

South Shore Habitat for Humanity

77 Accord Park Drive, Suite D7 • Norwell, MA 02061

781-337-7744 x 120 • www.sshabitat.org



2023 APPLICATION FOR FAMILY PARTNERSHIP PROGRAM for Jerusalem Road, Cohasset

Individuals with a financial interest in the development or family are not eligible to apply for this opportunity.

HOUSEHOLD INFORMATION

| | |
|---|---|
| Applicant's Name: | Co-Applicant's Name: |
| Date of Birth: / / | Date of Birth: / / |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced |
| Present Address: | Present Address: |
| Mailing Address (if different from above): | Mailing Address (if different from above): |
| Home Phone #: | Home Phone #: |
| Work Phone #: | Work Phone #: |
| Cell Phone #: | Cell Phone #: |
| e-mail: | e-mail: |

Include the names of any child or adult (other than the applicants) who will live with you in your Habitat home:

| Name | Age | ✓M | ✓F | Name | Age | ✓M | ✓F |
|------|-----|----|----|------|-----|----|----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PRESENT HOUSING CONDITION

Number of bedrooms where you currently live: 1 2 3 4 5

Other rooms where you currently live: kitchen dining room living room bathrooms # _____

Are utilities included in your rent? No Yes If yes: heat electric cable internet

Current Landlord Name: _____

Address: _____ Phone: _____

If you have lived at your current address less than two years, previous landlord info:

Name: _____

Address: _____ Phone: _____

Will you, or a member of your family, require handicap access or modifications? Yes No
 (If, due to a severe medical condition, a couple will require separate bedrooms, a statement and medical documentation from your physician are required to be submitted with this application.)

A HOUSING NEED STATEMENT: On a separate sheet of paper, clearly state why you need a Habitat home. See the applicant checklist for details about what you should include.

INCOME INFORMATION

Please include income from ALL household members age 18 or older who receive income.
Any dependent household members between the ages of 18 and 25 who are students need to supply documentation of their full-time student status

| | Applicant Job (1) | Applicant Job (2) | Co-Applicant Job (1) | Co-Applicant Job (2) |
|--|------------------------------|------------------------------|---------------------------------|---------------------------------|
| Gross Monthly Pay | | | | |
| Net Monthly Pay | | | | |
| Hours Regularly Worked Per Week | | | | |
| Average Overtime Worked | | | | |
| Year-round or Seasonal, Full-Time or Part-Time | | | | |
| Your Position or Title | | | | |
| Employer's Name and Address | | | | |
| Phone Number | | | | |
| Person and Address to receive Verification of Employment Form | | | | |

If employed less than three years at primary job, add details of previous employment, including name/address/phone number of the contact person, on a separate sheet of paper.

OTHER INCOME: Indicate monthly income of any sources that apply to your family (for example: TAFDC, SNAP, EAEDC, Workman's Compensation, Veteran's Benefits, Child Support, Alimony, Unemployment Compensation, Social Security Benefits, Pension Income, Disability Income, Investment Income, or other income (please specify)).

| Source of Income | Monthly Amount: | Source of Income | Monthly Amount: |
|---------------------------|-----------------|----------------------------|-----------------|
| Child Support/Alimony: | | Unemployment Compensation: | |
| Social Security Payments: | | Pension Income: | |
| Disability Income: | | Other (please specify): | |
| Interest and Dividends: | | Other (please specify): | |

I/We currently receive the following types and amounts of monthly assistance:

MassHealth: Yes No Rental subsidy or voucher: \$ _____ Fuel Assistance: \$ _____

Food Stamps: \$ _____ Number of children eligible for free/reduced lunch program: _____

Please include copies of completed and signed FEDERAL IRS income tax returns for 2020, 2021, and 2022.

SOURCE OF CLOSING COSTS:

Include a statement that explains how you will cover the closing costs. See applicant checklist for details.

EXPENSES INFORMATION

Enter dollar amount for every item, OR enter a "0" if item does not apply to applicant/co-applicant. See applicant checklist for clarification and required documentation of expenses. **Please complete every item.**

| Expense | Cost Per Month | Expense | Cost Per Month | Expense | Cost Per Month |
|---------------------------------------|----------------|-----------------------|----------------|-----------------------------|----------------|
| Rent | | Auto Insurance | | Life Insurance | |
| Gas Heat (based on yearly average) | | Cable TV | | Renter's Insurance | |
| OR Oil Heat (based on yearly average) | | Child Care | | Transportation Expenses/Gas | |
| Electric (based on yearly average) | | Alimony/Child Support | | Job Related Expenses | |
| Phones – Cell, Prepaid, Landline | | Car Payment | | Entertainment/ Restaurants | |
| Food – Leave blank | XXXXXXX | Education | | Internet | |
| Clothing | | Medical | | Other (specify) | |

OTHER IMPORTANT INFORMATION

Please circle the box that best answers the question for both applicant and co-applicant:

| | | Applicant | | Co-Applicant | |
|---|--|-----------|----|--------------|----|
| A | Do you have any debt because of a court decision against you? | YES | NO | YES | NO |
| B | Have you been declared bankrupt within the last 7 years? | YES | NO | YES | NO |
| C | Have you had any property foreclosed on in the last 7 years? | YES | NO | YES | NO |
| D | Are you currently involved in a lawsuit? | YES | NO | YES | NO |
| E | Have you owned a home within the last three years? (If yes, provide explanation and see important information page). | YES | NO | YES | NO |

Answering "YES" to any of the above questions DOES NOT automatically disqualify you. If you answered "YES" to any question A through E, however, please explain on a separate sheet of paper.

Do the children, listed on page one, have parents who live elsewhere? Yes No
If yes, please document the custody agreement.

Are you a U.S. Citizen or do you have U.S. Permanent Residency Status? Yes No
You must have one or the other to be eligible for a Habitat home. See applicant checklist for required documentation.

Do you own any land? Yes No If yes, please include a description and its location

Do you own a home? Yes No

THE SWEAT EQUITY REQUIREMENT: Each adult who will be living in the Habitat home is required to perform 250 hours of sweat equity (up to 500 hours). You must explain how you will be able to complete those hours during the approximately nine to twelve months it will take to build your home. Enclosed is a form to complete in which you describe how you will meet that requirement. You must complete that form.

AUTHORIZATION AND RELEASE

I understand that, by filing this application, I am authorizing South Shore Habitat for Humanity to evaluate, my ability to qualify for the Family Partnership Program which may eventually lead to a mortgage and I understand that the evaluation will include, but is not limited to a credit check, landlord checks, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. I authorize South Shore Habitat for Humanity to conduct a check on my credit history, contact landlord and employment references, and check Sex Offender and Criminal Offender Registries. The original or a copy of this application will be retained by South Shore Habitat for Humanity for a limited time even if the application is not approved. All information on the Protected Information sheet is part of the application, and I am certifying that information to be complete and true.

Applicants, and other adults residing in the home, must sign below to show agreement with above paragraph. That is required for your application to be considered.

| | | | |
|---------------------------------------|------|---------------------------------------|------|
| Applicant's Signature | Date | Co-Applicant's Signature | Date |
| Other Adult (non-applicant) signature | Date | Other Adult (non-applicant) signature | Date |

If you are approved for a Habitat home, how should your name appear on legal documents?

| | |
|--------------------------|-----------------------------|
| Applicant (please print) | Co-Applicant (please print) |
|--------------------------|-----------------------------|

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

Please refer to the **Applicant Checklist** for "Answering Application Questions" to see a complete list of all documentation that **MUST** be submitted with your application.

Be sure to submit:

- This completed and signed application
- A completed copy of the checklist
- All the documentation required – that is listed on the checklist
- A signed statement by you that describes your present housing circumstances and why you have a serious need for a safe, decent, affordable house
- A signed statement about sweat equity and ability to pay

To be considered, the Application must be received, in the Habitat Office by the deadline outlined in the information package.

This is NOT a postmark deadline. Applications may NOT be submitted by fax or email.

If you have questions or if you need help with this form, please call the Habitat office at (781) 337-7744 x 120.

**Application and supporting documentation should be mailed or delivered to:
South Shore Habitat for Humanity, 77 Accord Park Drive, Suite D7, Norwell, MA 02061**

REQUIRED PROTECTED INFORMATION

The following information is required.

| | |
|-------------------------|-------------------------|
| Applicant's Name: | Co-Applicant's Name: |
| | |
| Social Security Number: | Social Security Number: |
| | |

ASSETS

List all checking / savings / CD / IRA / 401K accounts / savings bonds / investment / stock, etc. for all household members, including minor children. Use another page if necessary.

| Name on Account | Name of Bank/Institution, Address | Account Number | Balance |
|-----------------|-----------------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

List other assets and approximate value (make and year of cars, boats, other high-value personal property, etc.)

| Item: | Value: | Item: | Value: |
|-------|--------|-------|--------|
| | | | |

DEBT

Use another page for additional debt accounts, or to explain debt that is in arrears or has a payment plan.

List **ALL debts** below (Credit Card Debt, Car Loans, Taxes in Arrears, Student Loans, Medical Debt, Etc.)

| Creditor and Address | Account Number | Monthly Payment | Unpaid balance |
|----------------------|----------------|-----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I hereby certify that within the past two years (choose one) I have, or have not, disposed of assets for less than the fair market value through a sale or a gift. List assets, if necessary: _____

The above is a complete and true representation of all household assets, debts, credit and complete information as requested.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____



**Applicant Checklist and Guide to Answering
Application Questions:
808 & 810 Jerusalem Street, Cohasset, MA**



Applicant Name _____ **Co-Applicant Name** _____

CREDIT INFORMATION (for you)

South Shore Habitat for Humanity strongly encourages all applicants to request a copy of their credit report to be able to review and be aware of the same information that we will use to make our determination.

The minimum Credit Score allowed for the Family Partnership Program is **660**. If your score is less than 660, you will not qualify for the program.

___ Every consumer may request and receive one free credit report per year.*

* Free – do not be tricked by commercials or internet advertisements that charge for this service!

Call CENTRAL SOURCE: 1-877-322-8228

or at

www.annualcreditreport.com

Often credit reports contain errors that need to be corrected by the consumer. ***If you have recently resolved a debt or credit problem, or corrected a mistake on your report, please include an explanation of these recent changes, along with any documentation available, with your application. Depending on how recently you have resolved a problem, it is very possible this updated information will not appear on your credit report. In the event of a discrepancy or error, the Information provided by the Credit Report will be used for the purpose of the application.***

If you discover past debts on your credit report that you have not paid, and are not now paying, please make arrangements to address them and include with your application documents of your efforts to do that.

We will obtain our own copy of your credit report. Do NOT supply a credit report with your application. The contact info above is for your information and use.

The following materials are needed to complete your application for the Family Partnership Program. Please complete this checklist, keep it, and return a copy with your application.

CITIZENSHIP or U.S. PERMANENT RESIDENCY STATUS:

___ Submit a copy of one of the following: U.S. birth certificate, OR U.S. certification of birth abroad, or US passport, OR certificate of naturalization, OR permanent resident identification card.

Applicants must be a U.S. citizen OR have secured their permanent residency status and provide documentation at the time of submitting the application.

DOWN PAYMENT / PAYMENT ASSISTANCE AND CLOSING COSTS:

___ Explanation of source of down payment, closing costs and insurance. Where will you be getting the money to pay these costs? The homes are offered for sale with a minimum of a 3% down payment. Buyer(s) are required to put down 1.5% of own seasoned funds. 1.5% or may be gifted from family or a first time homeowner grant, if available. The

closing costs are estimated to be approximately \$3,500.00. It is important to include documentation that you can meet this obligation. You will need to have this money at the time of purchase.

If any part of the closing costs are a gift, provide a signed statement from the individual donor, stating that it is a gift and statement showing where the gift will come from and that it will be available at the time of closing.

PRESENT HOUSING CONDITIONS:

___ All landlord contact info is provided on page 1 of application (information for the past two years).

___ Housing Need Statement/Letter: Why do you need a Habitat home? Describe any circumstance about your current housing that relates to your serious need for an affordable home: poor condition of current residence, over-crowded living conditions, high rent compared to income, being homeless or at high risk of being homeless, or other. Be specific. Include eviction notices, notice of possible sale of property you are renting or other information to support your statement. Describe efforts to find other, more suitable housing. Document whatever the interviewers will not be able to see during a home visit. **There must be a demonstrated need beyond the desire of owning a home. (see Basic Guidelines for eligible households on page 5 of the information packet.)**

ASSETS & DEBT:

See the “Required Protected Information” sheet (Page 5) of application. This must be filled out completely. Attach additional sheets, if needed, to list all assets for all household members, as well as all debt for Applicant #1 and #2.

INCOME INFORMATION & DOCUMENTATION:

___ All income of all adults 18 or older, who will be members of the household in the Habitat home (even if they are temporarily away) must be reported on Pg. 2 of the application. Add an extra page if needed.

___ Documentation of full-time student status for dependent household members between the ages of 18 and 25. Up-to-date receipts of payment of registration or a letter provided by the high school or college are examples.

___ Provide all employer contact info (for all jobs, for all adult household members) on Pg.2 of the application. If additional employer information needs to be provided, because you worked at your present position less than 3 years, include that employer contact information (name, address, phone #) on a separate sheet as well.

___ Pay stubs for the **most recent eight (8) weeks** of each job for each working adult (18+) in household. Continue to save your paystubs, as new ones may be requested later in the process.

___ Explanation of seasonal/part-time/part-year employment, if applicable (so reviewers will understand duration and earnings from each job during a full year).

___ Complete documentation of any self-employment income and expenses.

___ Child Support, Social Security, Disability Income, Unemployment, other compensation sources. Provide the most recent *official* documentation (i.e. court orders, awards letter, not bank statement) for all non-employment sources of income (this should correspond to those checked on page 2 of the application).

If benefits or compensation are temporary, please indicate the date the income will stop. If expected child support is not being received, provide official documentation of what you are actually receiving. We also need official documentation of custody arrangements if children living in the home have parents living elsewhere.

___ Bank Statements –Complete statements for the most recent **six (6) months** for ALL checking and savings accounts, for all adults and children (or copy of passbook for passbook savings account).

___ Investment and Retirement Accounts- Complete statements for the most recent **three (3) months**.

___ 2020 signed Federal Tax Returns

___ 2020 W-2s and 1099’s

___ 2021 signed Federal Tax Returns

___ 2021 W-2s and 1099’s

___ 2022 signed Federal Tax Returns

___ 2022 W-2s and 1099’s

Note: **Federal IRS returns only** – NOT your Massachusetts or other state returns)

___ Government Monitoring Sheet (optional disclosure – but must be returned with application).

If you do not have copies of your tax returns, you should immediately take steps to request them. We need a copy of the actual tax return. To receive official IRS printouts of Income Tax Returns: call 1-800-829-1040.

OR

There is an IRS Office located at 120 Liberty Street Brockton, MA, Call 508-586-4671 for hours they are open before going there.

Please be sure to **sign the tax return** before you submit it to us.

Be sure to submit your application with all the documentation you have by the deadline.

If you are still waiting for a copy, enclose a note stating the returns you have requested of the IRS and on what date you made your request.

___ *If you did NOT file an IRS return for any of these years, enclose a signed letter explaining why you did not have a legal obligation to file a tax return for that year.*

EXPENSES AND DEBT:

Please list all **debts** and monthly payments on debts on the Required Protected Information sheet (Application Pg. 5).

Copies of most recent statements:

___ Other debt obligations (paid by your household – child support, alimony, payment plans, any other. Please explain)

___ If you answered YES to any items A – E on page 3 of the application, attach an explanation.

WILLINGNESS TO PARTNER—SWEAT EQUITY FORM:

___ Signed statement about Sweat Equity: Answer the questions and sign it--- use the back or attach another paper if necessary.

___ **APPLICATION IS SIGNED AND DATED BY APPLICANT AND CO-APPLICANT.**

Don't forget to do this step!

**PLEASE SUBMIT A COPY OF THE CHECKLIST WITH YOUR APPLICATION
NOTING ALL DOCUMENTS THAT ARE INCLUDED**

**DO NOT EMAIL ANY DOCUMENTS WITH FINANCIAL INFORMATION.
WE CANNOT GUARANTEE THAT THE NETWORK IS SECURE**

**After you submit your application packet, keep saving all new documents: paystubs, income statements, bills,
bank/credit/store account statements**

Applicant Name _____

Co-Applicant Name _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES FORM

Lender: The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure 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. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this Lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to insure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular loan applied for.)

*****Please check off correct info in each category and sign. THANK YOU!*****

APPLICANT

CO-APPLICANT (if applicable)

I do not wish to furnish this information

I do not wish to furnish this information

.....
ETHNICITY

Hispanic or Latino
 Not Hispanic or Latino

Hispanic or Latino
 Not Hispanic or Latino

.....
RACE/MULTI RACE AND NATIONAL ORIGIN

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 American Indian or Alaskan Native *and* White
 Asian *and* White
 Black or African American *and* White
 Other Multiple Races
 American Indian or Alaskan Native
and Black or African American

American Indian, Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 American Indian or Alaskan Native *and* White
 Asian *and* White
 Black or African American *and* White
 Other Multiple Races
 American Indian or Alaskan Native
and Black or African American

.....
SEX

Female
 Male

Female
 Male

.....
MARITAL STATUS

Married
 Separated
 Unmarried (single, divorced, widowed)

Married
 Separated
 Unmarried (single, divorced, widowed)

.....
VETERAN STATUS

US Veteran

US Veteran

Is there any other household member who served in the armed services, or is a spouse, widow(er), parent or dependent of anyone that served in the armed services? Yes No

Applicant Signature

Co-Applicant Signature

OR – this information was completed by interviewer: Name _____

Signature _____

Date _____

SWEAT EQUITY FORM

REQUIRED ATTACHMENT TO YOUR APPLICATION

Sweat Equity/ Partnership Question: *Our sweat equity requirement is rigorous!* Habitat Family Partners as well as each adult that will live in the home are required to work 250 hours each on building the home (except for full-time college students). You will not be allowed to move into the home until the hours have been completed. This requires approximately eight hours a week on a Habitat construction site (8 a.m. - 4 p.m. on a Saturday or another day during the week to be determined) during the months that the home is being built. Some weeks there will also be a required meeting or home ownership preparation workshop to attend. You may need to devote even more time in some weeks so that all hours are complete prior to closing. You do not need to be experienced in construction. We train and guide you in your sweat equity as you work side-by-side with other volunteers.

How will you arrange to have the time available?

How will you manage transportation to the site?

What child care arrangements will be available for you (children 14 and under are not allowed on the build site but up to 50 hours of baby-sitting time by family/friends can count toward your sweat equity hours)?

If any condition (disability) will restrict some aspect of your participation on the construction site, list the specific medical restrictions your doctor has given you that will limit which tasks you are assigned. How will you be able to participate?

Or circle: Not Applicable – if you have no medical restrictions to your participation.

Signed _____

Date _____

Signed _____

Date _____

(USE REVERSE SIDE AS NEEDED)