

## How do I apply for a Habitat home?

- ◆ Complete your application and gather all required documentation (from attached checklist)
- ◆ We can only proceed forward with all documentation.
- ◆ For question and appointments to return your application-Contact Jennifer Sellers at [jsellers@maconhabitat.org](mailto:jsellers@maconhabitat.org)
- ◆ **You must have an appointment. No walk-ins**
- ◆ Your **\$25.00 application fee** can be paid by Money Order, Personal Check, or Cashiers Check. **Make payable to Macon Area Habitat**
- ◆ **“No Cash can be accepted”**
- ◆ ***There will be a \$6.00 fee on returned checks.***
- ◆ Allow a **15-30 minute** time frame for your appointment

For more information visit our website at [maconhabitat.org](http://maconhabitat.org) or come into our office located at 690 Holt Ave. Macon, GA 31204

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.



**Macon Area Habitat for Humanity**  
**690 Holt Avenue Macon, Georgia 31204**  
**Telephone: (478) 745-0630**  
**www.maconhabitat.org**  
Family Selection Criteria

**What is Macon Area Habitat for Humanity?**

Macon Area Habitat for Humanity is an ecumenical Christian nonprofit organization building affordable homes with people who qualify. Qualified Homeowners purchase their homes from Habitat with a 20 year, low to interest-free mortgage. The estimated average monthly payment for a 3-bedroom home is \$900.00 per month which includes your Principal payment, annual Homeowners insurance, garbage bill and your property tax .

**Do I Qualify to Buy a Habitat for Humanity Home?**

**You may be eligible if you meet Habitat’s 3 basic guidelines (Need, Ability to Pay, & Willingness to Partner) and can answer “yes” to the following statements:**

**1. I have a Need:**

The housing I live in is at least one of the following:

- Poorly maintained (substandard)
- Public housing or Section 8
- Temporary housing (I will not be able to live here much longer)
- I spend more than 35% of my gross income on rent

**AND**

My income falls within the following guidelines:

**Macon Area Habitat for Humanity  
Income Guidelines – 2026-2027**

<b># of people</b>	<b>40%</b>	<b>80%</b>
1	21,560	43,150
2	24,640	49,300
3	27,720	55,450
4	30,800	61,600
5	33,280	66,550
6	35,760	71,500
7	38,200	76,400
8	40,680	81,350

## 2. I have the ability to pay:

I have not declared bankruptcy/foreclosure within the last 3 years and has been satisfied or discharged.

- I pay my rent on time
- I have had a stable income for the past 3 years that meet our income guidelines

## 3. I am willing to partner with Habitat:

- I am willing to be a partner with Habitat and put in at least 300 hours of “sweat equity” by working on homes that are under construction, attending homeowner education classes, working at the ReStore, and assisting with community events organized by Macon Habitat.
- I am currently living or working in Bibb County for a year.
- I understand that Macon Area Habitat for Humanity focus neighborhood areas to build homes are **in Lynmore Estates, Pleasant Hill, and Napier Heights**. If approved, I am willing to move and live in either of those assigned area, which may vary depending on what is available at the time you apply.
- I understand that Habitat will build a home that is appropriate for my family and its size. Which does include children of the same age and same sex will share a room.

## What will be required of me if I am approved?

- Work at least 300 hours of “Sweat Equity” – first help build other families’ homes, then help build your own home.
- Attend homeowner education classes
- Work in our Restore
- Pay the Estimated closing cost of \$2000 plus before closing
- Debt MUST NOT INCREASE before closing on your home
- You remain in the income guidelines until you close on your home
- Pay a monthly mortgage for 20 years



**EQUAL HOUSING  
OPPORTUNITY**

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Dear Sir/Madam,

In order to complete the processing of your Habitat for Humanity application, please be advised the following documents and information are required.

**Income Items Required:**

- \_\_\_\_\_ Last two years tax returns **“and”** W2’s
- \_\_\_\_\_ Two month’s of **most recent pay stub** from your present employer showing year-to-date earnings and pay period
- \_\_\_\_\_ Verification and explanation of commissions, bonuses, regular overtime, child support payments & court ordered documentation, and other income (**SSI, Disability, Pension, etc.**)
- \_\_\_\_\_ Bankruptcy petition, discharge, and written explanation of any bankruptcy
- \_\_\_\_\_ Final divorce or separation papers

**Credit Items Required:**

- \_\_\_\_\_ Copy of Lease/Rental Agreement/Statement of public housing assistance
- \_\_\_\_\_ Explanation letter for any slow pays, judgments, liens, defaults, foreclosures, bankruptcies
- \_\_\_\_\_ Student Debt repayment plan

**Other Items:**

- \_\_\_\_\_ Most recent electric **and** water bills showing **“no”** delinquency
- \_\_\_\_\_ Most recent monthly/quarterly bank statements (**past 6 months**)
- \_\_\_\_\_ Proof of legal guardianship of children living in home that **you are not the parent of**
- \_\_\_\_\_ Copy of driver’s license and Social Security card for everyone over 18 years old living in home
- \_\_\_\_\_ Copy of Social Security card and birth Certificate of all children under 18 years old living in the home.

**Your application cannot be fully processed until the requested information is received. Delays in receipt of requested information may result in the expiration of your application. Other information may be requested during the processing of your application.**

# Application

Habitat Homeownership Program



EQUAL HOUSING  
OPPORTUNITY



Macon Area

**Habitat  
for Humanity**®

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 Macon Area 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:** \_\_\_\_\_

<b>1A. APPLICANT INFORMATION</b>																																																									
<b>Applicant</b>	<b>Co-applicant</b>																																																								
<p><b>Applicant's name:</b> _____</p> <p><b>Alternative and former names:</b> _____</p> <p>_____</p> <p>_____</p>	<p><b>Co-applicant's name:</b> _____</p> <p><b>Alternative and former names:</b> _____</p> <p>_____</p> <p>_____</p>																																																								
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Present address (street, city, state, ZIP code):  Own  Rent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Number of years:

Present address (street, city, state, ZIP code):  Own  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):  Own  Rent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Number of years:

Previous address(es) (street, city, state, ZIP code):  Own  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

Co-applicant

**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  Dining Room 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.)

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

**5. EMPLOYMENT INFORMATION**

Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of <b>CURRENT</b> employer:	Start date (mm/dd/yyyy):	Name and address of <b>CURRENT</b> employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
<b>If working at your current job less than one year, complete the following information:</b>			
Name and address of <b>PREVIOUS</b> employer:	Years on this job:	Name and address of <b>PREVIOUS</b> employer:	Years on this job:
	Monthly (gross) wages: \$		Monthly (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) \$ _____			<b>PLEASE NOTE:</b> Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

**6. MONTHLY INCOME**

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



**9. LIABILITIES — CREDIT CARDS, OTHER DEBTS AND LEASES THAT YOU OWE**

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

**MONTHLY EXPENSES**

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

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

**10. DECLARATIONS**

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past seven years? 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 property foreclosed, or completed a pre-foreclosure sale, or short sale, or deed in lieu of foreclosure 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 directly or indirectly been obligated on any loan that resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<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 or 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 filling this application, I am authorizing Macon Area 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 Macon Area 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 Macon Area 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 Macon Area 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 \_\_\_\_\_

**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.

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 treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

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

**14. UNMARRIED ADDENDUM**

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse?  No  Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

Civil union  Domestic partnership  Registered reciprocal beneficiary relationship

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

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

**Equal Credit Opportunity Act Notice**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at Southeast Federal Trade Commission, Atlanta GA or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

**Applicant(s):**

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

To: \_\_\_\_\_ (Landlord) Fax \_\_\_\_\_ Phone \_\_\_\_\_

**(Applicant Name)** \_\_\_\_\_ has applied for housing through the Habitat for Humanity 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.

This form also serves as the authorization form. The applicant has signed below, giving us the permission to request this information from you. Thank you for your assistance.

Sincerely,

*Macon Area Habitat for Humanity*

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize my landlord to release this information to Macon Area Habitat for Humanity.

Tenant name (on file): \_\_\_\_\_

Tenant Address: \_\_\_\_\_

- Date applicant moved in \_\_\_\_\_
- Is rent paid on time? \_\_\_\_\_
- Applicant's payment history (circle one)

*Excellent – Satisfactory – Unsatisfactory*

- Rental period (give dates): From \_\_\_\_\_ To \_\_\_\_\_
- Amount of monthly rent \$ \_\_\_\_\_
- Is rent paid by Section 8, Housing Authority, or any other rent assistance program? Yes or No (circle one)
- If so, how much is the tenant's portion? \_\_\_\_\_

Comments \_\_\_\_\_

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

*Please complete form as soon as possible and return by fax at (478) 745-0679 or email [jmoble@maconhabitat.org](mailto:jmoble@maconhabitat.org). Thank you!*



690 Holt Avenue Macon, Georgia 31204

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

To: \_\_\_\_\_ (Employer) Fax \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Last 4 digits of Social Security# \_\_\_\_\_  
(Applicant Name) \_\_\_\_\_ has applied for housing through the Habitat for Humanity program and has given us written permission to contact you for an employment 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.

This form also serves as the authorization form. The applicant has signed below, giving us the permission to request this information from you. Thank you for your assistance.

Sincerely,  
*Macon Area Habitat for Humanity*

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize my employer to release this information to Macon Area Habitat for Humanity.

Employee name (on file): \_\_\_\_\_

Position (most recent): \_\_\_\_\_

- Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_
- Base Pay: \_\_\_\_\_ Per \_\_\_\_\_
- Number of Hours work: \_\_\_\_\_ Per \_\_\_\_\_
- Commissions: \_\_\_\_\_ Per \_\_\_\_\_
- Bonus: \_\_\_\_\_ Per \_\_\_\_\_
- Overtime: \_\_\_\_\_ Per \_\_\_\_\_

Comments: \_\_\_\_\_

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

Signatory Position: \_\_\_\_\_

*Please complete form as soon as possible and return by fax at (478) 745-0679 or email to [jsellers@maconhabitat.org](mailto:jsellers@maconhabitat.org). Thank you!*