



Summer 2009

Dear Applicant:

Welcome to Habitat for Humanity! We are a charitable nonprofit financed through private donations. We build homes with volunteer labor and donated materials and sell our homes to families who could not otherwise afford to buy a home in this area. Families must be willing to help us build homes, attend homeowner education classes and buy their home from us by paying a no-interest loan over a 20-year period. We are currently accepting applications for two-bedroom and three-bedroom condominium homes at Blue Hill Place in Dorchester.

Please read this letter carefully to see if you have an interest in our ministry and to determine if you meet our general guidelines. Applicants who do not meet the guidelines will be ineligible for the program.

To qualify for our program you must:

1. Have a need for safe and decent housing;

For example, your family must be living in substandard housing, such as housing conditions that are physically inadequate, unsafe, overcrowded, or expensive.

2. Have lived or worked in our service area for at least a year;

Our service area is made up of the following municipalities: Arlington, Belmont, Boston, Brookline, Cambridge, Chelsea, Dedham, Dover, Everett, Lexington, Lincoln, Malden, Medford, Melrose, Needham, Newton, Revere, Somerville, Stoneham, Waltham, Watertown, Wellesley, Weston, Winchester, Winthrop or Woburn.

3. Be willing to sign a Homesteader agreement and work on building your home (or someone else's home) with us for at least 300 hours.
4. Attend all scheduled homeownership classes at our offices;
5. Have a steady income of at least \$2,417 a month (\$29,000 a year) but, depending on the size of your family, less than \$6,396 a month (\$76,750 a year); and
6. Have good credit, no felony convictions and no more than one conviction for a misdemeanor.

With your permission, we will verify employment and other income, verify checking and savings account balances, get statements from your current and previous landlords, perform a credit check and perform a Criminal Offender Record Information (CORI) check. In addition, members of our Family Selection Committee may visit with you in your home.

If you are selected for this Habitat home, you will be notified of your selection and begin to work on building and then purchasing a home from us by doing the following:

1. You must pay approximately \$3600 in closing costs. ***You will have some time to save this money before closing if your family is selected.***
2. All adult members of your household (18 years and older), collectively, must contribute 300 hours of sweat equity in constructing the home.
3. One designated adult member of your household must attend all Homesteader/Homeowner Education classes, which are conducted by Habitat at our offices, to learn about budgeting, financial management, and home maintenance and repair.

Upon completion of the foregoing requirements and upon completion of construction of your home, Habitat will sell it to you at or below our cost.

You should anticipate paying between \$800 and \$1,500 a month, depending on your income, for a 20-year period to buy your house from us. This amount includes your monthly mortgage payment, plus real estate taxes and condominium fees.

Habitat will use your mortgage payments to build more houses with other families, so you are required to make your payments regularly and on time.

If you are interested in Habitat and if you believe you qualify for a home according to the above guidelines, we encourage you to fill out and return the enclosed application.

REQUIRED DOCUMENTATION CHECKLIST

You must include the following documents with your application. **Applications will be considered INCOMPLETE and will NOT be reviewed without copies of the following documents:**

- A copy of the 1040 IRS tax returns for the year 2007 for every member of your family listed on the application who files tax returns, including copies of all W-2 forms.
- A copy of the 1040 IRS tax returns for the year 2008 for every member of your family listed on the application who files tax returns, including copies of all W-2 forms.
- A copy of the two most recent paycheck stubs for each wage earner listed on the application.
- Evidence of US citizenship or legal residency in the United States for each wage earner listed on the application.

For example: a copy of your Driver's license, U.S. Passport, Certificate of U.S. Citizenship (Form N-560 or N-561), Certificate of Naturalization (Form N-550 or N-570), Unexpired Foreign Passport with an I-551 stamp, Form I-94 verifying current status as "Refugee," "Asylum Granted," "Parolee," or "Cuban-Haitian Entrant," Permanent Resident Card with photograph, or alien Registration Receipt Card with photograph (Form I-151 commonly referred to as a "Green Card" or Form I-551), etc.

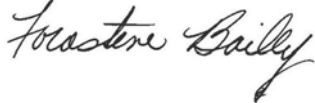
- A copy of any public assistance documentation, such as Social Security, SSD, pension benefits or unemployment benefits being received by all family members listed on the application.
- Documentation of any child support income received. Such documentation must be in the form of copies of three cancelled checks received and a notarized letter from the person paying the support, indicating the amount paid and how often such payments are made. A court order alone is not valid proof of income from child support.
- Applicants who believe that a credit check will show no credit history may submit other evidence of creditworthiness for consideration, such as copies of utility bills, landlord statements, or direct deposit statements.

APPLICATIONS MUST BE DELIVERED TO THE FOLLOWING ADDRESS:

HABITAT FOR HUMANITY GREATER BOSTON, INC.
240 COMMERCIAL STREET – FOURTH FLOOR
BOSTON, MASSACHUSETTS 02109

If you have any questions, please feel free to contact me by telephone at 617-423-2223 extension 17 or by e-mail at forastene@habitatboston.org.

Sincerely,



Forastene Bailey
Family Services Manager

Este e um aviso importante. Queira manda-lo traduzir.

Estes es un aviso importante. Sirvase mandarlo traducir.

DAY LA MOT BAN THONG CAO QUAN THRONG XIN VUI LONG CHO DICH
LAI THONG CAO AY

Ceci est important. Veuillez faire traduire.

这是一份重要文件，请翻译成中文。

谢谢

**350 Blue Hill Ave
Condominium**



This application must be returned, with copies of required documentation, to the address located at the bottom of the page. This application is for either a 2-bedroom or a 3-bedroom unit at 350 Blue Hill Place located in Dorchester.

Application for Housing

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Every wage earner in the family age 18 or over must complete all of the sections as an applicant. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION			
Applicant		Co-Applicant	
Applicant's Name		Co-Applicant's Name	
Social Security #		Social Security #	
Home Phone	Age	Home Phone	Age
<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)	
Dependents and others who live with you (not listed by co-applicant)		Dependents and others who live with you (not listed by applicant)	
Name	Age	Name	Age
_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male	_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male
_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male	_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male
_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male	_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male
_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male	_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male
_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male	_____	____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Present Address (street, city, state, zip)		Present Address (street, city, state, zip)	
Number of Years		Number of Years	
If Living at Present Address for Less Than Five Years, Complete the Following			
Last Address (street, city, state, zip)		Last Address (street, city, state, zip)	
Number of Years		Number of Years	
Name of Landlord		Name of Landlord	

5. EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Name and address of Current Employer: _____ Years On This Job <input style="width: 100px; height: 20px;" type="text"/> Monthly (Gross) Wages \$ <input style="width: 100px; height: 20px;" type="text"/> Type of Business _____ Business Phone _____	Name and address of Current Employer: _____ Years On This Job <input style="width: 100px; height: 20px;" type="text"/> Monthly (Gross) Wages \$ <input style="width: 100px; height: 20px;" type="text"/> Type of Business _____ Business Phone _____

2

If working at Current Job Less Than Five Years, Complete the Following Information

Name and address of Last Employer: _____ Years On This Job <input style="width: 100px; height: 20px;" type="text"/> Monthly (Gross) Wages \$ <input style="width: 100px; height: 20px;" type="text"/> Type of Business _____ Business Phone _____	Name and address of Last Employer: _____ Years On This Job <input style="width: 100px; height: 20px;" type="text"/> Monthly (Gross) Wages \$ <input style="width: 100px; height: 20px;" type="text"/> Type of Business _____ Business Phone _____
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6. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Payment
Base Employment Income	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

NOTE: Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

NOTE: Please attach copies of last month's bills

List additional household members over 18 who receive income.		
Name	Age	Monthly Wages
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

7. SOURCE OF MONEY FOR CLOSING COSTS

Where will you be getting the money to pay the closing costs (for example: savings, parents)? If you are borrowing money to pay these costs, explain how and from whom.

8. ASSETS

List Checking and Savings Accounts Below

Name and address of Bank, Savings & Loan, or Credit Union:	Name and address of Bank, Savings & Loan, or Credit Union:
Account Number Balance \$	Account Number Balance \$
Name and address of Bank, Savings & Loan, or Credit Union:	Name and address of Bank, Savings & Loan, or Credit Union:
Account Number Balance \$	Account Number Balance \$
Name and address of Bank, Savings & Loan, or Credit Union:	Name and address of Bank, Savings & Loan, or Credit Union:
Account Number Balance \$	Account Number Balance \$
Do you own a: Yes No	Do you own a: Yes No
Stove <input type="checkbox"/> <input type="checkbox"/>	Car (#1) <input type="checkbox"/> <input type="checkbox"/>
Refridgerator <input type="checkbox"/> <input type="checkbox"/>	Make and Year _____
Washer <input type="checkbox"/> <input type="checkbox"/>	Car (#2) <input type="checkbox"/> <input type="checkbox"/>
Dryer <input type="checkbox"/> <input type="checkbox"/>	Make and Year _____

9. DEBT

To Whom Do You and The Co-Applicant Owe Money?

1. Car (Company Name and Address)	Monthly Payment \$	Unpaid Balance \$	2. Furniture (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$
Mos. left to pay:			Mos. left to pay:		
3. Credit Card (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$	4. Medical (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$
Mos. left to pay:			Mos. left to pay:		
5. Credit Card (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$	6. Alimony/Child Support	\$ _____ /month	
Mos. left to pay:					
7. Credit Card (Co. Name and Address)	Monthly Payment \$	Unpaid Balance \$	8. Job-Related Expenses (Child Care, Union Dues, etc)	\$ _____ /month	
Mos. left to pay:					
Total Monthly Expenses				\$ _____ /month	

10. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-Applicant.

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a US citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "yes" to any of these questions does not automatically disqualify you. If you answered "yes" to question a through e however, please explain on a separated sheet of paper.

11. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, a CORI check and employment verification. I have answered all questions on this application truthfully. I understand that if I have not answered any question truthfully, my application may be denied or if I have been selected to receive a Habitat home, I may be disqualified from the program.

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 and identify any additional applicants by number.

Equal Housing Opportunity

We pledge 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 not barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.



How did you hear about this opportunity?

- Newspaper ad (Which paper? _____)
- Community Center School Church Friend/Family
- Website (Which site? _____)
- Other _____

Applicant's Name _____

Co-Applicant's Name _____

12. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes in order to monitor the lender's compliance with equal credit opportunity and fair-housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for).

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian of Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian of Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian and Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African Amer.</p> <p><input type="checkbox"/> Other</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (incl. single, divorce, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian of Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian of Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian and Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African Amer.</p> <p><input type="checkbox"/> Other</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____ / ____ / ____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (incl. single, divorce, widowed)</p>



LIST OF FAMILY MEMBERS

Please list the names, ages and occupations of the members of your family who are living together with you now AND will live in the Habitat home. Indicate whether a family member intends to contribute his or her income to the purchase of the Habitat home. For each member that checked “YES” below, submit copies of 2006 and 2007 federal and state tax returns, 2 most current pay stubs, and a completed and signed Criminal History Systems Report form.

	Name	Age	Occupation	Will Contribute to Purchase (Circle one)	
1.				Yes	No
2.				Yes	No
3.				Yes	No
4.				Yes	No
5.				Yes	No
6.				Yes	No
7.				Yes	No
8.				Yes	No

I certify the above information is true and correct as of the date listed below.

Name

Date