



Altavista Area Campbell County Habitat For Humanity, Inc. is a locally run affiliate of Habitat For Humanity International. Habitat For Humanity is an ecumenical Christian housing organization that works in partnership with people in need to build safe, affordable housing. Our purpose is to build homes with partner families who could not afford a safe home otherwise.

Volunteer labor and donations of money and materials are used to build homes that are then purchased by selected partner families. Partner families also invest hundreds of hours of work called sweat equity to assist in building homes and fundraising.

To be considered for a home you must meet the requirements below. Homes are limited each year, so partner families are chosen from those applications that meet these requirements.

1. You must demonstrate a housing need.
2. You need to have lived in the Altavista Area Campbell County service area for at least a year prior to applying. This includes Hurt and Gretna areas.
3. You need to have a steady income of at least:

1 Person Family	2 Person Family	3 Person Family	4 Person Family	5 or more Person Family
\$16,600	\$18,950	\$21,300	\$23,650	Contact office for guidelines

NOTE: Income guidelines are as of June 15, 2022 and may change.

4. Your total family income cannot be more than:

1 Person Family	2 Person Family	3 Person Family	4 Person Family	5 or more Person Family
\$33,180	\$37,920	\$42,660	\$47,340	Contact office for guidelines

NOTE: Income guidelines are as of June 15, 2022 and may change.

5. You must provide documentation as requested including income verification, checking account, savings account, authorization to perform a criminal background check, authorization for a credit check, etc. References from employers, creditors, landlords, etc. may also be checked.
6. You must truthfully complete the entire application and sign it. Failure to do so may prevent you from being considered for a homeowner partnership.

Each year partner homeowners are selected from those applicants that meet the minimum requirements. Homes are limited, so not all applicants meeting the requirements will be selected for homeownership.

If you are selected to partner in a home, you must be willing to complete the following items.

1. You will be required to work 300 hours of sweat equity; 25 of those must be worked before construction can begin on your home. Sweat equity includes working on your home build, other home builds, fundraisers, etc.
2. You must pay a mortgage payment every month. The monthly mortgage amount will be determined during your mortgage closing.
3. You must pay closing costs upon the purchase of your home. You will have time to save that money.
4. You must pay your utility bills such as water, electricity, etc.
5. You must maintain your home including maintenance and repairs of grass/yard, plumbing, HVAC, electrical, and other home needs.
6. You must be willing to participate in programs to learn and practice budgeting, home repair and maintenance.

If you are interested in applying for Partnership, please fill out and return the enclosed application along with documents verifying your income for the last 3 months. If additional documents are needed, you will be notified after your application is submitted.

If you have questions or want help completing the application, please call the Habitat office at (434) 309-2688.

Have a wonderful day,



Rhonda H. Shreve
Executive Director



Altavista Area / Campbell County Habitat for Humanity, Inc.
 P. O. Box 232, 1007 Main Street Suite B • Altavista, Virginia 24517
 Telephone (434) 309-2688 • Email Director altavistacampbellhabitat.org

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.

Habitat Homeownership Program

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's name _____	Co-applicant's name _____																																																
Social Security number _____	Social Security number _____																																																
Home phone _____ Age _____	Home phone _____ Age _____																																																
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Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)																																																
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Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of years _____	Number of years _____																																																
If you have lived at your present address for less than two years, complete the following:																																																	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of years _____	Number of years _____																																																

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

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

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

- Kitchen Bathroom Living room Dining room
- Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month
(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid balance \$ _____

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:
Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?

Account	MORTGAGE			CONSUMER		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<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 paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.

12. AUTHORIZATION 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.

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 receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all 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
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 your additional comments with 'A' for applicant or 'C' for co-applicant.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan 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.

Applicant's name _____ Co-applicant's name _____

Consumers' Authorization

I understand that I am providing written instruction to Altavista Area Campbell County Habitat for Humanity, Inc. under the Fair Credit Reporting Act authorizing to obtain my credit report or other information from Experian, Equifax and Transunion. By signing below, I authorize Altavista Area Campbell County Habitat for Humanity, Inc. to obtain such information solely for prequalification of a mortgage loan. A copy of this authorization may be accepted as an original.

_____	_____	_____	_____
Applicant Signature	Date	Co-applicant Signature	Date

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

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

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number

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, Equal Credit Opportunity, Washington, DC 20580.

Applicant signature:	Date	Co-applicant signature	Date
X _____	_____	X _____	_____



Altavista Area / Campbell County Habitat for Humanity, Inc
P. O. Box 232, 1007 Main Street Suite B • Altavista, Virginia 24517
Telephone (434) 309-2688 • Email Director @ altavistacampbellhabitat.org

AUTHORIZATION AND RELEASE

With the signature below, I am authorizing the Altavista Area / Campbell County Habitat for Humanity, LLC to evaluate my need for a Habitat home, my ability to repay the no-interest loan and other expenses of home ownership and my willingness to be a partner homeowner. I understand that the evaluation may include the following:

- Credit check
- Home visits
- Requests for landlord references, current and past landlords
- Verification of employment, current and past employers
- Background check
- Verification of savings and other assets
- Verification of income
- Verification of debts

Applicant

Print First Name

Print Middle Name

Print Last Name

Please List Any Prior Names:

Applicant Signature: _____

Date: _____

Social Security Number: _____

Birth Date: _____

Co-Applicant

Print First Name

Print Middle Name

Print Last Name

Please List Any Prior Names:

Applicant Signature: _____

Date: _____

Social Security Number: _____

Birth Date: _____