FORT COLLINS HABITAT FOR HUMANITY
HOMEOWNERSHIP APPLICATION PACKET

STEP

1. DETERMINE ELIGIBILITY

To be eligible for homeownership through Habitat for Humanity, the following must apply:

- You live or work in Fort Collins or our surrounding service areas.
- Your current shelter is inadequate, substandard, subsidized, rent burdened, temporary, transitional, etc.;
- You are willing to work 200 "sweat equity" hours per adult applicant toward the building of your own home and other Habitat homes.
- You will save $1,500 toward closing costs;
- Your household's total monthly GROSS income meets the following guidelines:

Household Size (45-80% AMI)	Annual Income (before taxes taken out)	Monthly Income (before taxes taken out)
1	$35,820 to $63,600	$2,985 to $5,300
2	$40,905 to $72,700	$3,409 to $6,058
3	$46,035 to $81,800	$3,836 to $6,817
4	$51,120 to $90,850	$4,260 to $7,571
5	$55,215 to $98,150	$4,601 to $8,179
6	$59,310 to $105,400	$4,943 to $8,783
7	$63,405 to $112,700	$5,284 to $9,392
8	$67,500 to $119,950	$5,625 to $9,996

Fort Collins Habitat for Humanity®

2023/24

STEP

2. COMPLETE ONLINE ORIENTATION & QUIZ

Each individual applicant must watch online orientation and take online quiz on our website, *www.fortcollinshabitat.org*, **ON OR BEFORE** November 26.
As of November 27, the orientation and quiz will no longer be available. Without completing the Orientation and passing the quiz, you will not be eligible to apply.

STEP

3. RETURN APPLICATIONS BY APPOINTMENT ONLY

Completed applications and all documentation must be returned **IN PERSON** by all applicants. Between **November 27 and December 10**, you may schedule an appointment to return your application on one of the following days: **December 11, 12, 13, 14.**
No appointment requests will be accepted after December 10.

- To schedule an appointment, email ***tbain@fortcollinshabitat.org***
- Appointments should take about 60 minutes.
- There will be a **$50-PER-APPLICANT credit check fee** due at the time of appointment.
- All of the material provided by you will become property of Fort Collins Habitat for Humanity and **WILL NOT** be returned to you. For this reason, provide legible **COPIES** of the documents and **NOT** the originals.

NOTICE TO APPLICANT OF
RIGHT TO RECEIVE COPY OF APPRAISAL REPORT

Dear Applicant:

This disclosure is provided to you pursuant to 15 U.S.C. 1691(e) and Fannie Mae's and Freddie Mac's Appraiser Independence Requirements.

In the event you are selected to purchase a Habitat for Humanity home, you will be provided a copy of any appraisal report or valuation concerning this property promptly upon completion of the appraisal, and in any event, no less than three (3) business days prior to the closing of the loan.

Thank you for your interest in Fort Collins Habitat for Humanity. Please do not hesitate to contact us with additional questions.

Fort Collins Habitat for Humanity

PLEASE DETACH PAGE AND KEEP FOR YOUR RECORDS

My Habitat Checklist

Applicant 1 | Applicant 2

PLEASE DETACH THIS PAGE AND USE THE CHECK BOXES ON THE LEFT TO MAKE SURE DOCUMENTS ARE RETURNED FOR BOTH APPLICANT AND CO APPLICANT IN THE ORDER THEY ARE LISTED BELOW.

1. APPLICATION AND CHECKLIST

- ☐ ☐ ← **Program Application**, completed and signed (pages 4-9 in packet)
- ☐ ☐ ← **My Habitat Checklist** (THIS form), completed and signed

2. RESIDENCY, ID, AND CITIZENSHIP (FOR EVERY HOUSEHOLD MEMBER)

- ☐ ☐ ← **Proof of Idenity -** COPY of Driver's License, Colorado ID Card, or US Passport
- ☐ ☐ ← **Proof of Citizenship -** COPY of U.S. Passoport, valid Green Card, Certificate of Naturalization, or U.S. birth certificate
- ☐ ☐ ← **Social Security Card -** COPY of card

3. EMPLOYMENT AND INCOME INFORMATION

- ☐ ☐ ← COPIES of most recent 6 months of **paystubs** (for every household member 18 and older)
- ☐ ☐ ← COPIES of **last paystub of 2022** and **first paystub of 2023**
- ☐ ☐ ← **Verification of Employment Form** for each job held by each applicant. To be completed by employer ONLY (pg 13 in packet)
- ☐ ☐ **DOCUMENTATION OF ALL NON-EMPLOYMENT INCONE:**
- ☐ ☐ ← Proof of **alimony** and **child support** (please include Child/Alimony Support Orders and Family Support Registry Report)
- ☐ ☐ ← **Statement of Disability Income for any household member** (if applicable)
- ☐ ☐ ← **Statement of Social Security Income for any household member** (if applicable)

4. FINANCIAL INFORMATION

- ☐ ☐ ← COPIES of **2020, 2021, and 2022 Federal Tax Returns SIGNED** (forms 1040 or 1040 EZ)
- ☐ ☐ ← COPIES of **2020, 2021, and 2022 W-2s or 1099 for ALL income sources**
- ☐ ☐ **Self-employment** requires 2 years minimum employment history and the following documents:
  - ☐ ← Previous 3 years Federal Tax returns, including Schedule C and all other applicable schedules
  - ☐ ← Financial statements (balance sheets and income sheets). **NOTE**: These financials should be generated by a third-party, i.e., accountant, CPA, etc.
- ☐ ☐ ← **Signed 4506-T Request for Transcript Form** (pg 20 in packet)
- ☐ ☐ ← **Verifiction of Deposit -** for each account listed on application - to be completed **ONLY** by your bank (pg 15 in packet)
- ☐ ☐ ← COPIES of **complete bank statements (ALL pages)** for each account listed on application for the most recent 6 months
- ☐ ☐ ← COPIES of all **current credit card, automobile, and loan statements** (including student loans)

5. RENTAL INFORMATION

- ☐ ☐ ← **Verification of Rental History Form** (bottom to be completed by landlord ONLY (pg 14 in packet))
- ☐ ☐ ← COPY of current **Lease Agreement**
- ☐ ☐ ← COPIES of last **4 months utility bills** (city utility bills, xcel, etc.)

6. OTHER

- ☐ ☐ ← **COPY of divorce decree** (if applicable)
- ☐ ☐ ← **COPY of bankruptcy papers** with dated discharge letter and/or foreclosure documents (if applicable)
- ☐ ☐ ← **Affidavit and Release of Information**, completed and signed (pg 16 in packet)
- ☐ ☐ ← **Authorization for SSA to Release SSN Verification** - one per applicant (pg 18 in packet)
- ☐ ☐ ← **$50 PER APPLICANT Credit Check Fee** (to be paid at application appointment). **CASH OR CREDIT/DEBIT CARD ONLY**

Please sign and date below:

Applicant #1 Name	**Applicant #2 Name**
Signature **Date**	**Signature** **Date**

QUESTIONS? PLEASE CALL 970-488-2605 TO SPEAK WITH OUR HOMEOWNER SERVICES DIRECTOR

Fort Collins Habitat for Humanity®

Equal Housing Opportunity Statement: 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.

EQUAL HOUSING OPPORTUNITY

Fort Collins Habitat for Humanity® Program Application

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.

(Estamos comprometidos con la letra y el espíritu de la política de Estados Unidos para el logro de la igualdad de oportunidades de vivienda en toda la nación. Alentamos y apoyamos un programa afirmativo de publicidad y comercialización en el que no existen barreras para obtener vivienda debido a la raza, el color, la religión, el sexo, la discapacidad, la situación familiar o el origen nacional.)

EQUAL HOUSING OPPORTUNITY

Fort Collins Habitat for Humanity | 4001 S. Taft Hill Road | Fort Collins, CO 80526

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. ***(Estimado Solicitante:** Complete esta solicitud para el programa de propiedad de vivienda de Hábitat para la Humanidad de manera veraz, completa y precisa.)*

1A. APPLICANT INFORMATION *(INFORMACIÓN DEL SOLICITANTE)*

Applicant 1 *(Solicitante 1)*	Applicant 2 *(Solicitante 2)*
Applicant 1 name *(Nombre del solicitante 1)*	**Applicant 2 name *(Nombre del solicitante 2)***
Phone *(Numero telefonico)* Date of Birth *(Cumpleaños)* Age *(Edad)*	Phone *(Numero telefonico)* Date of Birth *(Cumpleaños)* Age *(Edad)*
Email address *(dirección de correo electrónico):*	Email address *(dirección de correo electrónico):*
Are you a lawful resident of the United States? *(Tiene un estatus migratorio legal?)* ☐ Yes *(Si)* ☐ No Are you a permanent resident of the United States? *(Es un residente permanente de los EE.UU.? (¿Tiene su 'Tarjeta Verde'?))* ☐ Yes *(Si)* ☐ No	Are you a lawful resident of the United States? *(Tiene un estatus migratorio legal?)* ☐ Yes *(Si)* ☐ No Are you a permanent resident of the United States? *(Es un residente permanente de los EE.UU.? (¿Tiene su 'Tarjeta Verde'?))* ☐ Yes *(Si)* ☐ No
☐ Married *(Casado)* ☐ Separated *(Separado)* ☐ Unmarried *(Otro estado civil (soltero, divorciado, viudo))*	☐ Married *(Casado)* ☐ Separated *(Separado)* ☐ Unmarried *(Otro estado civil (soltero, divorciado, viudo))*
Dependents and others who will live with you *(Dependientes y ostras personas que vivirán con usted (no enumerados por el solicitante))*	**Dependents and others who will live with you** *(Dependientes y ostras personas que vivirán con usted (no enumerados por el solicitante))*
Name *(Nombre)* **Age *(Edad)*** **M** **F**	**Name *(Nombre)*** **Age *(Edad)*** **M** **F**
____________ ____ ☐ ☐	____________ ____ ☐ ☐
____________ ____ ☐ ☐	____________ ____ ☐ ☐
____________ ____ ☐ ☐	____________ ____ ☐ ☐
____________ ____ ☐ ☐	____________ ____ ☐ ☐
Present address (street, city, state, ZIP) *(Dirección actuai, calle, ciudad, estado, código postal)* ☐ Own *(Vivienda propia)* ☐ Rent *(Alquila)* Years *(Cantidad de años)* ________	Present address (street, city, state, ZIP) *(Dirección actuai, calle, ciudad, estado, código postal)* ☐ Own *(Vivienda propia)* ☐ Rent *(Alquila)* Years *(Cantidad de años)* ________
If living in present address for less than two years, complete the following *(Si ha residido en la dirección actual durante menos de dos años, complete lo siguiente)*	
Previous address (street, city, state, ZIP) *(Dirección anterior, calle, ciudad, estado, código posta* ☐ Own *(Vivienda propia)* ☐ Rent *(Alquila)* Years *(Cantidad de años)* ________	Previous address (street, city, state, ZIP) *(Dirección anterior, calle, ciudad, estado, código postal)* ☐ Own *(Vivienda propia)* ☐ Rent *(Alquila)* Years *(Cantidad de años)* ________
Have you applied with Habitat before? *(¿Ha solicitado Habitat antes?)* ☐ Yes *(Si)* ☐ No If so, when? *(Si es así cuando)* _________________	

1B. MILITARY SERVICE *(SERVICIO MILITAR)*

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) *(¿Usted (o su cónyuge fallecido) sirvió, o actualmente está sirviendo, en las Fuerzas Armadas de los Estados Unidos?) (Ejército, Cuerpo de Marines, Marina,* Fuerza Aérea, *Fuerza Espacial, Guardia Costera, Reserva o Guardia Nacional)* ☐ Yes *(Si)* ☐ No

If yes, check all that apply: *(Si la respuesta es sí, marque todas las opciones que correspondan)*

☐ Currently serving on active duty with projected expiration date of service/tour ____/_____/_____ (mm/dd/yyyy) *(Actualmente en servicio activo con fecha de terminación proyectada de servicio/comisión)*

☐ Currently retired, discharged, or separated from service *(Actualmente jubilado, retirado o separado del servicio)*

☐ Only period of service was as a non-activated member of the Reserve or National Guard (*El único período de servicio fue como miembro no activo de la Reserva o la Guardia Nacional)*

☐ Surviving spouse *(Cónyuge sobreviviente)*

2. WILLINGNESS TO PARTNER *(DISPOSICIÓN DE SER ALIADO)*

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities. (*Para ser considerado para el programa de propiedad de vivienda de Hábitat,usted y los miembros de su hogar deben estar dispuestos a completar una cierta cantidad de horas de "aportación de mano de obra propia", que pueden incluir horas dedicadas a ayudar a construir su vivienda y las viviendas de otras personas, asistir a clases de propiedad de vivienda u otras actividades aprobadas.)*

		Yes *(S í)*	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS	Applicant 1 *(Solicitante 1)* :	☐	☐
(ESTOY DISPUESTO A COMPLETAR LASHORAS DE APORTACIÓN DE MANO DEOBRA PROPIA REQUERIDAS)	Applicant 2 *(Solicitante 2)* :	☐	☐

3. PRESENT HOUSING CONDITIONS *(CONDICIONES ACTUALES DE VIVIENDA)*

Number of bedrooms (please circle) *(Número de dormitorios (marque con un círculo))* : 1 2 3 4 5

Other rooms in the place you are currently living *(Otros cuartos en el lugar donde vive actualmente)* :

☐ Kitchen *(Cocina)* ☐ Bathroom *(Baño)* ☐ Living Room (*Sala)* ☐ Dining Room (*Comedor)* ☐ Other *(O tro (por favor, describa))* ______________________________

____

If you rent, what is your monthly rent payment? *(Si arrienda su residencia, ¿cuál es el monto mensual de la renta?)* $ ____________________/month *(mes)*

Name, address, and phone # of current landlord *(Nómbre, dirección y numero telefónico del arrendador actual)* : ______________________________

____

In the space below, describe the condition of the house or apartment where you live. *(En el siguiente espacio, describa el estado de la casa o apartamento donde vive.)*

4. PROPERTY INFORMATION *(INFORMACIÓN DE LA PROPIEDAD)*

☐ I do not own any real estate (move to Section 5). *(No poseo ningún bien inmueble (pase a la Sección 5)).*

If you own your residence, what is your monthly mortgage payment? *(Si es propietario de su residencia, ¿cual es el monto mensual de la hipoteca?)* $_______________/month *(mes)*

Unpaid balance *(Saldo sin cancelar)* $ ________________ Do you own land? *(¿Es propietario de terreno?)* ☐ No ☐ Yes *(Sí)*

If yes *(En caso afirmativo)* Monthly payment *(Pago mensual):* $ ___________ Unpaid balance *(Saldo sin cancelar)* $ ____________

5. EMPLOYMENT INFORMATION *(INFORMACIÓN DE EMPLEO)*

Applicant 1 ***(Solicitante 1):***		Applicant 2 ***(Solicitante 2):***	
☐ Does not apply *(No se aplica)*		☐ Does not apply *(No se aplica)*	
Name and address of **CURRENT** employer *(Nómbre y dirección del empleador **actual**)*	Start date *(Fecha de inicio)*	Name and address of **CURRENT** employer *(Nómbre y dirección del empleador actual)*	Start date *(Fecha de inicio)*
	Monthly (gross) wages *(Salario (bruto) mensual)* $		Monthly (gross) wages *(Salario (bruto) mensual)* $
Type of Business *(Tipo de empresa)*	Phone number *(Número telefónico)*	Type of Business *(Tipo de empresa)*	Phone number *(Número telefónico)*
If working at current job less than 1 year, complete the following information *(Si trabaja en el empleo actual hace menos de un año, brinde la siguiente información)*			
Name and address of **PREVIOUS** employer: *(Nombre y dirección del empleador **ANTERIOR**)*	Start date *(Fecha de inicio)*	Name and address of **PREVIOUS** employer: *(Nombre y dirección del empleador **ANTERIOR**)*	Start date *(Fecha de inicio)*
	Monthly (gross) wages *(Salario (bruto) mensual)* $		Monthly (gross) wages *(Salario (bruto) mensual)* $
Type of Business *(Tipo de empresa)*	Phone number *(Número telefónico)*	Type of Business *(Tipo de empresa)*	Phone number *(Número telefónico)*

☐ **Check if you are the business owner or are self-employed *(Marque si usted es el propietario de la empresa o si trabaja por cuenta propia*)**

☐ I have an ownership share of less than 25% *(Tengo una participación de propiedad de menos del 25%)*

☐ I have an ownership share of 25% or more *(Tengo una participación de propiedad del 25 % o más)*

Monthly income (or loss) *(Ingreso (o pérdida) mensual)* $______________________

6. MONTHLY INCOME *(INGRESO MENSUAL)*

Income Source *(Fuente de ingresos)*	Applicant 1 *(Solicitante 1)*	Applicant 2 *(Solicitante 2)*	Others in Household *(Otros en la familia)*	Total
Wages *(Ingreso salarial básico)*	$	$	$	$
Alimony *(Pensión alimenticia)*	$	$	$	$
Child Support *(Manutención infantil)*	$	$	$	$
Social Security *(Seguro Social)*	$	$	$	$
SSI *(Seguridad de Ingreso)*	$	$	$	$
Disability *(Discapacidad)*	$	$	$	$
VA Compensation *(Compensación como veterano)*	$	$	$	$
Retirement, e.g. pension *(Jubilación (p. ej., pensión))*	$	$	$	$
Military entitlements *(Privilegios militares)*	$	$	$	$
Other *(Ostros)*	$	$	$	$
Other *(Ostros)*	$	$	$	$
Total	**$**	**$**	**$**	**$**

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED AS OTHERS ABOVE *(MIEMBROS DE LA FAMILIA CUYO INGRESO ESTÁ EN LA LISTA ANTERIOR)*

Name *(Nombre)*	Income Source *(Fuente de ingresos)*	Monthly Income *(Ingreso mensual)*	Date of Birth *(Fecha de nacimiento)*

7. SOURCE OF CLOSING COSTS *(ORIGEN DEL ANTICIPO DE PAGO Y LOS COSTOS DE CIERRE)*

How do you plan to save your $1,500 in closing costs? *(¿De dónde obtendrá el dinero para hacer el pago inicial o pagar los costos de cierre?)*

8. ASSETS *(ACTIVOS)*

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.) *(Tipo de activo y nombre del banco, ahorros y préstamos, cooperativa de crédito, cuenta de jubilación, etc. (No incluya terrenos aquí)).*	Address *(Dirección)*	City, State, Zip *(Ciudad, estado, Código postal)*	Account Number *(Número de cuenta)*	Current balance/value *(Saldo actual/valor)*
				$
				$
				$
				$
				$
				$

9. LIABILITIES AND EXPENSES *(PASIVOS Y GASTOS)*

	TO WHOM DO YOU OWE MONEY? *(¿A QUIÉN LE DEBE DINERO?)*					
	Applicant 1 *(Solicitante 1)*			**Applicant 2 *(Solicitante 2)***		
Account *(Cuenta)*	Montly payment *(Pago mensual)*	Unpaid balance *(Saldo sin pagar)*	Months left to pay *(Meses por paga)*	Montly payment *(Pago mensual)*	Unpaid balance *(Saldo sin pagar)*	Months left to pay *(Meses por paga)*
Auto loan *(Préstamo para automóviles)*	$	$		$	$	
Installment loan (e.g., boat, personal loan) *(Cuota (p. ej., embarcación, préstamo personal))*	$	$		$	$	
Lease (e.g., furniture, appliances - includes rent-to-own). (*Arrendamiento (p. ej., muebles, electrodomésticos, incluye alquiler con opción a compra))*	$	$		$	$	
Alimony/maintenance (*Pensión alimenticia/mantenimiento)*	$	$		$	$	
Child Support *(Manutención de los hijos)*	$	$		$	$	
Credit Card *(Tarjetas de crédito)*	$	$		$	$	
Credit Card *(Tarjetas de crédito)*	$	$		$	$	
Credit Card *(Tarjetas de crédito)*	$	$		$	$	
Total medical *(Total médico)*	$	$		$	$	
Student loans *(Deuda de préstamo estudiantil)*	$	$		$	$	
Other *(Otro)*	$	$		$	$	
Other (Otro)	$	$		$	$	
Total	**$**	**$**		**$**	**$**	

MONTHLY EXPENSES *(GASTOS MENSUALES)*

Account *(Cuenta)*	**Applicant 1 *(Solicitante 1)***	**Applicant 2 *(Solicitante 2)***	**Total**
Rent *(Alquiler)*	$	$	$
Utilities *(Cuota (p. ej., embarcación, préstamo personal))*	$	$	$
Insurance (rental, car, health, etc.) *(Arrendamiento (p. ej., muebles, electrodomésticos, incluye alquiler con opción a compra))*	$	$	$
Child Care *(Cuidado de los niños)*	$	$	$
Internet service *(Servicio de Internet)*	$	$	$
Cell phone *(Teléfonos celulares)*	$	$	$
Land line *(Teléfono fijo)*	$	$	$
Business expense *(Gastos comerciales)*	$	$	$
Other *(Otro)*	$	$	$
Other *(Otro)*	$	$	$
Other *(Otro)*	$	$	$
Total	**$**	**$**	**$**

10. RIGHT TO RECEIVE COPY OF APPRAISAL *(DERECHO A RECIBIR UNA COPIA DE EVALUACIÓN)*

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 this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close. *(Esta carta es para notificarle que si usted califica para el programa de propiedad de vivienda y completa los requisitos del programa, podemos solicitar una evaluación para determinar el valor de una vivienda que usted puede ser elegible para comprar, y podemos cobrarle por esta evaluación. Al finalizar la evaluación, le daremos de manera oportuna una copia a usted, incluso si no se concluye el préstamo.)*

Applicant 1 signature *(Firma del solicitante 1)*

Applicant 2 signature *(Firma del solicitante 2)*

11. DECLARATIONS *(DECLARACIONES)*

Please check the box beside the word that best answers the following questions for each applicant.

(Marque el cuadro de la palabra que mejor responde a las siguientes preguntas para usted y el cosolicitante.)	Applicant 1 *(Solicitante 1)*		Applicant 2 *(Solicitante 2)*	
a. Do you have any outstanding judgments because of a court decision against you? *(¿Tiene algún juicio pendiente debido a una decisión judicial en su contra?*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No
b. Have you been declared bankrupt within the past 7 years? *(¿Se ha declarado en quiebra durante los últimos siete años?)*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No
c. Have you had property foreclosed on in the past 7 years? *(¿Se ha ejecutado su propiedad o se ha transferido en lugar de la ejecución en los últimos siete años?)*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No
d. Are you currently involved in a lawsuit? *(¿Está usted actualmente involucrado en una demanda?)*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No
e. Have you been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? *(¿Lo han obligado directa o indirectamente a algún préstamo que resultó en ejecución, transferencia del título en lugar de la ejecución o juicio?)*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No
f. Are you currently delinquent or in default of any federal debt or any other loan, mortgage financial obligation or loan guarantee? *(¿Es usted deudor o está en mora con alguna deuda federal u otro préstamo, hipoteca, obligación financiera o garantía de préstamo?)*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No
g. Are you paying alimony or child support or separate maintenance? *(¿Está usted pagando una pensión alimenticia, manutención de los hijos o de mantenimiento por separación?)*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No
h. Have you ever been convicted of a felony? *(¿Alguna vez ha sido condenado por un delito grave?)*	☐ Yes *(Si)*	☐ No	☐ Yes *(Si)*	☐ No

If you answered "yes" to any question, please explain on a separate piece of paper. *(Si contestó "sí" a cualquier pregunta de la a hasta la, sírvase explicar en una hoja de papel por separado.)*

By signing this form, we testify to the following: ***(Nota: Por firmar este documento, yo (nosotros) dan testimonio de la siguiente)***

- ☐ I currently live or work in the Fort Collins area. *(Yo (nosotros) vivo (vivimos) o trabajo (trabajamos) actualmente en el área de Fort Collins)*
- ☐ I meet the income requirements as stated on page 1. *(Yo (nosotros) cumplo (cumplimos) con los requisitos de ingresos escritos en página 1)*
- ☐ I (we) have not filed bankruptcy in the past 2 years and any bankruptcy has been discharged at least 2 years prior to application. *(Yo (nosotros) no he (hemos) presentado un caso de bancarrota en los últimos dos años y cualquier bancarrota ha sido despedida a lo menos hace 2 años antes de esta solicitud)*
- ☐ I (we) have not owned a home within the past 3 years. *(Yo (nosotros) no he (hemos) sido dueño de una casa en los 3 años pasados (eso no incluye casas de móvil))*
- ☐ I (we) understand that I (we) will be required to save $1,500 toward closing costs. *(Yo (Nosotros) entendemos que debemos tener ahorrados la cantidad de $1,500 dolares para el cierre de costo)*
- ☐ I (we) understand the sweat-equity requirements as explained in the Online Applicant Orientation. *(Yo (Nosotros) entendemos los requisitos explicados en la clase de orientacion en linea sobre el valor o equidad)*
- ☐ I (we) understand that I (we) will be subjected to a Credit Report Check. *(Yo (nosotros) entiendo (entendimos) que me(nos) someterán a una verificación del Reporte de Crédito, incluyendo mi calificación de crédito)*
- ☐ I (we) understand that I (we) will be subjected to a Criminal Background Check and a Sex Offender Registry Check. *(Yo (nosotros) entiendo (entendemos) que me(nos) someterán a una verificación de Antecedentes Criminales tanto como del Registro de Ofensores Sexuales)*
- ☐ I (we) have completed the Online Applicant Orientation and mandatory Quiz. *(Yo (Nosotros) completamos el quiz y la orientacion de la aplicacion en linea requerida)*

12. AUTHORIZATION, AGREEMENT AND RELEASE *(AUTORIZACIÓN, ACUERDO Y EXENCIÓN DE RESPONSABILIDAD)*

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. I understand that the evaluation will include personal visits, a credit check, and employment verification. 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 purchase a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or copy of this application will be retained by Habitat for Humanity even if the application is not approved. *(Entiendo que, al presentar esta solicitud, estoy autorizando a Hábitat para la Humanidad a evaluar mi necesidad real para el Programa de Propiedad de Vivienda de Hábitat, mi capacidad para pagar el préstamo asequible y otros gastos de la propiedad de vivienda, y mi disposición para ser un aliado a través de la aportación de mano de obra propia. Entiendo que la evaluación incluirá visitas personales, una verificación crediticia y de empleo. He respondido a todas las preguntas en esta solicitud con la verdad. Entiendo que, si no he respondido a las preguntas con la verdad, mi solicitud puede ser rechazada, y que incluso si ya he sido seleccionado para recibir una casa de Hábitat, podría ser descalificado del programa y perder cualquier derecho o reclamo a una casa de Hábitat. El original o una copia de esta solicitud será retenida por Hábitat para la Humanidad, incluso si la solicitud no se aprueba.)*

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. *(También entiendo que Hábitat para la Humanidad investiga a todos los solicitantes en el registro de delincuentes sexuales. Al completar esta solicitud, me someto a dicha investigación. Además entiendo que al completar esta solicitud, me someto a una revisión de antecedentes penales.)*

Applicant 1 signature *(Firma del solicitante 1):* Date *(Fecha)* Applicant 1 signature *(Firma del Sslicitante 2):* Date *(Fecha)*

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 you additional comments with "A" for Applicant 1 or "C" Applicant 2. ***(POR FAVOR TENGA EN CUENTA LO SIGUIENTE:*** *Si necesita mas espacio para llenar cualquier parte de esta solicitud, por favor use una hoja separada y adjúntela a esta solicitud. Por favor marque sus comentarios adicionales con una "A" para el solicitante o una "C" para el con-solicitante.)*

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES *(INFORMACIÓN A LOS FINES DE SUPERVISIÓN DEL GOBIERNO)*

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX 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.

(SÍRVASE LEER ESTA DECLARACIÓN ANTES DE COMPLETAR EL CUADRO A CONTINUACIÓN:
El propósito de recopilar esta información es ayudar a garantizar que todos los solicitantes sean tratados de manera justa, que se satisfagan las necesidades de vivienda de las comunidades y los vecindarios y, por otra parte, evaluar nuestros programas e informar a nuestros financiadores. Para los préstamos hipotecarios residenciales, la ley federal exige que les pidamos a los solicitantes su información demográfica (origen étnico, sexo y raza) para monitorear nuestro cumplimiento con las leyes de igualdad de oportunidades de crédito, vivienda justa y divulgación de hipotecas para vivienda. Usted no está obligado a proporcionar esta información, pero le animamos a hacerlo. Puede seleccionar una o más designaciones para “Origen étnico” y una o más designaciones para “Raza”. La ley dispone que no podemos discriminar con base en esta información, o sobre si usted decide proporcionarla o no. Sin embargo, si decide no proporcionar la información y ha realizado esta solicitud en persona, las reglamentaciones federales nos exigen que anotemos su origen étnico, sexo y raza sobre la base de la observación visual o el apellido. La ley también establece que no podemos discriminar por motivos de edad o estado civil que usted proporcione en esta solicitud. Si no desea proporcionar una parte o la totalidad de esta información, marque a continuación.)

Applicant 1 name *(Nombre del solicitante 1):*	**Applicant 2 name *(Nombre del solicitante 2):***
Ethnicity (check one or more) *(Origen étnico (marque una casilla o más)):* ☐ Hispanic or Latino *(Hispano o latino)* ☐ Mexican *(Mexicano)* ☐ Puerto Rican *(Puertorriqueño)* ☐Cuban *(Cubano)* ☐ Other Hispanic or Latino *(Otro hispano o latino)* – Origin *(Origen)* : ___________________________ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. *(Por ejemplo: argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.)* ☐ Not Hispanic or Latino *(Ni hispano ni latino)* ☐ I do not wish to provide this information *(No deseo proporcionar esta información)*	**Ethnicity (check one or more) *(Origen étnico (marque una casilla o más)):*** ☐ Hispanic or Latino *(Hispano o latino)* ☐ Mexican *(Mexicano)* ☐ Puerto Rican *(Puertorriqueño)* ☐Cuban *(Cubano)* ☐ Other Hispanic or Latino *(Otro hispano o latino)* – Origin *(Origen)* : ___________________________ For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. *(Por ejemplo: argentino, colombiano, dominicano, nicaragüense, salvadoreño, español, etc.)* ☐ Not Hispanic or Latino *(Ni hispano ni latino)* ☐ I do not wish to provide this information *(No deseo proporcionar esta información)*
Sex *(Sexo)* : ☐ Female *(Femenino)* ☐ Male *(Masculino)* ☐ I do not wish to provide this information *(No deseo proporcionar esta información)*	**Sex *(Sexo)* :** ☐ Female *(Femenino)* ☐ Male *(Masculino)* ☐ I do not wish to provide this information *(No deseo proporcionar esta información)*
Race (check one or more) *(Raza (marque una casilla o más))* : ☐ American Indian or Alaska Native *(Indio americano o nativo de Alaska)* — Name of enrolled or principal tribe *(Nombre de la tribu principal o inscrita)* : ___________________________ ☐ Asian *(Asiático)* ☐ Asian Indian *(Indio asiático)* ☐ Chinese *(Chino)* ☐ Filipino ☐ Japanese *(Japonés)* ☐ Korean *(Coreano)* ☐ Vietnamese *(Vietnamita)* ☐ Other Asian — race *(Otro asiático — raza)* : ___________ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. *(Por ejemplo: hmong, laosiano, tailandés, paquistaní, camboyano, etc.)* ☐ Black or African American *(Negro o afroamericano)* ☐ Native Hawaiian or Other Pacific Islander *(Nativo de Hawái u otras islas del Pacífico)* ☐ Native Hawaiian *(Nativo de Hawái)* ☐ Guamanian or Chamorro ☐ Samoan *(Samoano)* ☐ Other Pacific Islander — race *(Otras islas del Pacífico — raza)* : ________ For example: Fijian, Tongan, and so on. *(Por ejemplo: fiyiano, tongano, etc.)* ☐ White *(Blanco)* ☐ I do not wish to provide this information *(No deseo proporcionar esta información)*	**Race (check one or more) *(Raza (marque una casilla o más))* :** ☐ American Indian or Alaska Native *(Indio americano o nativo de Alaska)* — Name of enrolled or principal tribe *(Nombre de la tribu principal o inscrita)* : ___________________________ ☐ Asian *(Asiático)* ☐ Asian Indian *(Indio asiático)* ☐ Chinese *(Chino)* ☐ Filipino ☐ Japanese *(Japonés)* ☐ Korean *(Coreano)* ☐ Vietnamese *(Vietnamita)* ☐ Other Asian — race *(Otro asiático — raza)* : ___________ For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. *(Por ejemplo: hmong, laosiano, tailandés, paquistaní, camboyano, etc.)* ☐ Black or African American *(Negro o afroamericano)* ☐ Native Hawaiian or Other Pacific Islander *(Nativo de Hawái u otras islas del Pacífico)* ☐ Native Hawaiian *(Nativo de Hawái)* ☐ Guamanian or Chamorro ☐ Samoan *(Samoano)* ☐ Other Pacific Islander — race *(Otras islas del Pacífico — raza)* : ________ For example: Fijian, Tongan, and so on. *(Por ejemplo: fiyiano, tongano, etc.)* ☐ White *(Blanco)* ☐ I do not wish to provide this information *(No deseo proporcionar esta información)*

ADDITIONAL APPLICATION QUESTIONS

Tax Returns

1. How does your name appear on your last 3 years of tax returns?

   Borrower: ____

   Co-borrower: ____

   What names have you used in the past 7 years (maiden/former/alias other) _______________

   ____

2. What is the address on your most recently filed tax returns?

   Borrower: ____

   Co-borrower: ____

   What addresses have you used in the past 7 years? Indicate B (borrower) or C (co-borrower)

   ____

   ____

3. How did you file on your last 3 years of tax returns?

   Jointly Separately

4. Did you write off un-reimbursed business expenses (Form 2106) on your last 3 years of tax returns?

   Borrower: Yes No Co-borrower: Yes No

5. Does your last year's tax return have any additional business income or loss other than what you have already disclosed (Sole Proprietorship, LLC Partnership, Sub Chapter or Corporation)?

   Borrower: Yes No Co-borrower: Yes No

   If yes, explain: ____

Employment

6. Do you have an ownership interest in your place of employment?

   Borrower: Yes No Co-Borrower: Yes No

   If yes, indicate percentage of ownership: ____________ %

7. Are you related to your employer?

Borrower: Yes No Co-borrower: Yes No

Assets

8. Do you have any other assets you have not disclosed on your application?

Borrower: Yes No Co-Borrower: Yes No

If yes, indicate: 401K Trust Funds

IRA Valuable Personal Property

Savings Mobile home

Other: (explain) ____

Liabilities

9. Do you have any loans or debts being deducted from your paycheck?

Borrower: Yes No Co-Borrower: Yes No

If yes, explain:____

10. Have you acquired any new debt within the last 30 days?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: ____

11. Do you have any additional loans or debts not reported on your credit report?

Borrower: Yes No Co-borrower: Yes No

If yes, explain:____

Real Estate

12. Do you own vacant land or any other real estate property?

Borrower: Yes No Co-borrower: Yes No

If yes, explain:____

13. Do you own a timeshare?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: ____

14. Are you on title to any property with or without another person regardless of financial liability? (Trust, Partnership, LLC, Inheritance, etc.?)

Borrower: Yes No Co-borrower: Yes No

If yes, explain: ____

15. Have you co-signed on a mortgage?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: ____

Signatures:

Borrower ____

Date_______________________

Co-borrower ____

Date_______________________

CONTACT PERSON:
Theresa Bain, Homeowner Services
PH: 970-488-2605
Email: tbain@fortcollinshabitat.org

EMPLOYMENT VERIFICATION

Agreement to Release Information

I,_______________________________________ authorize the release of the following information to Fort Collins Habitat for Humanity for use in determining eligibility for the Habitat for Humanity homeownership program.

_______________________________________ ____________________ _________________

Applicant/Employee Signature **Date of Birth** **Date**

To whom it may concern:

The person named below is applying for housing through the Fort Collins Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Thank you for your assistance.

Sincerely,

Fort Collins Habitat for Humanity

TO BE COMPLETED BY EMPLOYER **ONLY**

Company/Employer Name: ____

Company Address: ____

1. Employee's Current Position/Title: ____
2. Date Employment Began: ____________________________
3. Current gross base pay

   Amount: $ ______________ Annually: $________ Per hour: $________ Salaried? Yes No
4. Scheduled hours per week: ____________________
5. Earnings: Calendar year to date $______________ Last calendar year $ _______________
6. Does this person regularly receive overtime or bonuses? Yes ______ No ______

   If yes, average number of overtime hours per month: _____________

   If yes, bonus type, payment schedule and average amount: _________________________________
7. Additional comments:

   ____

   ____

Name of person filling out form: _________________________________ Title: _______________________

Signature: ___________________________________Date: __________Phone: ________________________

CONTACT PERSON:
Theresa Bain, Homeowner Services
PH: 970-488-2605
Email: tbain@fortcollinshabitat.org

RENTAL HISTORY VERIFICATION

Regarding: Tenant(s) name ____________________________________ Date of request _____________

Property Address ___________________________________

City, state, ZIP ____________________________________

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

__________________________________ __________________________________ _________________

Tenant signature **Tenant signature** **Date**

To whom it may concern:

The above-named person(s) has applied for housing through Fort Collins Habitat for Humanity. By signing above and personally requesting this information, they consent to its release and its use in determining their qualification for our program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. We would appreciate your help in answering the following questions. Thank you for your assistance.

Sincerely,

Fort Collins Habitat for Humanity

TO BE COMPLETED BY LANDLORD **ONLY**

Landlord/management company name: ____

Company address: _____________________________ City, state, ZIP: __________________________________

1. Rental period (give dates): From _____________ to _____________
2. Monthly rent: $____________
3. Was rent paid on time?___________ Number of times late in last 12 months: _________
4. Complaints by others? Please explain: ____

   ____
5. Any damage to their unit? ____
6. Overall rating as tenant (excellent, satisfactory, unsatisfactory). Please explain: ___________________________

   ____
7. Would you rent to them again? ______________
8. If former tenant, did you return full security deposit? ____________ If no, please explain: _________________

   ____

Name of person filling out form: ____ Title: ____________________________

Signature: _______________________________________ Date: _______________ Phone: _________________________

CONTACT PERSON:
Theresa Bain, Homeowner Services
PH: 970-488-2605
Email: tbain@fortcollinshabitat.org

VERIFICATION OF DEPOSIT (one per bank)

Regarding:

Applicant Name: ________________________________ Co-applicant name: ___________________________________

Applicant address: ______________________________ City, state, ZIP: ___________________________________

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

_________________________________ __________ _______________________________ ____________

Applicant signature **Date** **Co-applicant signature** **Date**

This section to be completed by bank representative only

Account Type	Date opened	Current balance	Average balance (3 months)	Number of overdrafts	Dates of overdrafts
Checking		$	$		
Checking		$	$		
Savings		$	$		
Savings		$	$		
Money Market		$	$		
Other		$	$		

Loan type	Date opened	Loan balance	Scheduled monthly payments	Past-due balance
Home		$	$	
Other real estate		$	$	
Car		$	$	
Car		$	$	
Other		$	$	
Other		$	$	

Please include any additional information that might help us determine the creditworthiness of this applicant:

Name of Banking Institution: ____

Signature of Employee filling out form: ____ **Date:** ______________

Printed name: ______________________________________ **Title:** ____

AFFIDAVIT AND RELEASE OF INFORMATION

*** PLEASE READ CAREFULLY – INITIAL AND SIGN ON BACK ***

Fair Credit Reporting Act Disclosure and Authorization

As an applicant for housing through Fort Collins Habitat for Humanity, you are a consumer with rights under the Fair Credit Reporting Act. For determining your qualification for this housing program, Fort Collins Habitat for Humanity may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you.

Disclosure Regarding Background Report

Fort Collins Habitat for Humanity may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlinginfosystems.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your program application. If you are selected, to the extent permitted by law, Fort Collins Habitat for Humanity may obtain from STERLING further reports without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

Authorization to Obtain Background Report

I have read the Disclosure Regarding Background Report provided by Fort Collins Habitat for Humanity and this Authorization to Obtain Background Report. By my signature on the next page, and the subsequent SSA Release, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to Fort Collins Habitat for Humanity and its designated representatives, to assist Fort Collins Habitat for Humanity in making a decision involving me at any time after receipt of this authorization to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the COMPANY itself and authorize STERLING to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

AFFIDAVIT AND RELEASE OF INFORMATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALING AND SIGNING

____________I (we) acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

____________I (we) authorize Fort Collins Habitat for Humanity to conduct a **CREDIT HISTORY CHECK** for both Applicant and Co-Applicant. All information will be kept strictly confidential.

____________I (we) authorize Fort Collins Habitat for Humanity to conduct an extensive and thorough **BACKGROUND HISTORY CHECK** for every household member 18 and older. All information will be kept strictly confidential.

____________I (we) authorize Fort Collins Habitat for Humanity to conduct a search on the **SEX OFFENDER REGISTRY** for every household member 18 years of age and older. All information will be kept strictly confidential.

____________I (we) authorize any **person, school, CURRENT AND PAST EMPLOYERS, CURRENT AND PAST LANDLORDS, law enforcement authorities, and organizations** named in this application to provide and release any information and opinions concerning our background. I (we) release such persons and organizations from any legal liability for any damage whatsoever for making such statements.

____________I (we) authorize Fort Collins Habitat for Humanity and/or any of its agents to verify and investigate any or all statements contained in this application.

____________I (we) understand that this application does not create a contract for housing.

____________I (we) further certify that I (we) have read and understand the instructions, conditions and other information provided in this document.

Applicant 1 Authorization

By signing below, I ______________________________________, hereby voluntarily agree to the statements above and authorize Fort Collins Habitat for Humanity to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Fort Collins Habitat for Humanity. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth_____________ Signature____ Date ______________________

Applicant 2 (or household member 18 or older) Authorization

By signing below, I ______________________________________, hereby voluntarily agree to the statements above and authorize Fort Collins Habitat for Humanity to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Fort Collins Habitat for Humanity. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth______________ Signature____Date________________

(Please copy and fill out this form for any additional household members 18 years of age and older.)

Social Security Administration

Form Approved
OMB No. 0960-0760

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:

I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- ☑ Mortgage Service
- ☑ Background Check
- ☑ Credit Check
- ☐ Banking Service
- ☐ License Requirement
- ☐ Other

with the following company ("the Company"):

Company Name: **STERLING INFOSYSTEMS, INC.**

Company Address: **PO BOX 1048, BOTHELL, WA 98041**

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:
COMPUTER INFORMATION DEVELOPMENT LLC, 713 W. DUARTE RD. #106, ARCADIA, CA 91007

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to $5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:
This consent is valid for N/A days from the date signed. N/A (Please initial.)

Signature ______________________________ Date Signed ____________________

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address ____

City/State/Zip ____

Phone Number ____

Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent..SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U. S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401*. ***Send to this address only comments relating to our time estimate, not the completed form***.

TEAR OFF

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf

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 FTC Regional Office for the Western region, Los Angeles, California 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(s):

X ____ X ____

Print name: ______________________________________ Print name: ________________________________

Date: ____ Date: ______________________________________

Form **4506-T**
(July 2017)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit *www.irs.gov/form4506t*.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Fort Collins Habitat for Humanity, 4001 South Taft Hill Road, Fort Collins, CO 80526

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ ____________

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter

| 12 / 31 / 2022 | 12 / 31 / 2021 | 12 / 31 / 2020 | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☑ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t.* Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on “Get a Tax Transcript...” under “Tools” or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all othe transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

CAUTION *You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.*

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.