

Application Checklist

Please use this page as a checklist for all applicable items and make sure ALL of the following information is included with your application. Please return this form with your application and documentation.

If an item does not apply to you, please write N/A.

Please **DO NOT** give us original documents (documents will not be returned).

- ALL sections of the Application have been completed
- Check or money-order for \$35 application fee (*non-refundable*)
- All required documents listed below are attached to application (*please DO NOT submit originals*)

Identification/Personal Information

- Photo identification for all adults
- Birth Certificates for all household members
- Applicant's and/or Co-applicant's permanent legal residency if not a U.S. Citizen
- Social Security cards for all household members
- Legal guardianship documents for children you are raising but are not your biological children
- Copy of divorce decree (*if divorced*)

Employment/Income

- Past 6 pay stubs (*or, if paid weekly, 12 pay stubs*) for all working adults in the household
- Last two years' W2s or tax returns (*1040 or 1040EZ*) for all working adults in the household
- If self-employed or own a business: Last two years of Profit & Loss statements and tax returns
- Social Security Income award letter
- Child Support Court Order and proof (*receipts, etc.*) that income is being received
- Disability Income award letter
- Supplemental Income and Benefits statement (*SSI*)
- Retirement Benefits Statement
- Documentation for any other sources of monthly income
- If there has been any gap in employment history longer than ONE MONTH, please explain each gap by attaching a letter of explanation to your application

Assets

- Copies of three months of statements of each checking account held by Applicant or Co-Applicant
- Copies of three months of statement of each savings account held by Applicant or Co-Applicant

Debts & Expenses

- Proof of most recent rental payment
- Copies of last 3 months of all utility statements (*i.e. gas, electric, sewer, water, trash pickup, cable, internet service, cell phone, etc.*)
- Copies of last 3 months of auto payments and most recent auto-insurance statement
- Copy of most recent payment for child care
- Child Support Court Order and proof (*receipts, etc.*) that support is being paid
- Copies of most recent statement for all credit cards
- Most recent copy of furniture, appliance, television, etc. rental statements
- Written explanation of any outstanding debt obligations, or large debts recently paid off that may still show up on a credit report

How to submit your completed Application:

If you have provided all the information requested on your application, and you used the checklist above, you are ready to submit your application.

Please bring your application to our administrative office
between 9:30 am and 12:30 pm Monday through Friday at:

Blue Ridge Habitat for Humanity
400 Battaile Drive | Winchester, VA 22601

If there is missing information, you may be asked to submit your application once you have obtained your missing information.



Blue Ridge Habitat for Humanity
 400 Battaile Drive
 Winchester, VA 22601
 Phone: 540.662.7066
 Email: housing@blueridgehabitat.org

Application

Habitat Homeowner Application



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

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

1. APPLICANT INFORMATION

Applicant	Co-applicant																																																
Applicant's name _____	Co-applicant's name _____																																																
Social Security Number _____ Birthdate _____ Age: _____ Home Phone _____ Cell Phone _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Social Security Number _____ Birthdate _____ Age: _____ Home Phone _____ Cell Phone _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																																																
Dependents and others who will live with you (not listed by co-applicant) <table border="0" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><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 border="0" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><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"/>
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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:																																																	
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Mailing Address – (If different from physical address)																																																	
Mailing Address _____ _____	Mailing Address _____ _____																																																

2. WILLINGNESS TO PARTNER

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

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

3. HOUSING LOCATION

In which location are you looking for a Habitat Home?

- | | |
|---|--|
| <input type="checkbox"/> Winchester City | <input type="checkbox"/> Shenandoah County |
| <input type="checkbox"/> Frederick County | <input type="checkbox"/> Clarke County |

**Please note, due to strict zoning regulations in Clarke County, BRHFH has no plans to build there for the foreseeable future.

4. PRESENT HOUSING CONDITIONS

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 _____

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

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

Name, address, and phone number of current landlord: _____

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

5. PROPERTY INFORMATION

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

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

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

6 . EMPLOYMENT INFORMATION

Applicant		Co- applicant	
Name and Address of CURRENT employer	Years on this Job	Name and Address of CURRENT employer	Years on this Job
	Monthly (gross) Wages \$		Monthly (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 LAST employer	Years on this Job	Name and Address of LAST employer	Years on this Job
	Monthly (gross) Wages \$		Monthly (gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME

Income Source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.	HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
	Name	Income source	Monthly income	Date of birth

8. 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 parents)? If you borrow the money, whom will you borrow it from and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?

Account	Applicant			Co-applicant		
	Monthly Payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS		
Please check the box beside the word that best answers the following questions for you and the co-applicant		
	Applicant	Co-applicant
a. Do you have 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 been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on 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 currently involved in a lawsuit?	<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 which 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 paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. 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
<i>If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.</i>		

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program 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.

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.

13. RIGHT TO RECEIVE COPY OF THE APPRAISAL DISCLOSURE

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

Applicant's name _____

Co-applicant's name _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Blue Ridge Habitat for Humanity (BRHFH) to verify my past and present employment earning records, bank accounts, any other assets, as well as personal and business references needed to process my Habitat loan application.

I further authorize Blue Ridge Habitat for Humanity to order a consumer credit report and verify other credit information, including medical judgments, collection accounts, past and present mortgage or rental references. It is understood that a photocopy of this form will serve as authorization.

The information the lender obtains is only to be used in the processing of my BRHFH Loan application.

Signature

Date

Signature

Date



EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at: [FTC Regional Office for the East Central region, 1111 Superior Avenue, Suite 200, Cleveland, OH 44114 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):

X _____

Print Name: _____

Date: _____

X _____

Print Name: _____

Date: _____

Instructions: Please sign and return this copy with your completed application.

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EQUAL CREDIT OPPORTUNITY ACT NOTICE

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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.

Instructions: Please keep this copy for your records.



Blue Ridge Habitat for Humanity Privacy Statement and Notice

At Blue Ridge Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, and contact information.
- Information about your transactions with us or others such as your loan balance or payment history.
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history.

Blue Ridge Habitat for Humanity employees and volunteers are subject to a written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents; and
- Nonprofit organizations, government entities, or other subsidy providers.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Blue Ridge Habitat for Humanity, Inc. at 540-662-7066.



E-SIGN ACT DISCLOSURE AND AGREEMENT

Dear Applicant:

We are pleased to offer you the opportunity to receive information about your account electronically. If you would like to receive correspondence and notices from us electronically, instead of paper copies through the mail, please review this notice and provide your consent.

- 1. Scope of Communications to Be Provided in Electronic Form.** When you use a product or service to which this disclosure applies, you agree that we may provide you with any communications in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic communications and transactions includes, but is not limited to:
 - All legal and regulatory disclosures and communications associated with the product or service available through Blue Ridge Habitat for Humanity
 - Notices or disclosures about a change in the terms of your account or associated payment feature and responses to claims.
 - Privacy policies and notices.
- 2. Method of Providing Communications to You in Electronic Form.** All communications that we provide to you in electronic form will be provided either (1) via e-mail, (2) by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or (3) to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose.
- 3. How to Withdraw Consent.** You may withdraw your consent to receive communications in electronic form by contacting us at Housing@blueridgehabitat.org or mailing us at 400 Battaile Drive, Winchester, VA 22601. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.
- 4. How to Update Your Records.** It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this E-Sign Act disclosure and your account, and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at Housing@blueridgehabitat.org or mailing us at 400 Battaile Drive, Winchester, VA 22601.
- 5. Hardware and Software Requirements.** In order to access, view, and retain electronic communications that we make available to you, you must have:
 - an Internet browser that supports 128 bit encryption;
 - sufficient electronic storage capacity on your computer's hard drive or other data storage unit;
 - an e-mail account with an Internet service provider and e-mail software in order to participate in our electronic communications programs;
 - a personal computer (for PC's: Pentium 120 MHz or higher; for Macintosh, Power Mac 9500, Power PC 604 processor 120-MHz Base or higher), operating system and telecommunications connections to the Internet capable of receiving, accessing, displaying, and either printing or

storing communications received from us in electronic form via a plain text-formatted e-mail or by access to our web site using one of the browsers specified above;

- Adobe Reader version 8.0 or higher.

6. Requesting Paper Copies. We will not send you a paper copy of any communication, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made within a reasonable time after we first provided the electronic communication to you. To request a paper copy, contact us at Housing@blueridgehabitat.org or mailing us at 400 Battaile Drive, Winchester, VA 22601. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.

7. Communications in Writing. All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure and any other communication that is important to you.

8. Federal Law. You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

9. Termination/Changes. We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.

10. Consent. By signing below you agree that you have read, understand, and agree to the E-Sign Act. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that your computer satisfies the hardware and software requirements specified above and that you have provided us with a current e-mail address at which we may send electronic communications to you.

Sincerely,

Blue Ridge Habitat for Humanity Family Services Committee

Acknowledged and Agreed to by:

X

Name (Printed): _____

Date: _____



Demographic Questionnaire

Please read this statement before completing the box(es) below: The following information is requested for tracking purposes and is used for grant purposes.

If you do not wish to furnish the requested information, please check the box below. However, if you choose not to furnish it, the interviewer is required to note race and sex on the basis of visual observation or surname.

This Questionnaire has no bearing on the eligibility of your application.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Race/National Origin: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Race/National Origin: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Birthdate: _____/_____/_____	Birthdate: _____/_____/_____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)

Please list the number of people per age group currently living in the household:	
0 – 5	
6 – 11	
12 – 15	
16 – 24	
25 – 44	
5 – 64	
065+	

Applicant/Co-Applicant Signature