



We build strength, stability, self-reliance, and shelter.

Thank you for your interest in homeownership through Habitat for Humanity Williamson-Maury! We take your request seriously and ask that you take the time to fully read the below Program Questionnaire instructions. Not doing so may hinder, or even disqualify you, from consideration. If you find that you need more room than what the questionnaire allows, you are welcome to attach an additional explanation of details.

- Complete the questionnaire as thoroughly and correctly as possible. We take the time to read each request, and if yours is not complete and/or illegible, it will delay our decision and process.
- **Please provide your last 4 pay stubs from your current job with your questionnaire.** If you are self-employed, we will need copies of your last 2 years of tax returns. If you receive other forms of income, such as social security, disability, unemployment compensation, etc., please provide proof. If these are not provided, we will not be able to move forward with your application.
- Explain in detail the reason you are applying for homeownership, for example financial hardship or physical need for better housing.
- Employment consistency and all types of income are important in determining qualifications, so please be detailed in this section and enter all information.
- Household size is important in determining program eligibility. You must list the income (if applicable) for every person over the age of 18 who would reside in your future home.
- Please understand that the Habitat homeownership program requires full honesty of your living and employment situations, and you must complete all documentation in complete truthfulness.
- If you are selected to proceed to the full application phase, we will reach out to you by mail. **Please provide an accurate and up-to-date address on the questionnaire form.** If at that time any information has changed from your original Program Questionnaire, you will need to tell us those details, so we can determine if you still qualify. This includes but not limited to: work history/job change, compensation changes, gaps in employment, and/or household size change. At the next phase of approval, we will require a full application, verification of income/assets/credit, and an application fee of \$49.00. We will notify you when/if we need this information. It is important to return any requested information in a timely manner so as to not miss deadlines.
- If you are not selected to proceed in our application process, we will reach out to you by mail with an explanation of our decision, as well as other resources that may help you on your journey to homeownership. We encourage declined applicants to apply again during another application season.

Again, we are excited you have chosen to apply with us and will work diligently to consider approving you for a new home through our program.

Homeowner Services Team

Habitat for Humanity Williamson-Maury

109 Noah Drive, Franklin, TN 37064

Office: (615)690-8090

apply@hfhwm.org

www.hfhwm.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.

Questionnaire

Habitat Homeownership Program

Dear Applicant: This pre-application questionnaire is open to anyone living or working in Williamson, Maury, Hickman, Decatur, or Lawrence County. Please complete this application for the Habitat for Humanity Williamson-Maury homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Once completed, please mail or drop off the completed forms to: Habitat for Humanity Williamson-Maury, 109 Noah Drive, Franklin, TN 37064. You may also email a scanned copy (no pictures will be processed) to apply@hfhwm.org. **Unsigned forms cannot be processed.** A letter will be sent to you within 3-4 weeks after eligibility has been determined. If you have any questions, please contact the Homeowner Services Department at 615-690-8090.

- Type of credit**
- I am applying for **individual credit**.
 - I am applying for **joint credit**. Total number of borrowers: _____
 - Each borrower intends to apply for joint credit. **Your initials:** _____

1A. APPLICANT INFORMATION

Applicant	Co-applicant
Applicant's name: _____ Alternative and former names: _____	Co-applicant's name: _____ Alternative and former names: _____
Social Security number _____ Email _____ Cell phone (____) _____ Date of birth (mm/dd/yyyy) _____	Social Security number _____ Email _____ Cell phone (____) _____ Date of birth (mm/dd/yyyy) _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 9.)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 9.)
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, for all addresses during the past two years:	
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ _____
Number of years: _____	Number of years: _____

Which county are you applying for? Maury Williamson

Dependents and others who will live with you:

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Date received: _____	Date of full application sent: _____
Date of notice of incomplete letter: _____	
Date of adverse action letter: _____	

1B. MILITARY SERVICE

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) Yes No

If yes, check all that apply:

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

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

If yes, check all that apply:

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

2. WILLINGNESS TO PARTNER

To be considered for the homeownership program, you and your household members must be willing to complete up to 280 "sweat-equity" hours, which includes hours spent helping to build your home and the homes of others, attending homeownership classes, and/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"/>

Applicants must be able to save up to 1% of the home purchase price for closing costs. This value is subject to change based on application season. A \$500 closing cost deposit will be required within 60 days after approval into the program.

I AM WILLING TO CONTRIBUTE THE REQUIRED CLOSING COSTS:

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

Do you accept a home in any location that Habitat has available?

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

3. PRESENT HOUSING CONDITIONS

Currently, are you: Renting Rent-free Own
Number of bedrooms (please circle): 1 2 3 4 5

What is your current monthly rent payment?
\$ _____

Please check the box if it describes your current living situation:

- | | | |
|---|--|--|
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Overcrowded (more than 2 people per room) | <input type="checkbox"/> You or anyone in your home has a special need (physical, mental, or development disabilities) |
| <input type="checkbox"/> Section 8 Rental Assistance | <input type="checkbox"/> Homeless or facing the loss of your home due to eviction | |
| <input type="checkbox"/> Living with friends, relatives, or another family unit | <input type="checkbox"/> Cost-burdened rent (more than 30% of your monthly income) | |

In the space below, describe your current living situation. Why do you need a Habitat home?

4. GENERAL ELIGIBILITY

	Applicant	Co-Applicant
Have you lived and/or worked in Williamson, Maury, Lawrence, Hickman, or Decatur County for at least 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a Habitat home before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or someone you were/are married to owned a home in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any property foreclosed upon in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy within the past 7 years? If YES, please identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 If yes, please provide the date of discharge/dismissal? ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen or do you have permanent resident status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. EMPLOYMENT INFORMATION

5. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
		<input type="checkbox"/> Does not apply.	
Please list below the type(s) of MONTHLY income you receive:		Please list below the type(s) of MONTHLY income you receive:	
Employment	\$	Employment	\$
Child Support	\$	Child Support	\$
Supplemental Security Income (SSI)	\$	Supplemental Security Income (SSI)	\$
Social Security	\$	Social Security	\$
Disability	\$	Disability	\$
Families First/ TANF <small>(Temporary Assistance to Needy Families)</small>	\$	Families First/ TANF <small>(Temporary Assistance to Needy Families)</small>	\$
Other: _____	\$	Other: _____	\$
Name of CURRENT Employer:	Start date (mm/dd/yyyy):	Name of CURRENT Employer:	Start date (mm/dd/yyyy):
Position Name:	Business phone:	Position Name:	Business phone:
Please select how you are paid: <input type="checkbox"/> Salary Annual (gross) pay: \$ _____ <input type="checkbox"/> Hourly # of hours per week: _____ Hourly rate of pay: \$ _____	Do you regularly work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you regularly paid commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select how you are paid: <input type="checkbox"/> Salary Annual (gross) pay: \$ _____ <input type="checkbox"/> Hourly # of hours per week: _____ Hourly rate of pay: \$ _____	Do you regularly work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you regularly paid commission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any significant gaps in employment (longer than 2 weeks)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____			
If you've been employed at your current job for less than two years, complete the following information:			
Applicant		Co-Applicant	
Name of PREVIOUS employer:	Start date (mm/dd/yyyy):	Name and address of PREVIOUS employer:	Start date (mm/dd/yyyy):
Position Name:	End date (mm/dd/yyyy):		End date (mm/dd/yyyy):
Please select how you were paid: <input type="checkbox"/> Salary Annual (gross) pay: \$ _____ <input type="checkbox"/> Hourly # of hours per week: _____ Hourly rate of pay: \$ _____	Did you regularly work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you regularly paid commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select how you were paid: <input type="checkbox"/> Salary Annual (gross) pay: \$ _____ <input type="checkbox"/> Hourly # of hours per week: _____ Hourly rate of pay: \$ _____	Did you regularly work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you regularly paid commission? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if you and/or your co-applicant are currently part-time employed IN ADDITION to your primary job Name of CURRENT Part-Time Employer:		Please select how you are paid: <input type="checkbox"/> Salary Annual (gross) pay: \$ _____ <input type="checkbox"/> Hourly # of hours per week: _____ Hourly rate of pay: \$ _____	
Position Name:			
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____		PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.	

6. CHILD SUPPORT		Applicant		Co-Applicant	
Do you RECEIVE child support payments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, how much do you receive per month in total? \$ _____					
Do you PAY child support payments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, how much do you pay per month in total? \$ _____					

7. DEBT & LOANS		Applicant		Co-Applicant	
If you have a car payment, please list the monthly payment.		\$ _____		\$ _____	
Please list the monthly total of any other loans or credit card payments.		\$ _____		\$ _____	
If you have student loans, even if deferred, please list the total outstanding balance.		\$ _____		\$ _____	

8. BANKING INFORMATION		Applicant		Co-Applicant	
Please list the name of your bank.		_____		_____	
Please list the average amount in your checking account.		\$ _____		\$ _____	
Please list the average amount in your savings accounts.		\$ _____		\$ _____	

9. UNMARRIED ADDENDUM	
FOR BORROWER SELECTING THE UNMARRIED STATUS	
<p>Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.</p>	
<p>If you selected "Unmarried" in Section 1: Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.</p> <p><input type="checkbox"/> Civil union <input type="checkbox"/> Domestic partnership <input type="checkbox"/> Registered reciprocal beneficiary relationship <input type="checkbox"/> Other (explain): _____</p> <p>State: _____</p>	

10. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this questionnaire, I/we request consideration for the Habitat for Humanity Williamson-Maury homeownership program. I authorize Habitat for Humanity Williamson-Maury to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation may include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected 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.

11. DEMOGRAPHIC INFORMATION

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.

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

FOR OFFICE USE ONLY:		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Staff member name (print or type) Staff member signature	Date

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 Southeast region, 60 Forsyth St SW, Atlanta, GA 30303, 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):

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Before you submit, don't forget to:

- Review the entire application to ensure all sections are complete and accurate.
- Sign and date on pages 5 & 7.
- Attach last 4 pay stubs OR last 2 years of tax returns if self-employed.
- Ensure contact information is correct and complete.

Once completed, please mail or drop off the completed forms to: *Habitat for Humanity Williamson-Maury, 109 Noah Drive, Franklin, TN 37064.* You may also email a scanned copy (no pictures will be processed) to apply@hfhwm.org. Unsigned forms cannot be processed. A letter will be sent to you within 3-4 weeks after eligibility has been determined. If you have any questions, please contact the Homeowner Services Department at 615-690-8090.