



June 3, 17

Dear Potential Applicant,

We will begin accepting applications for three homes beginning June 1, 2017. The application window will close June 30, 2017. We will be selecting a partner family for a new home to be built at 149 W Pearl St, Newark that will be sized to the family. We will also be selecting partner families for two existing houses that we are recycling:

- 34 Curtiss Ave, Sodus – 4 Bedrooms, 1 Bath, 1,560 sq feet, 2008.
- 19 Redfield St, Clyde – 3 Bedrooms, 1 Bath, 1,236 sq feet, 1998.

If you wish to apply to partner with Habitat for Humanity of Wayne County, we encourage you to review the attached documents and apply if you think the program is suitable for you.

- Information about Habitat
- Eligibility Requirements
- Application for Partnership Program
- Application for Credit Review

If you choose to apply, please send the completed application and a copy of your credit report to the address shown on the application. Do not send applications or documentation to our address. We will provide you with a status within 30 days.

A free copy of your credit report is available from AnnualCreditReport.com.

Regards,

Michael Farrell
Treasurer

Encl: (4)

Information about Habitat

How Habitat Works

Habitat volunteers work in partnership with selected low-income families. A committee recommends the families from applicants who indicate need for decent housing, ability to make the mortgage payments, and a willingness to partner with Habitat. The houses are modest, but adequate. The house is sold to the family with an affordable mortgage originated by third party lenders.

History of Habitat for Humanity International

Habitat for Humanity International is a nonprofit, ecumenical Christian housing ministry, which seeks to eliminate poverty housing and homelessness from the world. Founded in 1976 in Americus, Georgia, it has grown rapidly. Today, there are over 2000 affiliates throughout all 50 states, and there are more than 300 other Habitat projects worldwide. Over 250,000 Habitat houses have been built throughout the world. As Habitat's founder, Millard Fuller says, "We may disagree on all sorts of things... baptism, communion, what night to have prayer meeting and how the preacher should dress. But thank God we can agree on a nail and the use of the hammer as an instrument to manifest God's love."

Habitat for Humanity of Wayne County, NY, Inc.

The Wayne County Affiliate was incorporated in 1988 as a fully autonomous, nonprofit, tax-exempt organization. The Board of Directors is a group of volunteers from many towns, various churches and civic organizations within Wayne County. The affiliate is responsible for its own local fund raising. It supports the work of Habitat International in other countries with a tithe of 10% of funds raised, unless the donor requests the donation be used only in Wayne County.

Ownership Details

The approximate construction cost of a Wayne County Habitat home is \$85,000 with payments per month starting at \$650 and up on a 30 year mortgage. The payment includes taxes and insurance. The proceeds are used to build other Habitat houses in Wayne County.

Sweat Equity

Sweat Equity refers to the hands-on involvement of homeowners in the work necessary to achieve our goal of eliminating substandard housing. Sweat equity is the homeowners' physical involvement in Habitat's work. There is a minimum requirement of 400 hours per household. A percentage of these hours may be obtained with the help of designated family members.

Partnership

Each selected family receives a family partner. This partner monitors sweat equity progress, helps the family during construction, and assists the new homeowners in dealing with various issues faced after the homeowner moves into their new home. This partnership helps ensure success in home ownership.

Are you eligible for a Habitat for Humanity Home?

- Are your current living conditions inadequate for your needs?
For example: too small for your family size, in disrepair, or unsafe.
- Are you unable to obtain financing through other means?
- Is your gross family income in the \$20,500 to \$48,000 (family of 4) range? See table below for max income for a range of family sizes.

Number of people in Household	Yearly Income Minimum	Yearly Income Maximum ¹
1	\$20,600 ²	\$33,600
2		\$38,400
3		\$43,200
4		\$48,000
5		\$51,900
6		\$55,700

- Has at least one adult in your family had a steady income for the last six months?
- Are you able to:
 - Make monthly mortgage payments of approximately \$650 plus utilities?
 - Make an initial down payment of \$650?
- Are you willing to:
 - Donate 400 hours of volunteer labor³?
 - Participate with Habitat in a long-term relationship?
 - Live in Newark, Clyde, or Sodus

¹ Income Limits are based on 70% of the 2017 HUD published median income for Wayne County.

² Total Housing cost may not exceed 30% of monthly gross income.

Total monthly debt may not exceed 43% of monthly gross income.

³ Includes time donated by family and friends.



Habitat for Humanity[®] of Wayne County, NY
 P.O. Box 42
 Macedon, NY 14502
 315.986.9915

Effective Date of this Form: May 26, 2017

Return completed applications to:
 Catholic Charities of Wayne County
 Attn: Peter Dohr
 180 East Union Street
 Newark, NY 14513

Application

FOR PARTNERSHIP PROGRAM



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

Dear Applicant: Complete this application to determine if you are a qualified for Habitat for Humanity's partnership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's Name	Co-applicant's Name
Social Security Number _____ Home Phone _____ Age _____	Social Security Number _____ Home Phone _____ Age _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who live with you (not listed by co-applicant)	Dependents and others who live with you (not listed by co-applicant)
Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years _____	Number of Years _____
If Living at Present Address for Less Than Two Years, Complete the Following	
Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Street Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years _____	Number of Years _____

- Please indicate which home(s) you are applying for:
- A new house, TBD bedroom, 149 West Pearl St, Newark
 - An existing 3 Bedroom, 19 Redfield St, Clyde
 - An existing 4 Bedroom, 34 Curtiss Ave, Sodus

2. WILLINGNESS TO PARTNER

To be considered for the Habitat partnership program, 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.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

Applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Co-applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. 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 (please describe) _____

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 canceled rent check.)

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

The Habitat partnership program serves families with a critical need for housing. In the space below, please describe why you need a Habitat home:

5. PROPERTY INFORMATION

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

Do you own land? Yes No (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes, Monthly Payment \$ _____ Unpaid Balance \$ _____

6. AUTHORIZATION & RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home and my willingness to be a partner family. I understand that the evaluation will include personal visits. I have answered all of 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 partner with Habitat, I may be disqualified from the program. The original 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 potential staff (whether paid or unpaid), board members, and applicant families on the sex offender registry, and that by completing this application I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application 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 additional comments with "A" for Applicant or "C" for Co-applicant.



Applicant

Co-applicant

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Applicant	Co-applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birthday: ____/____/____</p> <p>Marital Status</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birthday: ____/____/____</p> <p>Marital Status</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview

<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p>Interviewer's Name (print or type)</p>
	<p>Interviewer's Signature Date</p>
	<p>Interviewer's Phone Number</p>



**Habitat
for Humanity**[®] of Wayne County, NY
P.O. Box 42
Macedon, NY 14502
315.986.9915

Effective Date of this Form: May 26, 2017

Return completed applications to:
Catholic Charities of Wayne County
Attn: Peter Dohr
180 East Union Street
Newark, NY 14513

Application FOR CREDIT REVIEW



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.

I (We) authorize [Housing Counseling Agency] in partnership with Habitat for Humanity to obtain a tri-merged consumer credit report on me (us). It is understood that the information contained in the credit report will be used to confirm my (our) residency address and determine my (our) eligibility for a family partnership with Habitat for Humanity of Wayne County, NY, hereinafter referred to as HFH (Habitat for Humanity).

In addition, I (we) authorize [Housing Counseling Agency] and HFH to share with each other the information contained in the credit report and all other information I (we) have provided in conjunction with my (our) application for a family partnership.

Upon request or if my (our) application for partnership is denied based on information found in the credit report, HFH will provide me (us) with the name and address and phone number of the Consumer Reporting Agency contacted to supply the report.

It is understood that credit inquiries have the potential to impact my credit score and that all information will be kept confidential and [Housing Counseling Agency] will be held harmless for information received in this credit report.

Applicant First Middle Last

Co-Applicant First Middle Last

Current Address

City State Zip Code

Applicant Signature Date

Applicant Date of Birth

Applicant Social Security number

Co-Applicant Signature Date

Co-Applicant Date of Birth

Co-Applicant Social Security number

1. 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 a 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

2. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-applicant	2 Others in Household	3 Monthly Bills	Monthly Amount
1 Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilizes	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Rent	
Other				Utilizes	
Total	\$	\$	\$	Total	\$

<p>1 Self-employed applicant(s) may be required to provide additional documents such as tax returns and financial statements.</p> <p>3 Please attach copies of last month's bills.</p>	<p>2 List additional household members over 18 who receive income:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 20%;">Monthly Income</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Age	Monthly Income	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Age	Monthly Income											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

3. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from and how will you pay it back?

4. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Do you own a: Yes No Boat <input type="checkbox"/> <input type="checkbox"/> Mobile Home <input type="checkbox"/> <input type="checkbox"/> Washer <input type="checkbox"/> <input type="checkbox"/> Dryer <input type="checkbox"/> <input type="checkbox"/>	Do you own a: Yes No Car (#1) <input type="checkbox"/> <input type="checkbox"/> Make & Year _____ Do you own a: Yes No Car (#2) <input type="checkbox"/> <input type="checkbox"/> Make & Year _____

5. DEBT

To Whom Do You and the Co-applicant Owe Money

COLUMN 1		COLUMN 2	
Car	Monthly Payment Unpaid Balance \$ \$ Mos. left to pay:	Cell Phone Contracts	Monthly Payment Unpaid Balance \$ \$ Mos. left to pay:
Furniture, Appliances and Television	Monthly Payment Unpaid Balance \$ \$ Mos. left to pay:	Other Money You Owe	
Credit Card	Monthly Payment Unpaid Balance \$ \$ Mos. left to pay:	Alimony/Child Support	\$ /month
Medical	Monthly Payment Unpaid Balance \$ \$ Mos. left to pay:	Job-related Expenses	\$ /month
Column 1: Subtotal of Payments	\$ /month	Child-care, Union dues, etc.	\$ /month
		Column 2: Subtotal of Payments	\$ /month
		Column 1: Subtotal of Payments	\$ /month
		Total Monthly Expenses	\$ /month

6. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant	Co-Applicant
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 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 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. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. 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

If you answered "yes" to any question a through e, or "no" to f, please explain on a separate piece of paper.