



## Home Preservation Program Application

Dear Applicant:

We have received and reviewed your Request for Service and we are happy to inform you that you may be eligible to receive home repairs through one of our programs. The next steps in the process are outlined below.

### **Instructions:**

1. Please fill out and complete each section of the attached application package in its entirety. Please print all information, and sign and date all forms.
2. Attach copies of all of the following documentation (**do not include originals**).
  - Photo IDs for all Applicants
  - Copy of Deed or Property Tax Bill
  - Recent loan statement and promissory note for all loans secured by your home
  - Recent utility bill
  - Proof of current Homeowner's Insurance Policy (Declarations page)
  - For every person in your household 18 years or older, most recent two years income tax return complete with all schedules, W-2s and 1099s or IRS Statement of Non-Filing
  - For every person in your household 18 or older:
    - Copies of your two most recent month's pay stubs for all employment income including on call or seasonal/temporary/informal work
    - Most recent benefit letters of financial support (SSI, CalWORKS, Cash Aid, unemployment, retirement, SSD, or other similar benefits)
    - Self-employment income: YTD Profit & Loss Statement
  - For every person in your household 18 years or older, copies of the two most recent statement for all bank accounts (checking, savings, retirement, investment, etc.)
  - For Tenants in the house, rental agreement with signatures of homeowner and tenant
3. Please return the completed forms by email, mail, fax or drop-off to:

Habitat for Humanity East Bay/Silicon Valley  
Home Preservation Program  
Attn: Nick Stene  
2619 Broadway  
Oakland, CA 94612  
homerepair@habitatebsv.org Fax: (510) 666-6864

Applications will not be processed until all of the above documentation has been received. Funding for home repairs and rehabilitation is available on a first come, first served basis.

All information will be kept confidential.

If you have any questions about completing your Application, please contact our Loan Administrator, Karina Espinoza, at (510) 906-2219 or [KEspinoza@habitatebsv.org](mailto:KEspinoza@habitatebsv.org).

We are looking forward to your participation in Home Preservation Program!

### **Our Process**

1. Return all forms to Habitat with the required documents outlined above.
2. Once we have received the application package, someone from Habitat will call you within 10 business days to review your application with you, to help us form an even better picture of your needs.
3. If all required documentation is not received within 30 days, your request will be denied due to inactivity. You are welcome to reapply.
4. Habitat or a partner contractor may contact you to set up a time to visit your home once your eligibility for the program has been approved. Habitat will then make a determination as to which repairs can be performed for you.
5. Habitat will send you a letter explaining which of your home repair and rehabilitation needs we are able to assist you with, and outlining next steps.

**Please retain this page for your records.**



**HOMEOWNER INFORMATION**
**APPLICANT 1**

Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female  Current Address (Street, City, State, Zip)	Primary Phone  Alternate Phone  SSN  Date of Birth (mm/dd/yyyy)
Email  Is Applicant employed or received other income? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual Income	<input type="checkbox"/> Legally Married (to applicant 2 <input type="checkbox"/> ) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Serving in The US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Widow of a Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, which branch:	Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ What is the best way to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Primary Telephone

**APPLICANT 2**

Name (First Middle Last) <input type="checkbox"/> Male <input type="checkbox"/> Female  Current Address (Street, City, State, Zip)	Primary Phone  Alternate Phone  SSN  Date of Birth (mm/dd/yyyy)
Email  Is Applicant employed or received other income? <input type="checkbox"/> Yes <input type="checkbox"/> No Annual Income	<input type="checkbox"/> Legally Married (to applicant 1 <input type="checkbox"/> ) <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Serving in The US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Widow of a Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, which branch:	Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ What is the best way to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Primary Telephone

**ADDITIONAL HOUSEHOLD MEMBER(S) INFORMATION**  
 (Do not list Tenants: Please provide rental Agreements)

First and Last Name	DOB & Age (mm/dd/yyyy)	Gender	Relationship	Has Income? Y/N	Annual Income	Military? Y/N	Widow of a Vet? Y/N

**CONTACT INFORMATION**

**Who is the primary contact?**

Homeowner  Family member/friend/neighbor  Social Worker/Case Manager  Other: \_\_\_\_\_

If the primary contact is someone other than the homeowner, please provide their contact info below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ home/mobile/work

Address (if different from homeowner): \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

If English is not your preferred language, is there an English speaker residing in the home?  Yes  No (please list English speaker as the primary contact above.)

**ADDITIONAL HOMEOWNER INFORMATION**

Have you applied for or received free or low cost repairs from another organization since July 1?  Y  N

If yes, what organization? \_\_\_\_\_ Approximate Date of service: \_\_\_\_\_

How did you hear about Habitat for Humanity? \_\_\_\_\_

Do you own your home?  Y  N

Please list any additional title holders \_\_\_\_\_

Do you own other property than the one that needs home repairs?  Y  N

How many years have you lived in your home? \_\_\_\_\_ What year was your home built? \_\_\_\_\_

Are you current on your property taxes?  Y  N

Home Type:  Single-Family  Townhome  Multi-Unit (1-4) - # of units \_\_\_\_\_  Condominium

Mobile (If a mobile:  Single-wide  Double-wide  Triple-wide)

For mobile homes: Is it registered with:  HCD  DMV

Are you current on your annual HCD fee?  Y  N

Park Name: \_\_\_\_\_

How many Bedroom(s) \_\_\_\_\_ Bathroom(s) \_\_\_\_\_

Do you currently have homeowner's insurance?  Y  N

Do you plan to sell your home in the near future?  Y  N If so, when? \_\_\_\_\_

Does anyone in your household not file tax returns? Please explain: \_\_\_\_\_

PROPERTY INFORMATION
Who is on the title of your single family home? <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Other: _____
Is the home the owners' (titleholders') primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have and pay for homeowners insurance on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____ Policy #: _____ Expiration Date: _____ Type(s) of Coverage: _____ Agent's Name: _____ Agent's Phone #: _____
Do you have a mortgage or loan against this home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are your current loan balances? 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ Are you refinancing this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been cited for any housing code violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for?
Does anyone in the household have a disability or any other special need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain any special needs that require modification (e.g. wheelchair ramp, grab bars)

INCOME INFORMATION				
<i>Please write how much household members 18 years or older earns from each source in a typical month</i>				
Gross Monthly Income	Applicant 1	Applicant 2	Adult Household Member	Adult Household Member
Basic Employment Income	\$	\$	\$	\$
Second Job Income	\$	\$	\$	\$
CalWORKS/Cash Aid	\$	\$	\$	\$
AFDC/TANF	\$	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$	\$
Disability (SSD)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Pensions/Annuities/Retirement	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Dividends/Interest	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$

MONTHLY HOUSEHOLD EXPENSES	
Home Loan #1	\$
Home Loan #2	\$
Taxes	\$
Child Support	\$
Alimony	\$
<i>Please add a separate sheet if you have additional household expenses.</i>	

ASSETS
<i>Include savings, retirement accounts, stocks, bonds, and other forms of capital investment. Provide the most recent statement for all assets.</i>
Name(s) on account:
Name of Bank, Credit Union, Retirement Account, etc.
Account number(last 4 digits):
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD <input type="checkbox"/> Retirement
Balance: \$

Name(s) on account:
Name of Bank, Credit Union, Retirement Account, etc.
Account number (last 4 digits):
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD <input type="checkbox"/> Retirement
Balance: \$

Name(s) on account:
Name of Bank, Credit Union, Retirement Account, etc.
Account number (last 4 digits)::
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD <input type="checkbox"/> Retirement
Balance: \$
<i>Please add a separate sheet if you have additional household expenses.</i>

**DECLARATIONS**

*Please check the box that best answers the following questions for Applicant 1 and Applicant 2. Answering “yes” to these questions does not automatically disqualify you. If you answer “yes” to any questions **a-l**, please provide relevant documentation explaining current status, minimum monthly payments, and outstanding balances.*

<b>Please Check the Box That Best Answers the Following Questions:</b>	<b>Applicant 1</b>		<b>Applicant 2</b>	
a. Do you have any debt 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 7 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 last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you presently delinquent or in default on any loan, mortgage, financial obligation, bond, loan guarantee, or Federal debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are there any liens filed against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Have you co-signed or guaranteed any 3 <sup>rd</sup> party obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Are you a legal permanent U.S. resident or citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are you a legal U.S. resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Do you intend to continue to occupy the single family home as your primary residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
kj. Do you pay alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Have your bank accounts or wages ever been garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. Have you obtained credit under other names or with other individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide name(s) and SS #s. _____				

**APPLICANT(S) AUTHORIZATION AND RELEASE**

I understand that by completing this Loan Application, I am authorizing Habitat for Humanity East Bay/Silicon Valley (“**Habitat**”) to evaluate my actual need for repairs of my home, my ability to repay the home repair loan, and my willingness to be a partner household. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this form truthfully. I understand that if I have not answered the questions truthfully, my Loan Application may be denied and that even if I have already been selected for home repairs on my home I may be disqualified from the program.

I also understand that Habitat reserves the right to screen all potential applicant households on the National Sex Offender Public Registry, and that by completing this form, I am submitting myself and all persons listed on page 1 of the form to such an inquiry. I further understand that by completing this form I am submitting myself and all persons listed on page 1 of the form to a National Sex Offender Public Registry and Anti-Money Laundering check. Any person who does not consent to a National Sex Offender Public Registry and Anti-Money background check is not permitted to become a partner family, work and/or volunteer with Habitat.

Anti-Money Laundering policy: We will check the Office of Foreign Asset Control (U.S. Treasury Department).

Habitat will retain the original or a copy of this form even if the Loan Application is not approved.

Applicant 1 Signature	Date	Applicant 2 Signature	Date
Additional household member over 18- years-old		Additional household member over 18-years-old	
Signature	Date	Signature	Date

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE FOR PROMOTIONAL USE**

I hereby consent on behalf of myself and my entire family to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the named members of the above family by Habitat.

I also grant to Habitat the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Habitat and its volunteers, agents and employees from all claims, demands, actions, suits and liabilities whatsoever in connection with the above, and I hereby waive all rights and interest in and to such information and materials.

I understand and consent to the use of said images and information for advertising, marketing, fundraising or promotional purposes of Habitat’s.

Applicant 1 Signature	Date	Applicant 2 Signature	Date
Additional household member over 18- years-old		Additional household member over 18-years-old	
Signature	Date	Signature	Date

**PRIVACY POLICY**

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about home repair, please talk to the program coordinator or loan administrator about arranging alternative accommodations.*

Habitat for Humanity East Bay/Silicon Valley, Inc. (“**Habitat**”) is committed to assuring the privacy of individuals and/or households who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

**What is nonpublic, personal information?**

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information, and financial debts

**What personal information does Habitat collect about you?**

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

**What categories of information do we disclose and to whom?**

We may disclose the following personal information to financial service providers (such as companies and governmental entities providing mortgages), Federal and State partners and Habitat for Humanity International for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency such as your credit bureau reports, your credit and payment history, your credit scores, and/or your credit worthiness.
- We may share anonymous, aggregated case file information, but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

We do not sell or rent your personal information to any outside entity.

We may also disclose personal information about you to third parties as permitted by law.

**How is your personal information secured?**

We restrict access to your nonpublic personal information to Habitat employees who need to know that information in order to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, and financial and housing counseling. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information, and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.





**Opting Out of Certain Disclosures**

You may direct Habitat to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Habitat’s ability to provide services such as credit counseling. If you choose to opt-out, please sign below under the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the “Release” clause. You may change your decision any time by contacting our agency.

**Please sign under either the Opt-Out Section or the Release Section, not both.**

**OPT-OUT:** I request that Habitat make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Habitat will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contact Habitat.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**RELEASE:** I hereby authorize Habitat to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy policy and disclosures.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**Please read this statement before completing the boxes 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 the 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 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. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

<b>Applicant 1</b>	<b>Applicant 2</b>
<p><b>Race/National Origin:</b>      <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native &amp; White</p> <p><input type="checkbox"/> Asian &amp; White</p> <p><input type="checkbox"/> Black or African American &amp; White</p> <p><input type="checkbox"/> American Indian/Alaska Native &amp; Black/African American</p> <p><input type="checkbox"/> Other Multi-Racial (specify) _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male      <b>Other:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled</p>	<p><b>Race/National Origin:</b>      <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native &amp; White</p> <p><input type="checkbox"/> Asian &amp; White</p> <p><input type="checkbox"/> Black or African American &amp; White</p> <p><input type="checkbox"/> American Indian/Alaska Native &amp; Black/African American</p> <p><input type="checkbox"/> Other Multi-Racial (specify) _____</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male      <b>Other:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled</p>