



Jackson, Tennessee Area, Inc.

**Habitat for Humanity Jackson, TN Area, Inc.  
Family Selection Requirements**

First, partner homebuyers are chosen who are **homeless** or living in **inadequate or substandard conditions**. Such circumstances may be caused by overcrowding or by deplorable physical conditions of the dwelling. Other factors that would cause living conditions to be deemed "inadequate" or "substandard" will also receive consideration. Housing which represents an **excessive cost burden** (more than 30% of a family's gross monthly income) is considered substandard.

Next, families must be under 80% of Madison County area median income per household (as indicated below) based on family size, and which may prevent the family from obtaining mortgage financing from a bank or other traditional mortgage lender. **Families must also have a debt-to-income ratio of less than 41%, meaning their debt cannot exceed more than 41% of their income.** We screen applicants for stability of income and credit to determine their ability and willingness to pay the monthly payments on the non-profit, affordable mortgage provided by Habitat for Humanity Jackson, TN Area, Inc. to its homebuyers.

**2024 Income Guidelines**

| <u>Family Size</u> | <u>Gross Yearly Income</u> |
|--------------------|----------------------------|
| 1 person           | \$21,120 - \$42,200        |
| 2 people           | \$24,080 - \$48,200        |
| 3 people           | \$27,120 - \$54,250        |
| 4 people           | \$30,120 - \$60,250        |
| 5 people           | \$32,560 - \$65,100        |
| 6 people           | \$34,960 - \$69,900        |
| 7 people           | \$37,360 - \$74,750        |
| 8 people           | \$39,760 - \$79,550        |

***Having income within these guidelines does not guarantee eligibility. Applicants must prove their ability to afford the monthly payments and household expenses.*** Applicants must also be **willing to fulfill the requirements** of the Habitat homebuyer program by completing a mandatory homebuyer education and post purchase programs. Finally, potential homebuyers are required to complete minimum two hundred (200) hours in "sweat equity," which can be earned by building their house, another Habitat homebuyer's house, or other community service approved by Habitat. Homebuyers must be good stewards of their home and their new homeowner status by making monthly payments on time, maintaining the physical upkeep of the property, including the lawn, being mindful of and avoiding predatory lenders, and abstaining from increased debt load during their participation in the Habitat Homebuyer Program.



### *Qualifications Guidelines*

*Please note that the following circumstances will result in a denial of your application.*

- Applicant or co-applicant has had an **ownership interest in real property** (including timeshare ownership) within the past three years.
- Applicant or co-applicant **have not had prior six-month employment and permanent residency located in Madison County.**
- Applicant or co-applicant has had a **foreclosure or given a deed in lieu of foreclosure** within the past four years.
- Applicant or co-applicant has unpaid **tax liens, medical bills, collections accounts, or judgments** showing on their credit report.
- Applicant or co-applicant is **presently in bankruptcy.** (Prior Chapter 7 bankruptcies must have been discharged a minimum of two years prior to application, and acceptable credit must have been reestablished. Prior Chapter 13 bankruptcies must have been discharged a minimum of one year prior to application, and all payments under the plan must have been made, and acceptable credit must have been re-established).
- **Inaccurate, materially misleading, or false information** is provided on the application or during the application process.
- **All income is considered** (e.g., W-2 income, Disability, SSI, Retirement, and Pension). If your income is from W-2 earnings, then a 2-Year work history is required. Gaps in employment of more than 30 days will require a written explanation.

*Criminal convictions are also considered in our evaluation of a family's suitability and eligibility for the Habitat Homebuyer Program. Any history of felony, drug, weapons, sexual, or violent offenses, may constitute grounds for denial of an application.*



**EQUAL HOUSING  
OPPORTUNITY**

Habitat for Humanity Jackson, TN Area, Inc. is pledged to the letter and spirit of the 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 for Humanity Jackson, TN Area, Inc. is an equal opportunity employer.

**Habitat for Humanity Jackson, TN Area, Inc.**  
**IMPORTANT - APPLICATION CHECKLIST**

**ITEMS BELOW MUST BE RETURNED WITH YOUR APPLICATION TO AVOID PROCESSING DELAYS:**

- The **fully completed application** with all signatures.
- A **money order or cash for \$40.00 or \$80.00 for joint applicants** payable to Habitat for Humanity Jackson, TN Area, Inc., to cover the tri-merge credit report fee.
- **Three forms of identification (drivers' license, birth certificate, and social security card) for every person 18 or older** who will occupy the Habitat home for which you are applying. **Two forms of identification for any person under age of 18** who will occupy the home.
- **All income is considered** (i.e. W-2 income, Disability, SSI, Retirement, and Pension). If your income is from W-2 income, then a 2-Year work history is required. Your most recent paycheck stub with year-to-date earnings. (If the applicant is self-employed, we require the past two years of tax returns with all schedules and a year-to-date profit and loss statement). This is required **for every person over the age of 18** who will occupy the Habitat home for which you are applying.
- Two most recent years of **tax returns, 1040 and applicable schedules (no worksheets) with all W-2s and/or 1099's**. There are many reasons people are not required to file taxes. If you do not file taxes, we will require a letter from the IRS that states they have no record of your filing for each year requested. This is called a Verification of Non-filing and can be obtained from [irs.gov](http://irs.gov), by phone -1-800-829-1040 or in person at the local IRS center - 22 N. Front Street, Memphis, 38103.
- The most recent **Social Security award letters** for any individual who will occupy the Habitat home for which you are applying that receives Social Security benefits.
- If **child support** is being received or, if you are required to pay child support, we must be provided the case number or a printout from the court clerk or TN child support program showing that all required support has been received or paid for a period of at least one year without interruption.
- **Checking & Savings Bank statements** (all pages) for the **two months** immediately preceding the month in which the application is made (for applicant and co-applicant).
- **Acknowledgment/Consent to Sex Offender Registry search** for every individual who will occupy the Habitat home who is over the age of 18.

Habitat for Humanity Jackson, TN Area, Inc., 1668 N Parkway, Jackson, TN 38301 - Phone: (731)-736-1767



**Habitat  
for Humanity®**  
Jackson, Tennessee Area, Inc.

Jackson, Tennessee Area, Inc.  
1668 N Parkway, Jackson, TN 38301  
731.736.1767 | homebuyer@jacksonhabitat.com

# Application

## Habitat Homeownership Program



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.

**Dear Applicant:** Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- 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  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
|---|---|--------------------------|--------------------------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|---|------|-----|------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|
| <b>Applicant's name:</b> _____  | <b>Co-applicant's name:</b> _____   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Alternative and former names:</b> _____  | <b>Alternative and former names:</b> _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Social Security number _____  | Social Security number _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Home phone ( ) _____  | Home phone ( ) _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Cell phone ( ) _____  | Cell phone ( ) _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Work phone ( ) _____  | Work phone ( ) _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Age _____ Date of birth (mm/dd/yyyy) _____  | Age _____ 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) <b>(Fill out Section 14.)</b>   | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) <b>(Fill out Section 14.)</b> |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>Dependents and others who will live with you:</b>  | <b>Dependents and others who will live with you (not listed by co-applicant):</b>   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Name  | Age                      | 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"/> | <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Name | Age | 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"/> |
| Name  | Age   | Male                     | Female                   |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____   | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____   | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| _____   | _____   | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
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| _____   | _____   | <input type="checkbox"/> | <input type="checkbox"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| Name  | Age   | 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"/> |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| 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: _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| <b>If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:</b>  |   |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |
| 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: _____  |                          |                          |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |   |      |     |      |        |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |       |       |                          |                          |

### 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: _____        |

### 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 Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include 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"/> |

### 3. PRESENT HOUSING CONDITIONS

Currently, are you:  Renting  Rent-free  Own

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

Other rooms in the place where you are currently living:  Kitchen  Bathroom  Living room  Diningroom

Other (please describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.**

Name, address and phone number of current landlord: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 4. PROPERTY INFORMATION

I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

\$ \_\_\_\_\_/month    Unpaid balance \$ \_\_\_\_\_

Do you own land other than your residence?  No  Yes

Monthly payment (including taxes, insurance, etc.)

\$ \_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.

**Note:** A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

### 5. EMPLOYMENT INFORMATION

| Applicant   |                             | Co-applicant                                  |   |
|---|-----------------------------|---|---|
| <input type="checkbox"/> Does not apply.  |                             | <input type="checkbox"/> Does not apply.      |   |
| Name and address of <b>CURRENT</b> employer:  | Start date (mm/dd/yyyy):    | Name and address of <b>CURRENT</b> employer:  | Start date (mm/dd/yyyy):  |
|   | Annual (gross) wages:<br>\$ |   | Annual (gross) wages:<br>\$   |
| Type of business:   | Business phone:             | Type of business:                             | Business phone:   |
| <b>If working at current job less than one year, complete the following information.</b>  |                             |   |   |
| Name and address of <b>PREVIOUS</b> employer:   | Years on this job:          | Name and address of <b>PREVIOUS</b> employer: | Years on this job:  |
|   | Annual (gross) wages:<br>\$ |   | Annual (gross) wages:<br>\$   |
| Type of business:   | Business phone:             | Type of business:                             | Business phone:   |
| <input type="checkbox"/> <b>Check if you are the business owner or are self-employed.</b><br><input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more.<br>Monthly income (or loss) \$ _____ |                             |   | <b>PLEASE NOTE:</b> Self-employed applicants will be required to provide additional documents such as tax returns and financial statements. |

### 6. MONTHLY INCOME

| Income source                     | Applicant | Co-applicant | Others in household | Total     |
|-----------------------------------|-----------|--------------|---------------------|-----------|
| Salary/wages (gross)              | \$        | \$           | \$                  | \$        |
| TANF                              | \$        | \$           | \$                  | \$        |
| Alimony                           | \$        | \$           | \$                  | \$        |
| Child support                     | \$        | \$           | \$                  | \$        |
| Social Security                   | \$        | \$           | \$                  | \$        |
| SSI                               | \$        | \$           | \$                  | \$        |
| Disability                        | \$        | \$           | \$                  | \$        |
| Housing voucher (e.g., Section 8) | \$        | \$           | \$                  | \$        |
| Unemployment benefits             | \$        | \$           | \$                  | \$        |
| VA compensation                   | \$        | \$           | \$                  | \$        |
| Retirement (e.g., pension)        | \$        | \$           | \$                  | \$        |
| Military entitlements             | \$        | \$           | \$                  | \$        |
| Other: _____                      | \$        | \$           | \$                  | \$        |
| <b>Total</b>                      | <b>\$</b> | <b>\$</b>    | <b>\$</b>           | <b>\$</b> |

### HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

| Name | Income source | Monthly income | Date of birth |
|------|---------------|----------------|---------------|
|      |               |                |               |
|      |               |                |               |
|      |               |                |               |
|      |               |                |               |
|      |               |                |               |

## 7. 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 gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

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## 8. ASSETS

| Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.) | Address | City, state | ZIP | Account number | Current balance/<br>value/vested amount (if applicable) |
|--|---------|-------------|-----|----------------|---|
|  |         |             |     |                | \$  |
|  |         |             |     |                | \$  |
|  |         |             |     |                | \$  |
|  |         |             |     |                | \$  |
|  |         |             |     |                | \$  |
|  |         |             |     |                | \$  |
|  |         |             |     |                | \$  |

## 9. LIABILITIES AND EXPENSES

| TO WHOM DO YOU OWE MONEY?                                  | Applicant       |                |                    | Co-applicant    |                |                    |
|--|-----------------|----------------|--------------------|-----------------|----------------|--------------------|
|  | Monthly payment | Unpaid balance | Months left to pay | Monthly payment | Unpaid balance | Months left to pay |
| Auto loan  | \$              | \$             |                    | \$              | \$             |                    |
| Installment (e.g., boat, personal loan)                    | \$              | \$             |                    | \$              | \$             |                    |
| Lease (e.g., furniture, appliances — includes rent-to-own) | \$              | \$             |                    | \$              | \$             |                    |
| Alimony/separate maintenance                               | \$              | \$             |                    | \$              | \$             |                    |
| Child support  | \$              | \$             |                    | \$              | \$             |                    |
| Revolving (e.g., credit cards)                             | \$              | \$             |                    | \$              | \$             |                    |
| Student loan debt  | \$              | \$             |                    | \$              | \$             |                    |
| Open 30 days (balance paid monthly, e.g., travel card)     | \$              | \$             |                    | \$              | \$             |                    |
| Medical debt   | \$              | \$             |                    | \$              | \$             |                    |
| Other  | \$              | \$             |                    | \$              | \$             |                    |
| Other  | \$              | \$             |                    | \$              | \$             |                    |
| <b>Total</b>   | <b>\$</b>       | <b>\$</b>      |                    | <b>\$</b>       | <b>\$</b>      |                    |

## MONTHLY EXPENSES

| Account                               | Applicant | Co-applicant | Total |
|---------------------------------------|-----------|--------------|-------|
| Rent                                  | \$        | \$           | \$    |
| Utilities (electricity, water, gas)   | \$        | \$           | \$    |
| Insurance (rental, car, health, etc.) | \$        | \$           | \$    |
| Child care                            | \$        | \$           | \$    |
| Internet service                      | \$        | \$           | \$    |
| Cell phone                            | \$        | \$           | \$    |

|  |           |           |           |
|--|-----------|-----------|-----------|
| Land line  | \$        | \$        | \$        |
| Business expenses  | \$        | \$        | \$        |
| Union dues   | \$        | \$        | \$        |
| Transportation expense (gas, bus pass, vehicle upkeep, etc.) | \$        | \$        | \$        |
| Food and essential supplies                                  | \$        | \$        | \$        |
| Entertainment  | \$        | \$        | \$        |
| Other  | \$        | \$        | \$        |
| Other  | \$        | \$        | \$        |
| <b>Total</b>   | <b>\$</b> | <b>\$</b> | <b>\$</b> |

### 10. DECLARATIONS

| Please check the box beside the word that best answers the following questions for you and the co-applicant.   | Applicant  | Co-applicant   |
|--|--|--|
| a. Are there 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 declared bankruptcy within the past seven years?<br>If YES, 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Have you had any property foreclosed upon in the past seven years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you party to a lawsuit in which you potentially have any personal financial liability?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?                        | <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 a co-signer or guarantor on any debt of loan that is not disclosed on this application?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. 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 |
| <b>Note:</b> If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.  |  |  |

### 11. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will 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.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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.

|                            |             |                               |             |
|----------------------------|-------------|-------------------------------|-------------|
| <b>Applicant signature</b> | <b>Date</b> | <b>Co-applicant signature</b> | <b>Date</b> |
| 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.

### 12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

**Applicant's name** \_\_\_\_\_ **Co-applicant's name** \_\_\_\_\_



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

| To be completed only by the person conducting the interview   |                                    |                             |
|---|------------------------------------|-----------------------------|
| 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:<br><input type="checkbox"/> Face-to-face interview (included electronic media w/video component)<br><input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type) | Interviewer's phone number  |
|   | Interviewer's signature            | Date                        |

## 14. UNMARRIED ADDENDUM

### FOR BORROWER SELECTING THE UNMARRIED STATUS

**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.

**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?  No  Yes

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.

Civil union  Domestic partnership  Registered reciprocal beneficiary relationship

Other (explain): \_\_\_\_\_

**State:** \_\_\_\_\_

## 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 the **Southeast Region, 225 Peachtree St. NE, Suite 1500, 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: \_\_\_\_\_

## **Habitat for Humanity Jackson, TN Area, Inc.**

### **Certification and Authorization**

By signing this application for the Habitat for Humanity homebuyer program, I/we certify that:

- I/we have not held an ownership interest in real property within the past three years;
- I/we am/are willing to complete the required Homebuyer Education program;
- I/we am/are willing and able to complete the required sweat equity (200 hours for a sole applicant, and 400 hours for a joint application);
- I/we understand that the Habitat homebuyer program requires prospective homebuyers to make a \$1,800 contribution toward closing cost on their home before they can close on the purchase of their home, and I am/we are able to comply with these requirements.
- All information contained on this application is true and complete. I/we understand that any false, materially misleading or inaccurate information on this application may result in denial of my/our application.
- I/we understand that in processing my/our application and evaluating my/our suitability and eligibility for the Habitat homebuyer program, Habitat will perform a sex offender registry check, a credit check, and a criminal background check, and that Habitat will also verify my/our rent, employment and income with my/our employers and landlords. Habitat may also contact my prior landlords for a reference.
- I/we authorize Habitat for Humanity Jackson, TN Area, Inc. to receive and independently verify the information contained in my/our application and attachments and to perform the background, credit, sex offender, and criminal checks as stated above in order to evaluate my/our eligibility and suitability for the Habitat homebuyer program.

**NOTICE: This application package is submitted to Habitat for Humanity Jackson, TN Area, Inc. as the first step in qualifying for our homebuyer program. If you are approved for the Habitat homebuyer program, you will be required to complete and sign a Uniform Residential Loan Application. During the processing of your application to the homebuyer program, additional information may be requested from time to time, in order to satisfy our family selection guidelines. Any requested information must be provided within 30 days of our written request, or your application will be considered withdrawn.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-applicant signature

Application received by: \_\_\_\_\_

Date: \_\_\_\_\_



Habitat for Humanity Jackson, TN Area, Inc. is pledged to the letter and spirit of the 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 for Humanity Jackson, TN Area, Inc. is an equal opportunity employer.



## **Sexual Offender Registry and Criminal Background Check Policy for Partner Families and Household Members**

**Purpose-** As a ministry, Habitat for Humanity Jackson, TN Area, Inc. (HFHJTA) values the safety of children, our employees, volunteers, and the families we serve. We want to take prudent measures to protect our human and material resources.

**Policy-** HFHJTA requires that Sex Offender Registry and criminal background checks be conducted for all adult members of potential Partner Families. HFHJTA reserves the right to recheck sex offender and/or criminal background status at any time during the qualification process, homebuilding process, and during any occupancy of the property by a Partner Family prior to the closing of the purchase of the Habitat home by the Partner Family.

### **Disqualification Criteria-**

A Sex Offender Registry or criminal background finding may disqualify an applicant from homeownership with HFHJTA. In determining eligibility, HFHJTA, in its sole discretion, may consider several factors, including without limitation, one or more of the following:

- The nature of the conviction and whether children were involved;
- The amount of time elapsed since the offense;
- The extent to which the offense may affect the person's fitness or ability to complete the requirements of the homebuyer program;
- The age of the individual when the offense occurred;
- The number of convictions (if more than one);
- Whether partnering with the applicant and/or candidate would pose a risk of legal liability to the organization;
- The extent to which the individual has made an effort towards rehabilitation since the conviction;
- Whether the offense is of a type which is likely to have an impact on homeowners living in the immediate vicinity (such as drug offenses);
- Whether the crime involved violence or weapons;
- Whether the state's public policy encourages homeownership by persons who have been convicted of crimes; and
- Any other factor that HFHJTA deems relevant to the decision.

### **Effect of Failure to Provide Information:**

If any applicant, member of an applicant's household, or member of a Partner Family's household withholds or falsifies information pertaining to a sex or criminal offense, the person may be disqualified from further consideration.

### **Examples where Disqualification Warranted -**

Some examples of offenses for which HFHJTA may, within its sole discretion, determine that an individual or Partner Family is ineligible for homeownership include, but are not limited to:

- Serious felony convictions;
- Offenses involving the manufacture or distribution of illegal substances;
- Weapons offenses;
- Child abuse offenses;
- Domestic violence convictions;
- Child molestation;
- Statutory rape;
- Conviction for an offense related to child pornography; and/or
- Sexual assault conviction, including forcible rape.

This above list is not exhaustive and is provided for illustrative purposes only. HFHJTA reserves the right to weigh disqualification criteria on a case-by-case basis and to make selection and de-selection decisions in its sole discretion. Disqualifications may extend to any partner family member.

**Habitat for Humanity Jackson, TN Area, Inc.  
Sex Offender Registry and Criminal Background Check**

**Applicant and Co-Applicant**

**I/we acknowledge receipt of a copy of Habitat for Humanity Jackson, TN Area, Inc. Sex Offender Registry and Criminal Background Check policy and consent to having my/our name(s) checked in the Sex Offender Registry.**

Applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Gender: \_\_\_\_\_

Other names/aliases previously used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address/State: \_\_\_\_\_

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Co-Applicant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Gender: \_\_\_\_\_

Other names/aliases previously used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address/State: \_\_\_\_\_

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Habitat for Humanity Jackson, TN Area, Inc.**  
**Sex Offender Registry and Criminal Background Check**  
**Non-Applicant(s) over 18 years of age**

I am a non-applicant over the age of 18 who will reside in the home of the applicant(s). I acknowledge receipt of a copy of Habitat for Humanity Jackson, TN Area, Inc.'s Sex Offender Registry and Criminal Background Check policy and consent to having my/our name(s) checked in the Sex Offender Registry.

**Non-Applicant Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
Social Security No. \_\_\_\_\_ **Gender:** \_\_\_\_\_  
Other names/aliases previously used: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Previous Address/State: \_\_\_\_\_

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.)

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Non-Applicant Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
Social Security No. \_\_\_\_\_ **Gender:** \_\_\_\_\_  
Other names/aliases previously used: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Previous Address/State: \_\_\_\_\_

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.)

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Privacy Statement

At Habitat for Humanity Jackson, TN Area, Inc., we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data - such as tax returns, pay stubs, credit reports, employment verifications and payment history - internal controls are maintained throughout the process to ensure security and confidentiality. We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer-reporting agency.

Habitat for Humanity Jackson, TN Area, Inc. employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. Habitat for Humanity Jackson, TN Area, Inc. has no affiliates or marketing experts with whom we share personal information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



**Request for Transcript of Tax Return**

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

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

|   |   |
|---|---|
| <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.                                | <b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| <b>2a</b> If a joint return, enter spouse's name shown on tax return.   | <b>2b</b> Second social security number or individual taxpayer identification number if joint tax return  |
| <b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) |   |
| <b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)              |   |
| <b>5</b> Customer file number (if applicable) (see instructions)  |   |

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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

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

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

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

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

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

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

**9 Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

|   /   /   |   /   /   |   /   /   |   /   /   |

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

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

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

Phone number of taxpayer on line 1a or 2a

|  |      |
|--|------|
| Signature (see instructions)   | Date |
| Title (if line 1a above is a corporation, partnership, estate, or trust) |      |
| Spouse's signature   | Date |

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

## Future Developments

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

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

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

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

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

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

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

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

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

**Line 5.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| If you filed an individual return and lived in:   | Mail or fax to:  |
|---|--|
| Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service<br>RAIVS Team<br>Stop 6716 AUCS<br>Austin, TX 73301<br><br>855-587-9604                 |
| Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin   | Internal Revenue Service<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>855-821-0094             |
| Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming            | Internal Revenue Service<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>855-298-1145 |

## Chart for all other transcripts

| If you lived in or your business was in:  | Mail or fax to:  |
|---|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address | Internal Revenue Service<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>855-298-1145 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin  | Internal Revenue Service<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>855-821-0094             |



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