



Tri-County Partners Habitat for Humanity is a non-profit, ecumenical Christian housing ministry dedicated to eliminating poverty and homelessness. Tri-County Partners Habitat for Humanity works in partnership with low-income working families, sponsors, and communities to build and renovate decent, affordable housing. Through volunteer labor and donations of money and materials, Tri-County Partners Habitat for Humanity builds and rehabilitates simple, decent houses with the help of the homeowner families.

There are three criteria that must be met in order to qualify for a Tri-County Partners Habitat for Humanity home.

1. Need for Adequate Shelter:

Tri-County Partners Habitat for Humanity builds homes for low-income families, whose present housing is inadequate. (Applicants must be legal residents of the U.S., and have lived in the Tri-Cities area for at least one year).

Income Guidelines—Provided by Housing and Urban Development for Pasco, Kennewick, and Richland. Guidelines effective June 28th 2019 and are subject to change.

| Family Size | Minimum Income<br>30% Area Median Income | Maximum Income<br>60% Area Median Income |
|-------------|------------------------------------------|------------------------------------------|
| 1 person    | \$16,400                                 | \$32,760                                 |
| 2 person    | \$18,750                                 | \$37,440                                 |
| 3 person    | \$21,100                                 | \$42,120                                 |
| 4 person    | \$23,400                                 | \$46,800                                 |
| 5 person    | \$25,300                                 | \$50,580                                 |
| 6 person    | \$27,150                                 | \$54,300                                 |
| 7 person    | \$29,050                                 | \$58,080                                 |
| 8 person    | \$30,900                                 | \$61,800                                 |

2. Ability to Pay:

Applicants must have the resources to pay a low-interest monthly mortgage and the ability to save for closing costs (currently approximately \$9,000). Applicants must have a minimum Equifax credit score of 640.

3. Willingness to Partner:

Applicants need to be willing to contribute to the “sweat equity” requirement of 500 hours, and be a part of the Tri-County Partners Habitat for Humanity family.



To complete your application you will need to provide Tri-County Partners Habitat for Humanity with the following information:

1. All Federal Tax forms for anyone working within the household for the past two years.
2. All W-2 forms for anyone working within the household for the past two years.
3. Past 6 months rent or mortgage payment records (receipts, money order copies, etc.).
4. Past 3 months paycheck stubs for anyone working within the household and any other income records such as SSI, unemployment, child support, food stamps, etc.
5. Past 2 months statements from your bank and other financial institutions.
6. Past 2 months credit card statements.
7. Copy of Social Security Cards for everyone within the household.
8. Proof of U.S. Residency or Citizenship for everyone in the household (permanent resident card, naturalization card, birth certificate).
9. Copy of divorce decree, if applicable
10. Proof of dependent custody, if applicable

Do **NOT** submit your original statements. Only **COPIES** will be accepted.

(There will be a processing fee due after all information has been received and processed for eligibility. This fee will cover the comprehensive background check conducted by Habitat on you and, if applicable, the co-applicant and your dependents).

**In order to be considered for a Tri-County Partners Habitat for Humanity home, these documents and your completed application should be mailed or brought into the office at:**

313 Wellsian Way  
Richland, WA 99352

Phone: 509-943-5555  
Email: [info@habitat-tcp.org](mailto:info@habitat-tcp.org)  
[www.habitatbuilds.com](http://www.habitatbuilds.com)





# Application

## FOR HOUSING



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:** We need you to complete this application to determine if you qualify for a Habitat for Humanity house. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Applicant's Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | <b>Co-applicant's Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| Social Security Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Home Phone _____ Date of Birth _____ | Social Security Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Home Phone _____ Date of Birth _____ |
| <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)                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |
| <b>Dependents</b> and others who will live with you (not listed by co-applicant)<br>Name _____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/> |                                      | <b>Dependents</b> and others who will live with you (not listed by applicant)<br>Name _____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/><br>_____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/> |                                      |
| Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent<br><br>Number of Years _____                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent<br><br>Number of Years _____                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |
| <b>If Living at Present Address for Less Than Two Years, Complete the Following</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |
| Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent<br><br>Number of Years _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent<br><br>Number of Years _____                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| <b>How Long Have you Lived in the Tri-Cities?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | <b>How Long Have you Lived in the Tri-Cities?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |
| Number of Years _____<br><br>Do you require a translator? _____ If yes, for what language? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Number of Years _____<br><br>Do you require a translator? _____ If yes, for what language? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |



## 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, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant:  
Co-applicant:

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Describe how you would like to partner with Tri-County Partners Habitat for Humanity to achieve your 'sweat equity' hours: (activities, special skills, hours per week available, family members/friends participating, etc).

Where did you hear about Tri-County Partners Habitat for Humanity? (media, friend, work, website, etc).

## 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

Is your rent subsidized? Yes \_\_\_\_\_ No \_\_\_\_\_

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 need a Habitat home?



| 4. EMPLOYMENT INFORMATION                                                        |                             |                                             |                             |
|----------------------------------------------------------------------------------|-----------------------------|---------------------------------------------|-----------------------------|
| Applicant                                                                        |                             | Co-applicant                                |                             |
| Name and Address of <b>Current</b> Employer                                      | Years on This Job           | Name and Address of <b>Current</b> Employer | Years on This Job           |
|                                                                                  | Monthly (Gross) Wages<br>\$ |                                             | Monthly (Gross) Wages<br>\$ |
| 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 <b>Last</b> Employer                                         | Years on This Job           | Name and Address of <b>Last</b> Employer    | Years on This Job           |
|                                                                                  | Monthly (Gross) Wages<br>\$ |                                             | Monthly (Gross) Wages<br>\$ |
| Type of Business                                                                 | Business Phone              | Type of Business                            | Business Phone              |

| 5. MONTHLY INCOME AND COMBINED MONTHLY BILLS |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
|----------------------------------------------|-----------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|---------------|-------|-------|----------|-------|-------|----------|-------|-------|----------|-------|-------|----------|------------------------------------|--|----------|
| Gross Monthly Income                         | Applicant | Co-Applicant  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 1. Base Employment Income*                   | \$        | \$            | List additional household members over 18 who receive income:<br><table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Monthly Wages</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> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">Totals for other household members</td> <td>\$ _____</td> </tr> </tbody> </table> | Name | Age | Monthly Wages | _____ | _____ | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | \$ _____ | Totals for other household members |  | \$ _____ |
| Name                                         | Age       | Monthly Wages |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| _____                                        | _____     | \$ _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| _____                                        | _____     | \$ _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| _____                                        | _____     | \$ _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| _____                                        | _____     | \$ _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| Totals for other household members           |           | \$ _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 2. AFDC/TANF                                 |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 3. Food Stamps                               |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 4. Social Security                           |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 5. SSI                                       |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 6. Disability                                |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 7. Alimony                                   |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 8. Child Support                             |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| 9. Other                                     |           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |
| <b>Total</b>                                 | \$        | \$            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |     |               |       |       |          |       |       |          |       |       |          |       |       |          |                                    |  |          |

\*Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

| 6. 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 \$                                 |







Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**10. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**Please Read This Statement Before Completing the Box Below:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

| 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                    |
| <b>Race/National Origin:</b>                                                          | <b>Race/National Origin:</b>                                                          |
| <input type="checkbox"/> American Indian or Alaskan Native                            | <input type="checkbox"/> American Indian or Alaskan Native                            |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                    | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                    |
| <input type="checkbox"/> Black/African American                                       | <input type="checkbox"/> Black/African American                                       |
| <input type="checkbox"/> Caucasian                                                    | <input type="checkbox"/> Caucasian                                                    |
| <input type="checkbox"/> Asian                                                        | <input type="checkbox"/> Asian                                                        |
| <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian              | <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian              |
| <input type="checkbox"/> Asian AND Caucasian                                          | <input type="checkbox"/> Asian AND Caucasian                                          |
| <input type="checkbox"/> Black/African American AND Caucasian                         | <input type="checkbox"/> Black/African American AND Caucasian                         |
| <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American | <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American |
| <input type="checkbox"/> Other (specify)                                              | <input type="checkbox"/> Other (specify)                                              |
| <b>Ethnicity:</b>                                                                     | <b>Ethnicity:</b>                                                                     |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic               | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic               |
| <b>Sex:</b>                                                                           | <b>Sex:</b>                                                                           |
| <input type="checkbox"/> Female <input type="checkbox"/> Male                         | <input type="checkbox"/> Female <input type="checkbox"/> Male                         |
| <b>Birthdate:</b> ____/____/____                                                      | <b>Birthdate:</b> ____/____/____                                                      |
| <b>Marital Status:</b>                                                                | <b>Marital Status:</b>                                                                |
| <input type="checkbox"/> Married                                                      | <input type="checkbox"/> Married                                                      |
| <input type="checkbox"/> Separated                                                    | <input type="checkbox"/> Separated                                                    |
| <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)                  | <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)                  |



## **RIGHT TO RECEIVE COPY OF APPRAISAL**

We may order an appraisal or other property valuation to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.





## 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 Northwest region  
915 2nd Ave  
Seattle, WA 98104

or

Federal Trade Commission  
Equal Credit Opportunity  
600 Pennsylvania Ave, NW  
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:

Co-applicant:

X \_\_\_\_\_

X \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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