



Habitat for Humanity La Crosse Area  
 3181 Berlin Drive  
 La Crosse, WI 54601  
 608-785-2373, extension 104

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

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's Name	Co-applicant's Name																																																
Social Security Number          Birthdate          Age  <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security Number          Birthdate          Age  <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
<b>Dependents</b> and others who will live with you (not listed by co-applicant) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 15%;">Male</th> <th style="width: 15%;">Female</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Age	Male	Female																					<b>Dependents</b> and others who will live with you (not listed by applicant) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 15%;">Male</th> <th style="width: 15%;">Female</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Age	Male	Female																				
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Home Phone: _____	Home Phone: _____																																																
Cell Phone: _____	Cell Phone: _____																																																
Email: _____	Email: _____																																																
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent  Number of years _____	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent  Number of years _____																																																
<b>If living at present address for less than two years, complete the following:</b>																																																	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent  Number of years _____	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent  Number of years _____																																																

**2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date received: \_\_\_\_\_ Date of selection committee approval: \_\_\_\_\_  
Date of notice of incomplete application letter: \_\_\_\_\_ Date of board approval: \_\_\_\_\_  
Date of adverse action letter: \_\_\_\_\_ Date of partnership agreement: \_\_\_\_\_

INTERVIEW NOTES:

**3. WILLINGNESS TO PARTNER**

To be considered for Habitat homeownership, you and your family must be willing to complete 350-400 "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant	Yes	No
	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

**4. PRESENT HOUSING CONDITIONS**

Do you have pets?  Yes  No

If yes, how many and what kind? \_\_\_\_\_

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

Other rooms in the place where you are currently living:

Kitchen     Bathroom     Living room     Dining room     Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ / month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

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

Names, addresses and phone numbers of all landlords within the past three years: \_\_\_\_\_

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

**5. PROPERTY INFORMATION**

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

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

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

**6. EMPLOYMENT INFORMATION**

<b>Applicant</b>		<b>Co-applicant</b>	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
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>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone





**10. DEBT**

To whom do you and the co-applicant(s) owe money?						
Account	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$

Monthly expenses			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Childcare	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Landline	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

**11. DECLARATIONS**

Please circle the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
A. Do you have any outstanding judgments or collections accounts against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are you currently involved in a lawsuit or have reason to believe that you will become party to a lawsuit in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Have you ever had a vehicle repossessed? If yes, indicate year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, or loan guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Are you a U.S. citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any question A through G, or "no" to question H, please explain on a separate piece of paper.		

**12. WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION**

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Unmarried \_\_\_\_\_ Legally Separated (Date of Decree) \_\_\_\_\_

2. If married:

a. Spouse's name \_\_\_\_\_

b. Spouse's address \_\_\_\_\_

3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s. 766.59, or court decree under s. 766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.

**If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.**

**13. AUTHORIZATION AND RELEASE**

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

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

**14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

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

**Additional Household Questions**

Are you or anyone in your household a veteran?       Yes       No

Are you or anyone in your household disabled?       Yes       No

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Uses a walker, cane or crutches | <input type="checkbox"/> Wheelchair bound | <input type="checkbox"/> Loss of limb      |
| <input type="checkbox"/> Blind                           | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Mentally disabled |

If yes, please list name(s): \_\_\_\_\_



To Whom It May Concern:

I/We have applied for a loan/grant through the Habitat for Humanity Homeownership Program and hereby authorize you to release to Habitat for Humanity La Crosse Area the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income, and hours worked.
2. Disability payments, social security, and pension funds.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction, including, but not limited to, landlord references and account verification.
4. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount. These unemployment insurance files may be provided to and accessed by Federal Home Loan Bank of Chicago, WHEDA, HUD, Wisconsin Community Action Program, Department of Administration, The City of La Crosse Planning Department or USDA Rural Development.

This information will be for the confidential use of Habitat for Humanity La Crosse Area in determining my/our eligibility for the Habitat for Humanity Homeownership Program or to confirm information I/we have supplied. Please complete the attached verification request. A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with Habitat for Humanity La Crosse Area

**Applicant**

**Co-Applicant**

\_\_\_\_\_  
Last Name, First Name, MI

\_\_\_\_\_  
Last Name, First Name, MI

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTICE TO BORROWERS: The Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to DHIR/DOH, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

NOTICE TO BORROWERS: You are not required to provide Habitat for Humanity or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

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

**16. HOMEBUYER COUNSELING & CREDIT REPORT AGREEMENT**

I UNDERSTAND THAT I MUST complete a one-day, Homebuyer Education class conducted by Couleecap, Inc. prior to the completion and purchase of a Habitat for Humanity home.

I UNDERSTAND THAT THE PURPOSE OF Couleecap, Inc. homeownership counseling is to advise and assist me as a potential home buyer in making financing and purchasing decisions.

I ALSO UNDERSTAND the information obtained in counseling sessions is confidential and will be used only for the purpose of assisting with my home purchase and any applicable rehabilitation work. It may be shared with mortgage lenders and others for the purposes of obtaining financing.

I ALSO UNDERSTAND AND AUTHORIZE Habitat for Humanity La Crosse Area to obtain a copy of my credit report from any of the three recognized credit bureaus. This credit report is obtained to establish my creditworthiness and to allow for more effective home purchase counseling and advice.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**17. MEDIARELEASE**

I hereby authorize Habitat for Humanity La Crosse Area to use my photo, photos of my home and/or information related to my experiences with Habitat for Humanity's Homeownership Program. I understand this information may be used in publications (including electronic publications), audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

18. HOUSEHOLD FINANCIAL RELATIONSHIP DISCLOSURE

Habitat for Humanity La Crosse Area must consider all income earned by residents of the household. Please complete this questionnaire. Providing false information may be cause for disqualification from the program.

Are you married?

Yes  No

For purposes of this question, if you were married and do not have a final divorce decree you are still considered married under the provisions of Habitat for Humanity's programs.

Does anyone, age 18 or over, live in your household with you presently, or will they live in the household once a home is purchased?

Yes  No

If someone you consider a "significant other" is living with you now, or will live with you after purchasing a home that person must be listed below. Also include any children, age 18 and over, who live with you or will be living with you.

Place additional names on the back of this form

Failing to completely disclose all income-earning household members is one of the top reasons for disqualification from Habitat for Humanity's Homeownership Program. Failure to disclose all individuals can place you at risk to lose earnest money and/or face additional financial penalties.

Statement of Understanding

I hereby state that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose household members and/or to provide accurate marriage status information may place me at jeopardy of losing eligibility, may cause me to incur fees, and may place me at risk for immediate repayment of any homebuyer assistance I may receive. I further agree to not hold Habitat for Humanity La Crosse Area, its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**19. CONFLICT OF INTEREST**

**APPLICANT**

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

<b>No relationship</b>	<b>Family</b> (list relationship)	<b>Business</b>	<b>Name</b>	<b>Position</b>
<b><i>Habitat for Humanity Executive &amp; Housing Programs Staff</i></b>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Kahya Fox</b>	<b>Executive Director</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jenny Sanders</b>	<b>Office Manager</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Roger Embke</b>	<b>Construction Manager</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jeremy Reed</b>	<b>Construction Supervisor</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jake Zabinski</b>	Community Outreach Coordinator
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Kari Siverhus</b>	<b>Administrative Assistant</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>William Bray</b>	<b>Volunteer Coordinator</b>
<b><i>Habitat for Humanity Board Members</i></b>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Sarah Arendt-Beyer</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Katie Tolokken</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Dave Mydy</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Greg Brickl</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Todd Trautmann</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Alan Eber</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Theresa Rudy</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Tom Uphaus</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jennifer Lough</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Susan Schmidt</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Tim Skinner</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Stephanie Robertson</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jim Szymalak</b>	<b>Board Member</b>

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

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

**CO-APPLICANT**

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

<b>No relationship</b>	<b>Family</b> (list relationship)	<b>Business</b>	<b>Name</b>	<b>Position</b>
<b>Habitat for Humanity Executive &amp; Housing Programs Staff</b>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Kahya Fox</b>	<b>Executive Director</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jenny Sanders</b>	<b>Office Manager</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Roger Embke</b>	<b>Construction Manager</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jeremy Reed</b>	<b>Construction Supervisor</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jake Zabinski</b>	<b>Community Outreach Coordinator</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Kari Siverhus</b>	<b>Administrative Assistant</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>William Bray</b>	<b>Volunteer Coordinator</b>
<b>Habitat for Humanity Board Members</b>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Sarah Arendt-Beyer</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Katie Tolokken</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Dave Mydy</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Greg Brickl</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Todd Trautmann</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Alan Eber</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Theresa Rudy</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Tom Uphaus</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jennifer Lough</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Susan Schmidt</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Tim Skinner</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Stephanie Robertson</b>	<b>Board Member</b>
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<b>Jim Szymalak</b>	<b>Board Member</b>

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

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

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of denied credit due to an unfavorable consumer report, you will be advised of the identity of the consumer reporting agency making such report and of the right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.

**THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE**

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

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and a unsound business practice; or
2. Race, color, religion, sex marital status, national origin or ancestry.

It is illegal to consider the racial ethnic, religious or national origin composition of a neighborhood or geographical area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance. These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four units family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residences.

If you have questions about your rights, or if you wish to file a complaint contact:

Kahya Fox  
 Executive Director  
 Habitat for Humanity La Crosse Area  
 3181 Berlin Drive  
 La Crosse, WI 54601  
 (608) 785-2373, extension 105  
 Exdirector@habitatlacrosse.org

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of copies of the Fair Credit Reporting Notice.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**21. PRIVACY NOTICE**

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE**

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**22. RIGHT TO RECEIVE COPY OF APPRAISAL**

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**23. 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, 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: Midwest Region, 55 West Monroe Street, Suite 1825, Chicago, IL 60603 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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**24. OUTREACH SURVEY**

How did you hear about Habitat's Homeownership Program?

- Newspaper
- Radio
- TV
- Flyer in the Community
- Habitat's Facebook Page
- Habitat's Website
- A Habitat Homeowner
- Word of Mouth
- Other: \_\_\_\_\_