



Habitat for Humanity Calaveras Home Repair Program

Habitat for Humanity Calaveras offers low-cost home repairs to qualified, low-income homeowners.

The Program:

Safety and Health

Critical Home Repair provides for repairing conditions that are hazardous to the health and/or safety of the home's occupants, including plumbing, roofs, electrical, siding, heat, air conditioning, and flooring covering.

Paint and Maintenance

A Brush with Kindness and Home Preservation provides painting, siding, minor repairs, and landscaping.

Independence

Repairs to provide greater accessibility for handicapped, including ramps and accessible kitchens and bathrooms.

Program Benefits:

- Homeowners pay only for costs of materials and cost of contracted tradespeople (if necessary).
- Costs reduced to affordable levels within applicant's ability to pay.
- Costs also reduced with use of Habitat Calaveras volunteers
- Loans available at 0% interest.
- Costs reduced for seniors, handicapped and Butte Fire victims up to \$2,000.
- Money received from homeowners are used to help others in need.

Eligibility Overview:

To be eligible for the program, applicants must:

- Own and live in the home to be repaired. (Mobile homes must be on a permanent foundation on land owned by the homeowner).
- Meet income-eligibility requirements.
- Reside in Calaveras County.
- Intend to live in the house for at least three years after the repair
- Verify employment, income and credit-worthiness
- Undergo credit, criminal and sexual offender checks.
- Be willing to contribute at least 4 hours of sweat equity.

- Have a 2018 household income between the following:

# of adults in household	2018 Gross Annual Income *		
		To	
One	\$15,200	To	\$40,500
Two	\$17,400	To	\$46,300
Three	\$20,780	To	\$52,100
Four	\$25,100	To	\$57,850
Five	\$29,420	To	\$62,500
Six	\$33,740	To	\$67,150
Seven	\$38,060	To	\$71,750

**Gross annual household income (before taxes).
These figures are subject to change without notice.
All income subject to verification. Other qualifying conditions exist.*

- Other restrictions apply.

Limitations

Habitat’s resources are not unlimited. Certain benefits may be limited by the availability of finances and the restrictions imposed by grants and/or donors. If multiple repairs are requested, Habitat for Humanity Calaveras may choose the specific repairs to be completed.

Please note: Although applications are available at any time, applications may only be submitted on prescribed acceptance days. To ensure that Habitat is currently accepting applications, please contact our office at (209) 754-5331 or admin@habitatcalaveras.org.

How to apply:

To apply for the Home Repair Program, contact Habitat for Humanity Calaveras, at (209) 754-5331, or at admin@habitatcalaveras.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.



Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 administers compliance with this law concerning this is the Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C., 20552.

APPLICATION FOR HOME REPAIR PROGRAM



HOME REPAIR PROGRAM

Applicant checklist:

How to apply:

- Complete this application in full
- Include *copies* (not originals) of the following:
 - Proof of home ownership:* Attach proof you own the home in need of repair. This document (deed, property tax receipt, etc.) must list the street address of the home and the name of the owner.
 - Proof of employment and income:* Attach documentation for all employment and income sources listed in this application. These documents (paycheck stubs, tax returns, W-2s, etc.) must include name of employer or income source and the name and address of the recipient.
 - Proof of debt:* Attach proof of the amount of all recurring debt. These documents should show to whom the debt is owed, the amount owed, and the time it will take to pay off the debt.
 - Proof of homeowner's insurance:* Attach proof of homeowner's insurance, such as coverage page / copy of bill / receipt.
- Sign and return the attached forms
 - This completed application
 - Right to Receive Copy of Appraisal
 - Information for Government Monitoring Purposes
 - Equal Credit Opportunity Act Notice
 - Request for Verification of Employment
 - Information Reverification Disclosure Authorization
 - Credit Report Request Authorization Form
 - Housing Financial Discrimination Act of 1977 Fair Lending Notice

**** This application will not be reviewed and processed until ALL required attachments have been received.**

Notification of Approval or Denial

Applicants will be notified about the approval or denial of their application within 30 days of Habitat Calaveras' receipt of the completed application. *An application is completed only when Habitat has all information necessary to determine the applicant's creditworthiness.* This includes information from applicants, employers, credit reports, contractors and other sources. If information is lacking, Habitat will send the applicant a notice of incompleteness or denial.

Time for Submitting Applications

Please note: Although applications are available at any time, applications may only be submitted on prescribed application days. To ensure that Habitat is currently accepting applications, please contact our office at (209) 754-5331 or admin@habitatcalaveras.org.

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Habitat for Humanity Calaveras
(209)754-5331
www.habitatcalaveras.org
admin@habitatcalaveras.org

Applicant information:

Name: _____

Address: _____

City / Town: _____ Zip code: _____

Work Phone: _____ Home/Cell: _____

E-mail: _____

Date of Birth: _____ Social Security #: _____

Married Unmarried (incl. single, divorced, widowed). Separated

Co-Applicant information:

Name: _____

Address: _____

City / Town: _____ Zip code: _____

Work Phone: _____ Home/Cell: _____

E-mail: _____

Date of Birth: _____ Social Security #: _____

Married Unmarried (incl. single, divorced, widowed). Separated

Dependents and others who live with you (other than co-applicant)

	<u>Name</u>	<u>Age</u>	<u>Relationship to Homeowner</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

The Home in Need of Repair

Are you the current owner of the home in need of repair? Yes / No

Do you currently live in the home in need of a repair? Yes / No

Do you own the property the home sits on? Yes / No

Are you current on your mortgage? Yes / No

Is the home covered by Homeowner's Insurance? Yes / No

Who is your Homeowner's Insurance provider? _____

How many years have you lived in this home? _____

If you own this home with anyone, please list their name(s) below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Is this a mobile or prefabricated home? Yes / No

• If so,

○ Do you own the land that it sits on? Yes / No

○ Does it have a permanent foundation?

○ What is the age of the home? _____

Is anyone in your household a veteran? Yes / No

• If yes, what is his/her name? _____

Is anyone in your household currently in the military? Yes / No

• If yes, what is his/her name? _____

Disaster Victims – Butte Fire

Was your home or any of your property damaged in the Butte Fire in September 2015? Yes / No

If yes, please describe the damage: _____.

Special Needs

Is the homeowner or anyone in the home disabled? Yes / No

If yes, indicate the type of disability below (check all that apply):

- Uses a walker, cane or crutches
- Wheelchair-bound
- Blind
- Hearing impaired
- Loss of limb
- Mentally disabled
- Other: _____

Is translation needed? Yes / No. If yes, what language? _____

Employment Information: (Requires Attachments – see page 1)

Applicant

Name and address of current employer(s):

Type of business: _____ How long at this job? _____

Current Job Title: _____

Work Phone: _____

Gross Monthly Wages: _____

If you have been employed by this employer for the less than one year, please provide the following information:

Name and address of previous employer(s) over past two years:

Type of business: _____ How long at job(s)? _____

Job Title(s): _____

Work Phone(s): _____

Gross Monthly Wages for each employer: _____

Co-Applicant

Name and address of current employer(s):

Type of business: _____ How long at this job? _____

Current Job Title: _____

Work Phone: _____

Gross Monthly Wages: _____

If you have been employed by this employer for the less than one year, please provide the following information:

Name and address of previous employer(s) over past two years:

Type of business: _____ How long at job(s)? _____

Job Title(s): _____

Work Phone(s): _____

Gross Monthly Wages for each employer: _____

Income Information: (Requires Attachments – see page 12)

MONTHLY INCOME

Income Source	Applicant	Co-Applicant	Others in household	Total
Wages	\$	\$	\$	\$
Self employment ¹	\$	\$	\$	\$
Food stamps/Calworks/WTW	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Family Help	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income Source	Monthly Source	Date of birth

¹ PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financials statements.

Debt (Requires Attachments – see page 1)

To Whom Do You and the Co-Applicant(s) Owe Money?

Account	Applicant			Co-Applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Mortgage payment (incl. insurance and taxes.	\$	\$	\$	\$	\$	\$
HOA dues	\$	\$	\$	\$	\$	\$
Car payment	\$	\$	\$	\$	\$	\$
Credit cards (average mo. over last 12 months)	\$	\$	\$	\$	\$	\$
Student loan(s)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Legal Judgments	\$	\$	\$	\$	\$	\$
Medical debts	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

Monthly Living Expenses

Account	Applicant			Co-Applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Utilities (elect., gas, propane, water, etc.)	\$	\$	\$	\$	\$	\$
Health insurance	\$	\$	\$	\$	\$	\$
Telephone, cell, cable, internet	\$	\$	\$	\$	\$	\$
Life insurance	\$	\$	\$	\$	\$	\$
Child care	\$	\$	\$	\$	\$	\$
Garbage	\$	\$	\$	\$	\$	\$
Business expenses	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

Sweat Equity

Sweat equity is an important part of Habitat’s mission of building pride in homeownership. To be considered for repairs by Habitat, you and your family must be willing to complete eight hours of “sweat-equity.” “Sweat equity” may include helping with repairs, painting, working in the Habitat office, attending homeownership classes or other approved activities.

Are you willing to perform sweat equity hours? Applicant Co-Applicant
Yes / No Yes / No

If no, please explain: _____

Requested Repairs

Please give a detailed description of the repairs you are requesting. Describe the work that needs to be done, reasons the repairs are necessary, and the desired end result. Attach additional pages if you need more space. Remember that resources of Habitat Calaveras are not unlimited. Habitat retains the discretion to decline repairs that are not with our time or financial resources. Furthermore, there are legal and policy reasons that prohibit Habitat from doing certain kinds of repairs.

Will these repairs make your home a safer place to live? Yes / No

Will these repairs increase the quality of life for those living in the home? Yes / No

Attach any additional pages needed to describe the repairs needed in detail. Also, if possible, attach photographs of the parts of your home that require repair.

Unsafe Conditions

List all possible hazards that may imperil the safety of volunteers repairing the house:

Application History

Have you applied for any Habitat repair programs in the past? Yes / No

- If yes,
 - What year(s)? _____
 - Was the application approved? Yes / No
 - Was work done? Yes / No
 - If yes, describe what work was done:

Declarations

Please check yes or no to best answer each of the following questions:

	Applicant	Co-Applicant
1. Do you have any outstanding court judgments because of a court decision against you?	Yes / No	Yes / No
2. Have you declared bankruptcy in the past seven years?	Yes / No	Yes / No
3. If you have been declared bankrupt in the past seven years, has that been discharged?	Yes / No	Yes / No
4. Have you had property foreclosed upon you in the past seven years?	Yes / No	Yes / No
5. Are you currently involved in a lawsuit?	Yes / No	Yes / No
6. Are you currently delinquent or in default on any loan, mortgage, or financial obligation?	Yes / No	Yes / No
7. Are you obligated to pay child support or separate maintenance?	Yes / No	Yes / No
8. Are you a U.S. citizen or permanent resident?	Yes / No	Yes / No

Answering “yes” to any of these questions does not automatically disqualify you. If you answered “yes” to questions 1-7 or “no” to question 8, however, please explain below:

Certification and Understanding

Please check yes or no to best answer each of the following:

I certify that:	<u>Applicant</u>	<u>Co-Applicant</u>
1. I certify that the information provided on this application is true and accurate.	Yes / No	Yes / No
2. I have no intention to move or offer my home for sale for at least three (3) years after the requested repairs have been completed.	Yes / No	Yes / No
3. My home is a safe place for contractors and volunteers, except for the unsafe conditions I identified above.	Yes / No	Yes / No

I understand that:	<u>Applicant</u>	<u>Co-Applicant</u>
1. The people who may work on my house are unpaid volunteers and not professional builders, but they will be supervised and directed by experienced construction staff.	Yes / No	Yes / No
2. If the labor/materials are over \$500, all contractors must be licensed contractor State of California.	Yes / No	Yes / No
3. If multiple repairs are requested, I understand that Habitat for Humanity Calaveras may choose the specific repairs to be completed.	Yes / No	Yes / No
4. The choice of which repairs to make is at the sole discretion of Habitat for Humanity Calaveras	Yes / No	Yes / No
5. I hereby release Habitat for Humanity Calaveras and all volunteers and staff associated with this program from any liability arising from this project.	Yes / No	Yes / No
6. Habitat for Humanity screens all applicants on the 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.	Yes / No	Yes / No
7. I understand Habitat will obtain a credit report on me.	Yes / No	Yes / No

Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Repair 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 repair by Habitat, 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.

Signature of Applicant _____ Date _____

Signature of Co-applicant(s) _____ Date _____



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.

Send completed Application to:

Habitat for Humanity
P.O. Box 1834
San Andreas, CA 95249

Right to Receive Copy of Appraisal

This is to notify you that we may order an appraisal in connection with your repair and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the your loan does not close.

Signature of Applicant _____ Date _____

Signature of Co-applicant(s) _____ Date _____

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

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of , 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, Regional Office for the Western Region, 901 Market Street, Suite 570, San Francisco, CA 94103 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

Co-Applicant

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part I.

PART I - REQUEST

1. TO: (Name and Address of Employer)		2. FROM: (Name and Address of Lender or Local Processing Agency) <i>This item must be completed before sending to employer.</i>	
3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party. <i>(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)</i>		4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER	5. DATE 6. HUD/FHA/ICPD, VA OR USDA NO.
7. NAME AND ADDRESS OF APPLICANT		I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.	
		8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.	
		SIGNATURE OF APPLICANT	

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA		PAY DATA			
9. APPLICANT'S DATE OF EMPLOYMENT	12A. BASE PAY (Current) OR OTHER INCOME				For Military Personnel Only
	\$ _____	<input type="checkbox"/> Annual	\$ _____	<input type="checkbox"/> Hourly	
10. PRESENT POSITION	\$ _____	<input type="checkbox"/> Monthly	\$ _____	<input type="checkbox"/> Weekly	Type
	\$ _____	<input type="checkbox"/> Other (Specify)			Monthly Amount
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS			RATIONS	\$
	Type	Year to Date as of	Past Year	FLIGHT OR HAZARD	\$
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY? OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	BASE PAY	\$	\$	QUARTERS	\$
	OVERTIME	\$	\$	PRO PAY	\$
	COMMISSIONS	\$	\$	OVERSEAS OR	\$
	BONUS	\$	\$	COMBAT	\$
14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)					
a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months		d. If seasonal employment, anticipated number of weeks in the next 12 months	

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK			
	BASE PAY	OVERTIME	COMMISSIONS	BONUS
	\$	\$	\$	\$
17. REASONS FOR LEAVING	18. POSITION HELD			

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE Printed name and phone number	20. TITLE OF EMPLOYER	21. DATE
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RI-IS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42USC 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C 1921 et seq.), or by other laws administered by RBS, RUS or FSA

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law,, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting Such violation or charged with enforcing or implementing the Statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L.104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal, agency when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c), any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in Such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit Sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR.301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C.3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by Voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be Lender the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by agency to be for a purpose that is compatible with the purpose for which tile agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION - CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits,
16. Referral of names, home addresses, and financial information to financial Consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies defined in the Fair Credit Reporting Act (15 U.S.C. 1681 a(f)) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).



INFORMATION REVERIFICATION DISCLOSURE AUTHORIZATION

I/We hereby authorize you to release to Habitat for Humanity Calaveras and/or its designated credit reporting agency for verification purposes, information on the attached forms concerning:

- Employment History, dates, titles, hours worked, etc.

- Banking and Savings accounts of record

- Credit Report

- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment record)

- Any other information deemed necessary in connection with an application for a real estate loan.

This information is for use in compiling a mortgage loan file for a Conventional or VA/FHA Home Loan. The lender may re-verify at any time the information of documents used in processing this loan.

A photocopy of this authorization (i.e.: a photocopy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be considered as such.

Borrower: _____ Borrower: _____

S.S.N. #: _____ S.S.N. #: _____

Date: _____ Date: _____

Habitat for Humanity Calaveras
(209)754-5331
www.habitatcalaveras.org
admin@habitatcalaveras.org

Credit Report Report Request Authorization Form

PRINT CLEARLY - All fields are REQUIRED

Applicant Name: _____ SSN#: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: California Zip Code: _____

Former Address (if **NOT** at present address for 2 years):

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____

I authorize the Habitat for Humanity Calaveras to obtain a credit report on me.

Applicant Signature: _____ Date: _____

Credit Report Report Request Authorization Form

PRINT CLEARLY - All fields are REQUIRED

Applicant Name: _____ SSN#: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: California Zip Code: _____

Former Address (if **NOT** at present address for 2 years):

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____

I authorize the Habitat for Humanity Calaveras to obtain a credit report on me.

Applicant Signature: _____ Date: _____



THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

- Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.
- Race, color, religion, sex, marital status, national origin or ancestry. It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and condition, to provided financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four family residence occupied by the owner and for the purpose of the home improvement of any one-to-four family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or:

California Department of Real Estate
Complaint Intake Unit
320 W. 4th Street, Ste 350
Los Angeles, CA 90013-1105

OR

California Department of Real Estate
General Mail
P.O. Box 137000
Sacramento, CA 95813-7000

ACKNOWLEDGEMENT OF RECEIPT

Date

Signature of Applicant

Date

Signature of Applicant

Habitat for Humanity Calaveras
(209)754-5331
www.habitatcalaveras.org
admin@habitatcalaveras.org

Office Use Only Do not write in this space

Date Application received: _____

Date of incomplete application letter: _____

Applicant eligible for Home Repair program? Yes / No (Reason) _____

Date of selection committee approval: _____

Date of Construction committee approval: _____

Date Home Repair Agreement signed: _____