5	
Other rooms in your current residence:	kitchen	dining rm	living rm			# of bathrooms:
Are utilities included in your rent?:	No	Yes	If Yes, which?:			heat electric cable Internet
Current Landlord Name:						Landlord Phone:

Landlord Mailing address:	Landlord Email:
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If you have lived at your current address less than two years, provide previous landlord info:

Previous Landlord Name:	Phone:
Mailing address:	Email:

Will you, or a member of your family, require disability access or modifications? ☐ Yes ☐ No

(If, due to a severe medical condition, a couple will require separate bedrooms, a statement and medical documentation from your physician are required to be submitted with this application.)

Are you, or is any member of your household, a U.S. Veteran? ☐ Yes ☐ No

Name: _____ If yes, provide copy of DD214

A HOUSING NEED STATEMENT: On a separate sheet of paper, clearly state why you need a Habitat home. See the applicant checklist for details about what you should include.

EMPLOYMENT INCOME INFORMATION

Please include ALL income from ALL household members age 18 or older who receive income. Add another page, if needed. If you are still employed, leave the end date blank. Any dependent household members between the ages of 18 and 25 who are students need to supply documentation of their full-time student status.

Household Member Name _____ **Gross Monthly Pay:** _____ **Net:** _____

Year-round ☐ Yes ☐ No OR Seasonal (start & end dates) ____ / ____ / ____ to ____ / ____ / ____

Full time, # hours worked per week _____ OR Part time, # of hours per day _____, per week _____ Ave OT: _____

Position or Title: _____ Start/End date: ____ / ____ / ____ to ____ / ____ / ____

Employer's Name and Address: _____

Name, Email, Mailing address, Phone # of the person to receive Verification of Employment Form:

Household Member _____ **Gross Monthly Pay:** _____ **Net Monthly Pay:** _____

Year-round ☐ Yes ☐ No OR Seasonal (start & end dates) ____ / ____ / ____ to ____ / ____ / ____

Full time, # hours worked per week _____ OR Part time, # of hours per day _____, per week _____ Ave OT: _____

Position or Title: _____ Start/End date: ____ / ____ / ____ to ____ / ____ / ____

Employer's Name and Address: _____

Name, Email, Mailing address, Phone # of the person to receive Verification of Employment Form:

Household Member _____ **Gross Monthly Pay:** _____ **Net Monthly Pay:** _____

Year-round ☐ Yes ☐ No OR Seasonal (start & end dates) ____ / ____ / ____ to ____ / ____ / ____

Full time, # hours worked per week _____ OR Part time, # of hours per day _____, per week _____ Ave OT: _____

Position or Title: _____ Start/End date: ____ / ____ / ____ to ____ / ____ / ____

Employer's Name and Address: _____

Name, Email, Mailing address, Phone # of the person to receive Verification of Employment Form:

Household Member _____ **Gross Monthly Pay:** _____ **Net Monthly Pay:** _____

Year-round ☐ Yes ☐ No OR Seasonal (start & end dates) ____ / ____ / ____ to ____ / ____ / ____

Full time, # hours worked per week _____ OR Part time, # of hours per day _____, per week _____ Ave OT: _____

Position or Title: _____ Start/End date: ____ / ____ / ____ to ____ / ____ / ____

Employer's Name and Address: _____

Name, Email, Mailing address, Phone # of the person to receive Verification of Employment Form:

****NOTE:** If employed less than three years at primary job, add details of previous employment including name, email and phone number on a separate sheet of paper.

OTHER INCOME

Indicate monthly income of any sources that apply to your household (for example: TAFDC, SNAP, EAEDC, Worker's Compensation, Veteran's Benefits, Child Support, Alimony, Unemployment Compensation, Social Security Benefits, Pension Income, Disability Income, Investment Income, or other income (please specify)).

Source of Income	Monthly Income	Source of Income	Monthly Amount
Child Support / Alimony		Unemployment Compensation	
Social Security Payments		Pension Income	
Disability Income		Other (specify & attach details)	
Interest and Dividends		Other (specify & attach details)	

I/We currently receive the following types and amounts of monthly assistance:

Mass Health:	☐	Yes	☐	No	Rental subsidy or voucher: \$
Fuel Assistance: \$					Food Stamps: \$
Number of children eligible for free/reduced lunch program:					

Please include copies of completed and signed Federal IRS income tax statements for 2023 and 2024.

SOURCE OF CLOSING COSTS:

Include a statement that explains how you will finance closing costs (estimated \$4250).

If any part of the closing costs is a gift, provide a separate signed statement from the individual donor, stating that it is a gift and that it will be available at the time of closing.

EXPENSES INFORMATION

Enter dollar amount for every item OR enter a "0" if item does not apply to applicant/co-applicant. See applicant checklist for clarification and required documentation of expenses. Please complete every item.

Expense	Cost Per Month	Expense	Cost Per Month	Expense	Cost Per Month
Rent		Auto Insurance		Life Insurance	
Gas Heat (based on yearly average)		Cable TV		Renter's Insurance	
OR Oil Heat (based on yearly average)		Child Care		Transportation Expenses/Gas	
Electric (based on yearly average)		Alimony/Child Support		Job Related Expenses	
Phones – Cell, Prepaid, Landline		Car Payment		Entertainment / Restaurants	
Food – See checklist	Leave Blank	Education		Internet	
Clothing		Medical		Other (Specify)	

OTHER IMPORTANT INFORMATION

Please check the box that best answers the question for both applicant and co-applicant:

		Applicant	Co-Applicant
A	Do you have any debt because of a court decision against you?	☐ Yes ☐ No	☐ Yes ☐ No
B	Have you been declared bankrupt within the last 7 years?	☐ Yes ☐ No	☐ Yes ☐ No
C	Have you had any property foreclosed on in the last 7 years?	☐ Yes ☐ No	☐ Yes ☐ No
D	Are you currently involved in a lawsuit?	☐ Yes ☐ No	☐ Yes ☐ No
E	Have you owned a home within the last three years? (If yes, provide explanation and see important information page).	☐ Yes ☐ No	☐ Yes ☐ No

Answering "YES" to any of the above questions DOES NOT automatically disqualify you. If you answered "YES" to any question A through E, however, please explain on a separate sheet of paper.

Do the children listed on page 1 have parents who live elsewhere? _____ Yes _____ No

If yes, please document the custody and child support agreement.

Are you a U.S. Citizen or do you have U.S. Permanent Residency Status? _____ Yes _____ No

You must have one or the other to be eligible for a Habitat home. See applicant checklist for required documentation.

Do you currently own a home or any land? _____ Yes _____ No

If yes, please describe: _____

SWEAT EQUITY FORM

SWEAT EQUITY REQUIREMENT: Each adult who will be living in the Habitat home is required to perform 250 hours of sweat equity (up to 500 hours). You must explain how you will be able to complete those hours during the approximately 6 - 9 months it will take to build your home. Below is a form to complete in which you describe how you will meet that requirement. You must complete this form.

Sweat Equity/ Partnership Question: *Our sweat equity requirement is rigorous!* Habitat homeowners and each adult who will live in the home are required to complete 250 hours each on building the home and assisting HFHGP (except for full-time college students), with a max. of 500 hours per household. You can not move into the home until the hours are completed. This requires approximately 8 - 12 hours per week; the Habitat construction site is active 8:00am – 3:00pm on Thursdays, Fridays or Saturdays; and other times in the office or ReStore. Financial education and homeownership preparation workshops are required and count toward your hours. You do not need to be experienced in construction. We train and guide you in your sweat equity as you work side by side with other Habitat volunteers.

How will you arrange to have the time available?

How will you manage transportation to the site?

What childcare arrangements will be available for you? (children under 14 are not allowed on the build site but up to 50 hours of baby-sitting time by family/friends can count toward your sweat equity hours)

If any condition (disability or medical issues) will restrict some aspect of your participation on the construction site, list the specific medical *restrictions your doctor has given you that will* limit which tasks you are assigned. Accommodations can be made to complete your hours in other ways. How will you be able to participate?

OR If a disability of a dependent household member (because of their extraordinary or specialized care needs) may severely challenge your ability to personally perform the total number of hours usually required by adult household members, you may request a modification in the percentage of hours that may be done by friends or family. Attach additional pages as needed.

1. Provide documentation of the disability from the physician.
2. Describe how the care they need (while you are absent) is more specialized than general babysitting.
3. How much extra help will you need from your friends and family to complete your sweat equity?

Check here if there are no medical restrictions to your participation.

Applicant Signed _____ Date ____/____/____ Co-Applicant Signed _____ Date ____/____/____

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AUTHORIZATION TO RELEASE INFORMATION

To: _____

RE: _____

HFH will fill in the above information (please sign multiple originals for landlord and employee references)

I, and/or all adults in my household, have applied for housing and a mortgage from Habitat for Humanity of Greater Plymouth (HFH). As part of the process or in considering my household for a Habitat for Humanity home and a Habitat mortgage, HFH may verify information contained in my application.

I, or another adult in my household, authorize you to provide HFH for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references

I further authorize HFH to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., HFH is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my home loan application will be available to HFH without further notice or authorization but will not be disclosed or released by HFH to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The information HFHGP obtains is only to be used to process my application for a Habitat home and for a Habitat for Humanity home related loan. I acknowledge that I have received a copy of the Privacy Notice. A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

_____/_____/_____
Signature (Applicant or Adult Household Member) Date

_____/_____/_____
Signature (Applicant or Adult Household Member) Date

_____/_____/_____
Signature (Applicant or Adult Household Member) Date

REQUIRED PROTECTED INFORMATION

The following information is required:

Applicant's Name:	Co-Applicant's Name
Social Security Number	Social Security Number

APPLICANT'S AND ALL HOUSEHOLD MEMBERS' ASSETS

List all checking / savings / CD / IRA / or 401k accounts / savings bonds / investment / stock, etc. for all household members, including minor children. Use another page if necessary.

Name on Account	Name of Bank/Institution, Address	Account Number	Balance

List other assets and approximate value (make and year of cars, boats, other high-value personal property, etc.)

Item	Value	Item:	Value

APPLICANT'S AND ALL HOUSEHOLD MEMEBERS' DEBT

Use another page for additional debt accounts or to explain debt that is in arrears or has a payment plan.

List **ALL debts** below (Credit Card Debt, Car Loans, Taxes in Arrears, Student Loans, Medical Debt, Etc.) for all household members. Debt means any money that you owe to someone else: credit card charges, retail store credit charges, car loan, personal loan, student loan, charge-offs. Include any open credit cards, even if you pay them off every month.

Creditor and Address	Account Number	Monthly Payment	Unpaid Balance

I hereby certify that within the past two years (choose one) I ☐ have, or ☐ have not, disposed of assets for less than the fair market value through a sale or a gift. List assets, if necessary: _____

The above is a complete and true representation of all household assets, debts, credit, and complete information as requested.

Applicant's Signature _____ Date ____ / ____ / ____

Co-Applicant's Signature _____ Date ____ / ____ / ____

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at the **Northeast Region, 1 Bowling Green, New York, NY 10004**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s)

Signature _____	Signature _____
Print name _____	Print name _____
Date _____	Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES FORM

Lender: The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. Although disclosing minority status is optional, it is helpful in determining status for a lottery. (Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular loan applied for.)

*** Please check off correct info in each category and sign. THANK YOU!***

Applicant Name: _____ **Co-Applicant Name (if applicable):** _____

☐ I do not wish to furnish this information

☐ I do not wish to furnish this information

ETHNICITY

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Hispanic or Latino

☐ Not Hispanic or Latino

RACE/MULTI RACE AND NATIONAL ORIGIN

☐ American Indian, Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ American Indian or Alaskan Native *and* White

☐ Asian *and* White

☐ Black or African American *and* White

☐ Other Multiple Races

☐ American Indian or Alaskan Native
and Black or African American

☐ American Indian, Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ American Indian or Alaskan Native *and* White

☐ Asian *and* White

☐ Black or African American *and* White

☐ Other Multiple Races

☐ American Indian or Alaskan Native
and Black or African American

GENDER

☐ Female

☐ Male

☐ Female

☐ Male

MARITAL STATUS

☐ Married

☐ Separated

☐ Unmarried (single, divorced, widowed)

☐ Married

☐ Separated

☐ Unmarried (single, divorced, widowed)

VETERAN STATUS

☐ US Veteran

☐ US Veteran

Is there any other household member who served in the armed services, or is a spouse, widow(er), parent or dependent of anyone that served in the armed services? ☐ Yes ☐ No

_____/_____
Applicant Signature / Date

_____/_____
Co-Applicant Signature / Date

Or, this information was completed by interviewer: _____ / ____ / ____

Habitat for Humanity of Greater Plymouth

160 North Main Street, Carver, MA 02330
508-866-4188 • www.hfhplymouth.org



Habitat for Humanity of Greater Plymouth, Inc. Privacy Statement and Notice

At Habitat for Humanity of Greater Plymouth, 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, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process.

We collect non-public personal information about you from the following sources:

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

We may disclose the following kinds of non-public personal information about you:

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

Habitat for Humanity of Greater Plymouth 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 non-public personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents- United States Dept. of Agriculture (USDA), Eastern Bank.
- Nonprofit organizations or governments; and related entities authorized to oversee grant compliance
- Consumer Reporting Agencies

Please note that if Habitat for Humanity of Greater Plymouth would be disclosing your non-public personal information to *non-affiliated third parties* – other than those permitted by law listed above – you would be given the opportunity to “opt out” of these disclosures by calling our office at 508-866-4188. **However, we do not disclose your information to such non-affiliated third parties.**

AUTHORIZATION AND RELEASE

I understand that, by filing this application, I am authorizing Habitat for Humanity of Greater Plymouth to evaluate my ability to qualify for a mortgage loan typical to Habitat homeownership, and other expenses of home ownership, and my willingness to fulfill Habitat program partnership requirements, including sweat equity and pre-purchase courses. I understand that the evaluation will include a credit check, landlord checks, employment verification and a personal visit.

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 receive a Habitat home, I may be disqualified from the program.

I authorize Habitat for Humanity of Greater Plymouth, Inc. to conduct a check on my credit history, contact landlord and employment references, and check the Sex Offender Registry and Criminal Offender Registry. The original or a copy of this application will be retained by Habitat for Humanity of Greater Plymouth for a limited time even if the application is not approved. All information on the Protected Information sheet is part of the application, and I am certifying that information to be complete and true.

Applicants, and other adults residing in the home, must sign below to show agreement with above paragraph. This is required for your application to be considered.

_____ Applicant's Signature	____/____/____ Date	_____ Co-Applicant's Signature	____/____/____ Date
_____ Other Adult (non-applicant) Signature	____/____/____ Date	_____ Other Adult (non-applicant) Signature	____/____/____ Date

If you are approved for a Habitat home, how should your name appear on legal documents?

_____ Applicant (please print)	_____ Co-Applicant (please print)
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YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:

Please refer to the **Applicant Checklist** for "Answering Application Questions" to see a complete list of all documentation that **MUST** be submitted with your application.

Be sure to submit:

- This completed and signed application
- A completed copy of the checklist
- All the documentation required (listed on the checklist)
- A signed statement by you that describes your present housing circumstances and why you have a serious need for a safe, decent, affordable house
- A signed statement about sweat equity and ability to pay

To be considered, the Application must be postmarked or be received in the Habitat Office by 5 PM on DECEMBER 4, 2025. Applications may NOT be submitted by fax or email. If you have questions or need help with this form, please call the Habitat office at (508)866-4188.

Application and supporting documentation must be mailed or delivered to:

Habitat for Humanity of Greater Plymouth, PO Box 346, (160 N. Main St.), Carver, MA 02330

Habitat for Humanity of Greater Plymouth
Applicant Checklist
Green Street, Carver, MA

Applicant Name _____ **Co-Applicant Name** _____

The following materials are needed to complete your application for the Family Partnership Program. Please complete this checklist, keep it, and return a copy with your application.

CLOSING COSTS:

- ☐ Explanation of source of closing costs and insurance. Where will you be getting the money to pay the closing costs at the time of purchase? The closing costs are estimated at approximately \$4,250.
- ☐ If any part of the closing costs is a gift, provide a signed statement from the individual donor, stating that it is a gift and that it will be available at the time of closing.

PRESENT HOUSING CONDITIONS:

- ☐ All landlord contact info is provided on Page 1-2 of application (information for the past two years).
- ☐ Housing Need Statement: Why do you need a Habitat home? Describe any circumstance about your current housing that relates to your serious need for an affordable home: poor condition of current residence, over-crowded living conditions, high rent compared to income, inability to get traditional financing to buy a home, or other. Be specific. If applicable, include eviction notices, notice of possible sale of property if you are renting or other information to support your statement as appropriate.

ASSETS & DEBT:

- ☐ See the "Required Protected Information" sheet (Page 8). This must be filled out completely to list all assets for all household members, and all debt for Applicant #1 and #2 (if applicable). Attach additional pages as needed.

INCOME INFORMATION & DOCUMENTATION:

- ☐ All income of all adults 18 or older, who will be members of the household in the Habitat home (even if they are temporarily away) must be reported on Pg. 3-4 of the application. Add an extra page if needed.
- ☐ Veterans must submit military service verification with discharge status with DD214.
- ☐ Documentation of full-time student status for dependent household members between the ages of 18 and 25. Up-to-date receipts of payment of registration or a letter provided by the high school or college are examples.
- ☐ All employer contact info for all jobs, for all adult household members. If additional employer information needs to be provided, because you worked at your present position less than 3 years, include that employer contact information (name, address, phone #) on a separate sheet. Include the email address we should use to send a Verification of Employment Form for each employer.
Please do not send the verification form directly to employers - it is required that we send it to your employer.
- ☐ Pay records (hard copy or electronic) for the **most recent eight weeks** of each job for each working adult (18+) in household. New pay records may be requested later in the process.

- ☐ Explanation of seasonal/part-time/part-year employment, if applicable (so reviewers will understand duration and earnings from each job during a full year).
- ☐ Complete documentation of any self-employment income and expenses.
- ☐ Child Support, Social Security, Disability Income, Unemployment, other compensation sources. Provide the most recent *official* documentation i.e. court orders or award letter for all non-employment sources of income.
- ☐ If benefits or compensation are temporary, please indicate the date the income will stop. If expected child support is not being received, provide official documentation (bank records) of what you are actually receiving. Include official documentation of custody arrangements if children living in the home have parents living elsewhere.
- ☐ Bank Statements – Complete statements for the most recent 6 months for ALL checking and savings accounts, for ALL adults and children.
- ☐ ANY/ALL Investment and Retirement Accounts- Complete statements for the most recent 3 months.
- ☐ Tax Returns for prior 2 years:
 - 2023 signed Federal Tax Returns
 - 2023 W-2s and 1099's
 - 2024 signed Federal Tax Returns
 - 2024 W-2s and 1099's

Note: Federal IRS returns only – NOT your MA or other state returns

If you have NOT FILED 2024 yet, provide a copy of the filed extension and then submit records for 2022 & 2023.

- ☐ Government Monitoring Sheet (optional disclosure – but must be returned with application).

If you do not have copies of your tax returns, you should immediately take steps to request them. We need a copy of the actual tax return. To receive official IRS printouts of Income Tax Returns: call 1-800-829-1040, OR, there is an IRS Office located at 120 Liberty Street, Brockton, MA, Call 508-586-4671 for hours before going there.

Please be sure to **sign the tax return** before you submit it to us.

Be sure to submit your application with all the documentation you have by the deadline.

If you are still waiting for a copy, enclose a note stating the returns you have requested of the IRS and on what date you made your request. *If you did NOT file an IRS return for any of these years, enclose a signed letter explaining why you did not have a legal obligation to file a tax return for that year.*

EXPENSES AND DEBT:

☐ Please list all **debts** and monthly payments on debts on the Required Protected Information sheet (Page 8).

☐ Copies of most recent statements:

Other debt obligations (paid by your household – child support, alimony, payment plans, any other.
Please explain)

☐ If you answered yes to any items A – E on page 5 of the application, attach an explanation.

CITIZENSHIP or U.S. PERMANENT RESIDENCY STATUS:

☐ Copy of your Driver's License or other photo ID if you don't have a driver's license.

☐ Submit a copy of one of the following: U.S. birth certificate, OR U.S. certification of birth abroad, OR U.S. passport, OR certificate of naturalization, OR permanent resident identification card.

Applicants must be U.S. citizens OR have secured their permanent residency status and provide documentation at the time of submitting the application.

☐ Return the signed Authorization to Release Information. All household members, age 18 and over, must sign a Release.

WILLINGNESS TO PARTNER—SWEAT EQUITY FORM:

☐ Completed and signed statement about Sweat Equity

☐ Completed the "Information for Government Monitoring Purposes Form"

APPLICATION MUST BE SIGNED AND DATED BY APPLICANT AND CO-APPLICANT. DON'T FORGET TO DO THIS STEP!

CREDIT INFORMATION (for you)

Habitat for Humanity of Greater Plymouth encourages all applicants to request a copy of their credit report to be able to review and be aware of the same information that we will use to make our determination.

Every consumer may request and receive one free credit report per year.*

* Free – do not be tricked by commercials or internet advertisements that charge for this service!

Call CENTRAL SOURCE: 1-877-322-8228 or go to: www.annualcreditreport.com

Often credit reports contain errors that need to be corrected by the consumer. ***If you have recently resolved a debt or credit problem, or corrected a mistake on your report, please include an explanation of these recent changes, along with any documentation available, with your application. Depending on how recently you have resolved a problem, it is very possible this updated information will not appear on your credit report.***

If you discover past debts on your credit report that you have not paid, and are not now paying, please make arrangements to address them and include with your application documents of your efforts to do that.

We will obtain our own copy of your credit report. Do NOT supply a credit report with your application. The contact info above is for your information and use.

After you submit your application packet, keep saving all new documents: pay-stubs, income statements, bills, bank/credit/store account statements.

