



HOMEOWNERSHIP APPLICATION PACKET

STEP 1: DETERMINE ELIGIBILITY

To be eligible for homeownership through Berthoud Habitat for Humanity, applicants must meet the following to qualify:

- **Residency:**
 - You live and/or work in the Berthoud/Campion area for a minimum of one (1) year prior to application
 - You are a US citizen or legal permanent resident
- **Housing Need (one or more of the following areas):**
 - Your current physical structure/shelter is inadequate (i.e., structural problems, inadequate electrical or plumbing, temporary or transitional, etc.)
 - Your current housing situation is overcrowded related to family size (i.e., number of persons sleeping in rooms other than bedrooms)
 - Your current environment and/or neighborhood is unsafe and/or unsanitary
 - Your household currently pays more than 30% of total gross monthly income for housing; unable to purchase a home through any other means
- **Willingness to Partner:**
 - You are willing to complete sweat equity hours, prior to closing, equal to 250 hours for individuals (of which 50 hours can be donated) or 500 hours for families (of which 100 hours can be donated)
 - You are willing to save and pay \$2,500 for closing costs at closing (i.e., homeowner insurance premium, recording fees, escrow reserve funds, etc.)
 - You are willing to participate in education sessions (i.e., budgeting, home maintenance, etc.)
 - You provide complete application and required documentation and in a timely manner
- **Ability to Pay:**
 - Current history of paying bills on time
 - No bankruptcy within past 2 years; no outstanding judgements or liens (non-medical)
 - Your monthly debt-to-income (DTI) ratio is 43% or less (monthly debt plus potential habitat mortgage in relation to monthly gross income)
- **Meet Current Income Guidelines:**

| 2024 Larimer County Area Median Income Guidelines as Determined by CHFA | | | | |
|---|----------------|----------|---------------|-----------|
| Household Size | Monthly Income | | Annual Income | |
| | Minimum | Maximum | Minimum | Maximum |
| 1 | \$2,773 | \$5,547 | \$33,280 | \$66,560 |
| 2 | \$3,170 | \$6,340 | \$38,040 | \$76,080 |
| 3 | \$3,567 | \$7,133 | \$42,800 | \$85,600 |
| 4 | \$3,960 | \$7,920 | \$47,520 | \$95,040 |
| 5 | \$4,280 | \$8,560 | \$51,360 | \$102,720 |
| 6 | \$4,597 | \$9,193 | \$55,160 | \$110,320 |
| 7 | \$4,913 | \$9,827 | \$58,960 | \$117,920 |
| 8 | \$5,230 | \$10,460 | \$62,760 | \$125,520 |

STEP 2: COMPLETE AND SUBMIT APPLICATION PACKET

Completed applications and all supporting documentation must be submitted in person. To schedule an appointment, contact Tiffany Brodie, Executive Director, via email at tiffany@berthoudhabitat.org.

STEP 3: MEET WITH HOMEOWNER SELECTION COMMITTEE

Upon review of your application packet, if it is determined that you qualify, you will be contacted to schedule a time to meet with members of the Homeowner Selection Committee.

HOMEOWNER APPLICATION CHECKLIST

Applicant Name(s):

Email Address(s):

Applicant
 Co-Applicant
 Other
 N/A

All requested information applies to both applicant and co-applicant

APPLICATION AND CHECKLIST

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Homeowner Application Checklist: completed and signed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Habitat Homeownership Program Application: completed and signed |

RESIDENCY, IDENTIFICATION, AND CITIZENSHIP (for every household member over age 18)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of Identity: copy of Driver's License, Colorado ID Card, or U.S. Passport |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of Citizenship: copy of U.S. Birth Certificate, U.S. Passport, Green Card, or Certificate of Naturalization |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social Security Card: copy of card |

EMPLOYMENT AND INCOME INFORMATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paystubs: copies of most recent 6 months for every household member over age 18 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employment Verification: to be completed and signed by Employer(s) for each job held by each applicant |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child Support and/or Alimony: include Child/Alimony Support Orders and Family Support Registry Report, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statement of Disability Income: for any household member, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statement of Social Security Income: for any household member, if applicable |

FINANCIAL INFORMATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Federal Tax Returns: copies of most recent 3 years SIGNED (Forms 1040 and 1040 EZ) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | W-2s and/or 1099s: copies of most recent 3 years for ALL income sources |
| | | | | Self Employment: requires 2 years minimum history and the following documents: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Federal Tax Returns: including Schedule C and all other applicable schedules for most recent 3 years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - Financial Statements: including balance sheets and profit and loss statements generated by a third-party (i.e. CPA) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Form 4506-T Request for Transcript of Tax Return: completed and signed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verification of Deposit: for each account listed on application to be completed and signed by financial institution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bank Statements: copies of all pages for each account for most recent 6 months |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Credit/Loan Statements: copies of most recent statement for each account (credit cards, automobile loans, student loans, etc.) |

RENTAL INFORMATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Landlord Reference: to be completed and signed by landlord |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lease Agreement: copy of most current |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utility Bills: copies for most recent 3 months (i.e., water, natural gas, electric, etc.) |

OTHER

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Divorce Decree: copy, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bankruptcy/Foreclosure: copy of papers with dated discharge letter and/or foreclosure documents, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Affidavit and Release of Information: completed and signed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Authorization for SSA to Release SSN Verification: completed and signed for each applicant |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transparent Information Services Authorization |

Please Sign and Date Below

Applicant:

Date:

Co-Applicant:

Date:

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|---|------|-----|------|--------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|
| Applicant's name: _____ Alternative and former names: _____ _____ | Co-applicant's name: _____ Alternative and former names: _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ 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) (Fill out Section 14.) | Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ 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) (Fill out Section 14.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependents and others who will live with you: <table style="width: 100%; border-collapse: collapse;"> <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"/> | Dependents and others who will live with you (not listed by co-applicant): <table style="width: 100%; border-collapse: collapse;"> <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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | <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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | <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 _____ _____ Number of years: _____ | Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date received: _____ Date of notice of incomplete application letter: _____ Date of adverse action letter: _____ | Date of selection committee approval: _____ Date of board approval: _____ 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

| 5. EMPLOYMENT INFORMATION | | | |
|---|-----------------------------|---|---|
| Applicant | | Co-applicant | |
| <input type="checkbox"/> Does not apply. | | <input type="checkbox"/> Does not apply. | |
| Name and address of CURRENT employer: | Start date (mm/dd/yyyy): | Name and address of CURRENT employer: | Start date (mm/dd/yyyy): |
| | Annual (gross) wages: \$ | | Annual (gross) wages: \$ |
| Type of business: | Business phone: | Type of business: | Business phone: |
| If working at current job less than one year, complete the following information. | | | |
| Name and address of PREVIOUS employer: | Years on this job: | Name and address of PREVIOUS employer: | Years on this job: |
| | Annual (gross) wages: \$ | | Annual (gross) wages: \$ |
| Type of business: | Business phone: | Type of business: | Business phone: |
| <input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____ | | | PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements. |

6. 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: _____ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

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?

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/ value/ vested amount (if applicable) |
|--|---------|-------------|-----|----------------|---|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

9. LIABILITIES AND EXPENSES

| TO WHOM DO YOU OWE MONEY? | Applicant | | | Co-applicant | | |
|--|-----------|-----------------|----------------|--------------------|-----------------|----------------|
| | Account | Monthly payment | Unpaid balance | Months left to pay | Monthly payment | Unpaid balance |
| 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 | \$ | \$ | | \$ | \$ | |
| Total | \$ | \$ | | \$ | \$ | |

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 | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

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? 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 |
| Note: 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.

| | | | |
|----------------------------|-------------|-------------------------------|-------------|
| 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.

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

| 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: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone | Interviewer's name (print or type) _____ Interviewer's signature _____ | Interviewer's phone number _____ 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: _____



ADDITIONAL APPLICATION QUESTIONS

Tax Returns

1. How does your name appear on your last 3 years of tax returns?

Borrower: _____

Co-borrower: _____

What names have you used in the past 7 years (maiden/former/alias other) _____

2. What is the address on your most recently filed tax returns?

Borrower: _____

Co-borrower: _____

What addresses have you used in the past 7 years? Indicate B (borrower) or C (co-borrower)

3. How did you file on your last 3 years of tax returns?

Jointly

Separately

4. Did you write off un-reimbursed business expenses (Form 2106) on your last 3 years of tax returns?

Borrower: Yes No Co-borrower: Yes No

5. Does your last year's tax return have any additional business income or loss other than what you have already disclosed (Sole Proprietorship, LLC Partnership, Sub Chapter or Corporation)?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: _____

Employment

6. Do you have an ownership interest in your place of employment?

Borrower: Yes No Co-Borrower: Yes No

If yes, indicate percentage of ownership: _____%

7. Are you related to your employer?

Borrower: Yes No Co-borrower: Yes No

Assets

8. Do you have any other assets you have not disclosed on your application?

Borrower: Yes No Co-Borrower: Yes No

If yes, indicate: 401K Trust Funds
IRA Valuable Personal Property
Savings Mobile home

Other:(explain) _____

Liabilities

9. Do you have any loans or debts being deducted from your paycheck?

Borrower: Yes No Co-Borrower: Yes No

If yes, explain: _____

10. Have you acquired any new debt within the last 30 days?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: _____

11. Do you have any additional loans or debts not reported on your credit report?

Borrower: Yes No Co-borrower: Yes No

If yes, please explain:

Real Estate

12. Do you own vacant land or any other real estate property?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: _____

13. Do you own a timeshare?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: _____

14. Are you on title to any property with or without another person regardless of financial liability?
(Trust, Partnership, LLC, Inheritance, etc.?)

Borrower: Yes No Co-borrower: Yes No

If yes, explain: _____

15. Have you co-signed on a mortgage?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: _____

Signatures:

Borrower _____

Date _____

Co-borrower _____

Date _____



NOTICE TO APPLICANT OF RIGHT TO RECEIVE COPY OF APPRAISAL REPORT

Dear Applicant:

This disclosure is provided to you pursuant to 15 U.S.C. 1691(e) and Fannie Mae's and Freddie Mac's Appraiser Independence Requirements.

In the event you are selected to purchase a Habitat for Humanity home, you will be provided a copy of any appraisal report or valuation concerning this property promptly upon completion of the appraisal, and in any event, no less than three (3) business days prior to the closing of the loan.

Thank you for your interest in Berthoud Habitat for Humanity. Please do not hesitate to contact us with additional questions.



EMPLOYMENT VERIFICATION

Applicant(s) Agreement to Release Information

I (we) authorize the release of the following information to Berthoud Habitat for Humanity for use in determining eligibility for the Habitat homeownership program.

Applicant Signature

Date

Co-Applicant Signature

Date

To Be Completed by Employer

Company Name: _____ Type of Business: _____

Company Address: _____

City, State, Zip: _____

Date of Employment: _____

Present Position: _____

Current Base Pay

Amount: \$ _____ Annually Per Hour

Scheduled Hours Per Week: _____

Earnings: \$ _____ Calendar Year to Date \$ _____ Last Calendar Year

Does this person regularly receive overtime or bonuses? Yes No

If yes, average number of overtime hours per month: _____

If yes, bonus type, payment schedule and average amount: _____

Additional comments: _____

Signature: _____ Date: _____

Title: _____

Email: _____ Phone: _____

Request for Copy of Tax Return

(January 2024)

- ▶ **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, visit www.irs.gov/form4506.**

OMB No. 1545-0429

Department of the Treasury
Internal Revenue Service

Tip: Get faster service: Online at 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).

| | |
|--|---|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions). | |
| 4 Previous address shown on the last return filed if different from line 3 (see instructions). | |
| 5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. | |

Caution: If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note: If the copies must be certified for court or administrative proceedings, check here

7 Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions).

| | | | |
|--------------------|--------------------|--------------------|--------------------|
| ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ |
| ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ |

| | |
|---|----------|
| 8 Fee. There is a \$30 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order | |
| a Cost for each return | \$ _____ |
| b Number of returns requested on line 7 | _____ |
| c Total cost. Multiply line 8a by line 8b | \$ _____ |

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Caution: Do not sign this form unless all applicable lines have been complete

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 return 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 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. See instructions

Phone number of taxpayer on line 1a or 2a

| | | |
|------------------|---------------------------------------|--|
| Sign Here | ▶ Signature (see instructions) | Date |
| | ▶ Print/Type name | Title (if line 1a above is a corporation, partnership, estate, or trust) |
| | ▶ Spouse's signature | Date |
| | ▶ Print/Type name | |

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

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506.

General Instructions

Caution: Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Where to file. Attach payment and mail Form 4506 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 returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

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

Mail to:

Internal Revenue Service
RAIVS Team
Stop 6716 AUCS
Austin, TX 73301

Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

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
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Chart for all other returns

For returns not in Form 1040 series, if the address on the return was in:

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

Mail to:

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO
64999

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, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. 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, please include it on this line 3.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506.

Line 7. 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 return, or 03/31/2017 for a first quarter Form 941 return.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



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.

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

Corporations. Generally, Form 4506 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 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

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 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. 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 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 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 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.



VERIFICATION OF DEPOSIT

Applicant(s) Information

Tenant(s) Name: _____

Property Address: _____

City, State, Zip: _____

I (we) authorize the release of the following information to Berthoud Habitat for Humanity for use in determining eligibility for the Habitat homeownership program.

Applicant Signature Date Co-Applicant Signature Date

To Be Completed by Financial Institution

| Account Type | Date Opened | Current Balance | Average Balance (3 months) | # of Overdrafts | Dates of Overdrafts |
|---------------------|--------------------|------------------------|---------------------------------------|----------------------------|--------------------------------|
| Checking | | \$ | \$ | | |
| Checking | | \$ | \$ | | |
| Savings | | \$ | \$ | | |
| Savings | | \$ | \$ | | |
| Money Market | | \$ | \$ | | |
| Other | | \$ | \$ | | |

| Loan Type | Date Opened | Loan Balance | Scheduled Monthly Payments | Past-Due Balance |
|-------------------|--------------------|---------------------|-----------------------------------|-------------------------|
| Home | | \$ | \$ | |
| Other real estate | | \$ | \$ | |
| Car | | \$ | \$ | |
| Car | | \$ | \$ | |
| Other | | \$ | \$ | |
| Other | | \$ | \$ | |

Signature: _____ Date: _____

Name: _____

Title: _____



LANDLORD REFERENCE

Applicant(s) Information

Tenant(s) Name: _____

Property Address: _____

City, State, Zip: _____

I (we) authorize the release of the following information to Berthoud Habitat for Humanity for use in determining eligibility for the Habitat homeownership program.

| | | | |
|------------------|-------|---------------------|-------|
| _____ | _____ | _____ | _____ |
| Tenant Signature | Date | Co-Tenant Signature | Date |

To Be Completed by Landlord

To Whomever It May Concern:

The above-named person has applied for housing through the Habitat for Humanity homeownership program and has given us written permission to contact you for a landlord reference. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information will be appreciated.

Tenant(s) Payment History: ___Excellent ___Satisfactory ___Unsatisfactory

Rental Period (dates): From _____ To _____

Amount of Monthly Rent: \$ _____

Additional Comments: _____

Signature: _____ Date: _____

Name and Title: _____



AFFIDAVIT AND RELEASE OF INFORMATION

PLEASE READ CAREFULLY, INITIAL, AND SIGN

Fair Credit Reporting Act Disclosure and Authorization

As an applicant for housing through Berthoud Habitat for Humanity, you are a consumer with rights under the Fair Credit Reporting Act. For determining your qualification for this housing program, Berthoud Habitat for Humanity may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you.

Disclosure Regarding Background Report

Berthoud Habitat for Humanity may obtain from Transparent Information Services, LLC. ("TIS"), 801 West Little Creek Road, Suite 101, Norfolk, VA 23505, (877) 778-8747, www.transparentinfoservices.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your program application. If you are selected, to the extent permitted by law, Berthoud Habitat for Humanity may obtain from TIS further reports without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

Authorization to Obtain Background Report

I have read the Disclosure Regarding Background Report provided by Berthoud Habitat for Humanity and this Authorization to Obtain Background Report. By my signature on the next page, and the subsequent SSA Release, I hereby consent to the preparation by Transparent Information Services, LLC. ("TIS"), a consumer reporting agency located at 801 West Little Creek Road, Suite 101, Norfolk, VA 23505, (877) 778-8747, www.transparentinfoservices.com, of background reports regarding me and the release of such reports to Berthoud Habitat for Humanity and its designated representatives, to assist Berthoud Habitat for Humanity in making a decision involving me at any time after receipt of this authorization to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to TIS and/or the COMPANY itself and authorize TIS to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.



AFFIDAVIT AND RELEASE OF INFORMATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALING AND SIGNING

_____ I (we) acknowledge receipt of a copy of the Consumer Financial Protection Bureau’s “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.”

_____ I (we) authorize Berthoud Habitat for Humanity to conduct a **CREDIT HISTORY CHECK** for both Applicant and Co- Applicant. All information will be kept strictly confidential.

_____ I (we) authorize Berthoud Habitat for Humanity to conduct an extensive and thorough **BACKGROUND HISTORY CHECK** for every household member 18 and older. All information will be kept strictly confidential.

_____ I (we) authorize Berthoud Habitat for Humanity to conduct a search on the **SEX OFFENDER REGISTRY** for every household member 18 years of age and older. All information will be kept strictly confidential.

_____ I (we) authorize any **person, school, CURRENT AND PAST EMPLOYERS, CURRENT AND PAST LANDLORDS, law enforcement authorities, and organizations** named in this application to provide and release any information and opinions concerning our background. I (we) release such persons and organizations from any legal liability for any damage whatsoever for making such statements.

_____ I (we) authorize Berthoud Habitat for Humanity and/or any of its agents to verify and investigate any or all statements contained in this application.

_____ I (we) understand that this application does not create a contract for housing.

_____ I (we) further certify that I (we) have read and understand the instructions, conditions and other information provided in this document.

Applicant 1 Authorization

By signing below, I _____, hereby voluntarily agree to the statements above and authorize Berthoud Habitat for Humanity to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Berthoud Habitat for Humanity. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth _____ Signature _____ Date _____

Applicant 2 (or household member 18 or older) Authorization

By signing below, I _____, hereby voluntarily agree to the statements above and authorize Berthoud Habitat for Humanity to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Berthoud Habitat for Humanity. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth _____ Signature _____ Date _____

(Please copy and fill out this form for any additional household members 18 years of age and older.)

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

| | | |
|---------------|----------------|-------------------------|
| Printed Name: | Date of Birth: | Social Security Number: |
|---------------|----------------|-------------------------|

Reason for authorizing consent: (Please select one)

| | | |
|---|---|--|
| <input type="checkbox"/> To apply for a mortgage | <input type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name:

Company Address:

The name and address of the Company's Agent (if applicable):

Agent's Name:

Agent's Address:

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

| | |
|------------|--------------|
| Signature: | Date Signed: |
|------------|--------------|

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). We may also share your information for the following purposes, called routine uses: - To contractors and other Federal agencies, as necessary, to assist us in efficiently administering our programs; and - To student volunteers, persons working under a personal services contract, and others, when they need access to information in our records in order to perform their assigned agency duties. In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all our SORNs, is available on our website at www.saa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. .

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates | a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, | b. Federal Trade Commission: Consumer Response Center – FCRA |

| | |
|---|--|
| in addition to the CFPB: | Washington, DC 20580 (877) 382-4357 |
| 2. To the extent not included in item 1 above: | |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks | a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations | c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 |
| d. Federal Credit Unions | d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission 100 F Street, N.E. |

| | |
|--|---|
| | Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 |



BERTHOUD HABITAT FOR HUMANITY
SUBJECT RELEASE AND AUTHORIZATION

Transparent Information Services, LLC (TIS) is hereby authorized to conduct a background investigation on me in the course of consideration as an affiliate family member with Berthoud Habitat For Humanity. Should my application result in affiliate family status, I authorize this, and any future background checks as deemed necessary during that term. I voluntarily and knowingly authorize, without reservation, any duly authorized agent of TIS to obtain from any law enforcement agency, drug screening firm state, county or federal agency, present employer or supervisor, landlord, past employer or supervisor, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the National Personnel Records Center, personal reference and/or other persons, and voluntarily and knowingly authorize the same to give, records or information that they may have concerning my criminal history, motor vehicle history, earnings history, credit history, character, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I voluntarily, knowingly and unconditionally release all such persons, including any named or unnamed informant, from any and all liability resulting from the furnishing of this information. A photographic, faxed or e-mailed copy of this authorization shall be as valid as the original.

Transparent Information Services, LLC is only an information provider and does not make selection decisions.

PROVIDE THE FOLLOWING INFORMATION / PLEASE WRITE LEGIBLY AND IN BLACK INK

FULL NAME: _____

FORMER/MAIDEN/ALIAS/OTHER NAMES USED: _____

POSITION FOR WHICH YOU ARE APPLYING: AFFILIATE HOMEOWNER

ADDRESS HISTORY FOR THE MOST RECENT 7 YEAR PERIOD (USE AN ADDITIONAL SHEET IF NEEDED):

| ADDRESS | CITY/STATE/ZIP CODE | COUNTY | DATES OF RESIDENCE |
|---------|---------------------|--------|--------------------|
| | | | |
| | | | |
| | | | |

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

NAME AS IT APPEARS ON LICENSE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH (MANDATORY): _____ **SEX:** _____ **RACE:** _____

****THE INFORMATION PROVIDED ABOVE IS FOR THE PURPOSES OF INITIATING A BACKGROUND CHECK AND WILL NOT BE USED BY THE ORGANIZATION IN THE SELECTION DECISION****

I understand that the information that I have provided is for the purposes of a background check only and that TIS, LLC is not the organization but a background screening company, not owned or operated by the organization. I further acknowledge that my date of birth, sex and race are to be used for investigative purposes by TIS, LLC where this search criteria may be required by certain agencies listed in the top paragraph of this form and shall not be used for the purpose of making a selection decision.

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Report, please check the box. This report may include character and reputation information obtained through personal interviews.

Signature: _____ **Date:** _____