



Application Homeownership Program



Dear Applicant: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely, and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Type of credit I am applying for **individual credit**.
 I am applying for **joint credit**. Total number of borrowers: _____ Initials: _____

1A. APPLICANT INFORMATION

Applicant	Co-Applicant																																																
Applicant's Name: _____ Alternative and former names: _____ _____	Co-applicant's Name: _____ Alternative and former names: _____ _____																																																
Social Security Number: _____ Home Phone: _____ Cell Phone: _____ E-mail: _____ Age _____ Date of Birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship)	Social Security Number: _____ Home Phone: _____ Cell Phone: _____ E-mail: _____ Age _____ Date of Birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship)																																																
Dependents and others who live with you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dependents and others who live with you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Is English your second language? Yes No If yes, what is your primary language? _____

Check the box that best suits your translation and interpretation needs:

- I am fluent in English and need no translation/interpretation assistance.
- I am comfortable having a conversation in English but will need help with complicated documents.
- I know little to no English. Translation and interpretation services are needed in all communication.

FOF OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____	Date of credit report request: _____
Date of NOI letter: _____	Date of home visit: _____
Date of INOI letter: _____	Date of committee approval: _____
Date of adverse action letter: _____	Date of Board approval: _____

Present address (Street, city, state, zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own _____ _____ Number of years: _____	Present address (Street, city, state, zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own _____ _____ Number of years: _____
If you have lived at your present address for less than two years, list all addresses from the past two years	
Present address (Street, city, state, zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own _____ _____ Number of years: _____	Present address (Street, city, state, zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own _____ _____ Number of years: _____

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are currently serving, in the United States Armed Forces? Yes No

If yes, please check all that apply:

- Currently serving on active duty with projected expiration of service tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving Spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, please check all that apply:

- Currently serving on active duty with projected expiration of service tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for HFHA's homeowner program, you and your household members must be willing to complete a certain number of "sweat equity" hours, which may include house spent helping build your own home and the homes of others, attending homeownership classes, and/or other approved activities.	I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS: Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. PRESENT HOUSING CONDITIONS

Currently, are you: <input type="checkbox"/> Renting <input type="checkbox"/> Rent-free <input type="checkbox"/> Own	Number of Bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other rooms where you are currently living: <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room Other (please describe): _____ _____ _____	
Are important rooms of your home inaccessible to household members? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: _____ _____	

In the space below, please describe the condition of the house or apartment where you live:

4. PROPERTY INFORMATION

I do not own any real estate (move to section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?
 \$ _____ /month Unpaid balance \$ _____

Do you own land besides your residence? Yes No
 Monthly payment (including taxes, insurance, etc.):
 \$ _____ /month

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal, and information about any liens. Note: A separate approval process will apply regarding to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
<input type="checkbox"/> Does not apply (unemployed)		<input type="checkbox"/> Does not apply (unemployed)	
Name/Address of current employer	Start date (mm/dd/yyyy)	Name/Address of current employer	Start date (mm/dd/yyyy)
	Annual gross wages		Annual gross wages
Type of business	Business phone	Type of business	Business phone
If working at current job for less than one year, complete the following information			
Name/Address of former employer	Years on this job	Name/Address of former employer	Years on this job
	Annual (gross) wages		Annual (gross) wages
Type of business	Business phone	Type of business	Business phone
<input type="checkbox"/> Check if you are the business owner or are self employed <input type="checkbox"/> I have ownership share of less than 25% <input type="checkbox"/> I have ownership share of 25% or more Monthly income (or loss): _____			PLEASE NOTE: All applicants will be required to provide documents such as tax returns and financial statements.

9. LIABILITIES AND EXPENSES

Account	Applicant			Co-Applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$		\$	\$	
Installment (e.g. boat, personal loan)	\$	\$		\$	\$	
Lease (e.g. furniture, appliances – includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g. credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Open 30 days (balance paid monthly, e.g. travel card)	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electric, water, gas)	\$	\$	\$
Insurance (car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Phone/Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

10. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for that appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant: _____ Co-Applicant: _____

11. DECLARATIONS

Please check the box beside the word that best answers the following questions.	Applicant	Co-Applicant
a. Are there any outstanding judgements 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 declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance first due) within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation, or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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

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

12. AUTHORIZATION, AGREEMENT, AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected for a Critical Home Repair, I may be disqualified from the program and forfeit any rights or claims to receive the related repairs. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself 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 your additional comments with "A" for applicant or "C" for co-applicant.

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOXES BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino –</p> <p>Origin: _____</p> <p style="font-size: small;">For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino –</p> <p>Origin: _____</p> <p style="font-size: small;">For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native –</p> <p style="padding-left: 20px;">Name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian – race: _____</p> <p style="font-size: small;">For example: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro</p> <p style="padding-left: 20px;"><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander – race: _____</p> <p style="font-size: small;">For example: Fijian, Tongan, etc.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native –</p> <p style="padding-left: 20px;">Name of enrolled or principal tribe: _____</p> <p><input type="checkbox"/> Asian</p> <p style="padding-left: 20px;"><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino</p> <p style="padding-left: 20px;"><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian – race: _____</p> <p style="font-size: small;">For example: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="padding-left: 20px;"><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro</p> <p style="padding-left: 20px;"><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander – race: _____</p> <p style="font-size: small;">For example: Fijian, Tongan, etc.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

To be completed by office staff only

Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by:	Interviewer's name (print or type)	Interviewer's phone #
<input type="checkbox"/> Face-to-face interview (or video)	Interviewer's signature	Date
<input type="checkbox"/> By mail <input type="checkbox"/> By telephone		

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 915 2nd Ave. Seattle WA 98104 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, 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):

X _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____

E-Sign Act Disclosure and Agreement

We are pleased to offer you the opportunity to receive information about your application electronically. If you would like to receive correspondence and notices from us electronically, instead of paper copies through the mail, please review this notice and provide your consent.

1. **Scope of Communications to Be Provided in Electronic Form.** When you use a product or service to which this disclosure applies, you agree that we may provide you with any communications in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic communications and transactions includes, but is not limited to:
 - a. All legal and regulatory disclosures and communications associated with the product or service available through Habitat for Humanity Anchorage.
 - b. Notices or disclosures about a change in the terms of your account or associated payment feature and responses to claims.
 - c. Privacy policies and notices.
2. **Method of Providing Communications to You in Electronic Form.** All communications that we provide to you in electronic form will be provided either (1) via e-mail, (2) by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or (3) to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose.
3. **How to Withdraw Consent.** You may withdraw your consent to receive communications in electronic form by contacting us through e-mail or writing to our office at 900 E Benson Blvd. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.
4. **How to Update Your Records.** It is your responsibility to provide us with true, accurate, and complete e-mail address, contact, and other information related to this E-Sign Act disclosure and your account, and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at Affiliate email address and mailing address.
5. **Hardware and Software Requirements.** To access, view, and retain electronic communications that we make available to you, you must have:
 - a. an Internet browser that supports 128-bit encryption;
 - b. sufficient electronic storage capacity on your computer's hard drive or other data storage unit;
 - c. an e-mail account with an Internet service provider and e-mail software in order to participate in our electronic communications programs;
 - d. a personal computer, operating system, and telecommunications connections to the Internet capable of receiving, accessing, displaying, and either printing or storing communications received from us in electronic form via a plain text-formatted e-mail or by access to our web site using one of the browsers specified above;
 - e. Adobe Reader version 8.0 or higher.

6. **Requesting Paper Copies.** We will not send you a paper copy of any communication, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made within a reasonable time after we first provided the electronic communication to you. To request a paper copy, contact HFHA by e-mail or write to our office at 900 E Benson Blvd. We may charge you a reasonable service charge for the delivery of paper copies of any communication provided to you electronically pursuant to this authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.
7. **Communications in Writing.** All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure and any other communication that is important to you.
8. **Federal Law.** You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.
9. **Termination/Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.

By signing below, you agree that you have read, understand, and agree to the E-Sign Act. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that your computer satisfies the hardware and software requirements specified above and that you have provided us with a current e-mail address at which we may send electronic communications to you.

Applicant(s):

X _____
 Print name: _____
 Date: _____

X _____
 Print name: _____
 Date: _____

Privacy Act Notice

- 1. 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.
- 2. We may disclose the following kinds of nonpublic personal information about you:**
 - Information we receive from you on applications and other forms, such as name, address, social security number, income, or number in household.
 - Information about your transactions with us, such as your loan balance, and payment history.
- 3. We DO NOT disclose any nonpublic personal information about our customers to anyone, except as permitted by law.**
- 4. We may disclose nonpublic personal information about you to the following types of third parties:**
 - Financial service providers, such as mortgage servicing agents, and;
 - Non-profit organizations of government agencies.
 - Nonaffiliated third parties as permitted by law.
- 5. We restrict access to nonpublic personal information about you to:**
 - Habitat for Humanity's agents and employees that need to know that information to provide Habitat for Humanity services to you;
 - Disclosures to other non-affiliated third parties as permitted by law.
- 6. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.**

NOTE: 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. If you wish to opt out of disclosures to nonaffiliated third parties, you must call, mail, or email Habitat for Humanity Anchorage.

I/We have received a copy and understand Habitat for Humanity Anchorage's Privacy Notice.

Applicant(s):

X _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____

Homeowner Association Disclosure

Due to decreasing land availability, Habitat for Humanity Anchorage (HFHA) builds most of their houses as duplexes. This creates a need to make Homeowner Associations (HOAs) for our developments. HOAs have some extra restrictions on what you can and can't do on your property. These rules are to help preserve the property value for homes in the HOA. For new developments, the homeowners will work together to decide what those rules are. There are also HOA fees that are separate from a Habitat mortgage. These usually cover some utilities and trash removal from your home. Knowing this...

- I (We) am willing to live in a home governed by a Homeowner Association
- I (We) am willing to pay the Homeowner Association fees
- I (We) am willing to help lead the Homeowner Association by serving on their Board
- I (We) have previous experience with Homeowner Associations

HOA Rules typically have restrictions on the type and/or number of animals. To help HFHA make informed placement decisions, please share the type/number of pets you currently own.

- I (We) have an animal(s) that makes noise or leaves the house: _____
- I (We) have an animal(s) that is small and caged inside: _____
- I (We) have one or more animals that do not fit that description: _____
- I (We) do not own any pets or other animals
- I (We) have allergies or other issues that prevent me (us) from living comfortably in a Homeowner Association that allows animals: _____

I (We) certify that the information marked above is true and represents my (our) willingness to live in a Habitat Homeowner Association. I (We) understand that none of the information provided is reason for HFHA to deny my (our) application.

Applicant(s):

X _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____

Request for Credit Reference

Regarding:

Date of request:

Requested by: Habitat for Humanity Anchorage
900 E Benson Blvd
Anchorage, AK 99508

I (we) authorize the release of the following information to Habitat for Humanity Anchorage for use in determining eligibility for the Habitat homeownership program.

Applicant's Signature **Date** **Co-Applicant's Signature** **Date**

-
1. How long have you done business with this applicant? _____
2. Are payments made regularly according to your agreement? ___ Yes ___ No
3. If unable to make a payment, did they make satisfactory arrangements? ___ Yes ___ No
4. Would you consider this applicant a good credit risk? ___ Yes ___ No
5. Highest balance \$ _____ Present balance \$ _____ Monthly payment \$ _____

X _____ Print name: _____ Date: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to Habitat for Humanity Anchorage and is not to be transmitted through the applicant or any other party

Request for Landlord Reference

Regarding:

Date of request:

Requested by: Habitat for Humanity Anchorage
900 E Benson Blvd
Anchorage, AK 99508

I (we) authorize the release of the following information to Habitat for Humanity Anchorage for use in determining eligibility for the Habitat homeownership program.

Applicant's Signature **Date** **Co-Applicant's Signature** **Date**

Applicant's payment history: ___ Excellent ___ Satisfactory ___ Unsatisfactory

Rental period (give dates): _____ to _____ Monthly rent: \$ _____

Additional comments: _____

X _____ Print name: _____ Date: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to Habitat for Humanity Anchorage and is not to be transmitted through the applicant or any other party