

Lexington Habitat for Humanity offers an opportunity for homeownership to households with low income in need of adequate and affordable housing. Houses are built and renovated in Fayette County and sold to approved applicants through an affordable mortgage.

It takes an average of 2 years before a household can purchase and move into their Habitat home. Our program is unable to address immediate housing needs. Property locations are limited and will be made available after a household has been accepted into the program. Interested applicants must be willing to purchase a single family attached townhome. The number of bedrooms will be based on household size.

To qualify for the homebuyer program, applicants must display:

- 1. Housing Need:** Current housing is inadequate, substandard, or unaffordable.
- 2. Ability to Pay:** Household has a reliable, steady income and can pay an affordable mortgage, utilities and home maintenance costs
- 3. Willingness to Partner:** The household will partner with LHFH by agreeing to:
 - Work 250 hours (for households with 1 adult) or 500 hours (for households with 2+ adults) of "Sweat Equity" through home construction, attending educational classes and homeownership counseling.
 - Pay at least \$1,500 toward loan closing costs.
 - Pay required monthly mortgage payments for the duration of the loan term.

Return these forms to:

700 East Loudon Avenue, Lexington, KY 40505
OR send via fax: 859-252-0545 or
email: familyservices@lexhabitat.org

Additional information will be provided after the pre-application is reviewed. All forms received will be reviewed and a response will be mailed within 30 days.

Questions?

Call 859-252-2224, Ext. 130

Current Application Criteria:

- 1. Legal U.S. Residency:** You must provide proof of legal US Residency for all adult household members.
- 2. Your Local Residency/ Work History:** You must have lived or worked in Fayette County for one continuous year prior to application.
- 3. Monthly Income:** Your **gross** monthly income must be at least \$2,800 per month. Annual income from current sources must have been at least \$33,600 for the 12 months prior to application. If income sources have changed in the 12 months prior to application, you must have had an annual income of at least \$33,600 for the 24 months prior to application.
- 4. Satisfactory Credit & Debt:** We will obtain your credit report and review it with you to see if you are eligible to proceed. Bankruptcy filings must have been discharged 3+ years prior to your application. Any foreclosures must have been settled 5+ years prior. Collection and charge off debt cannot exceed \$2,000.
- 5. Annual Household Income Limit:** You must have a total household income that is less than 60% of the median income for similar-sized households in Fayette County.

The maximum annual income limits are:

Household of 1: \$43,020	Household of 5: \$66,360
Household of 2: \$49,200	Household of 6: \$71,280
Household of 3: \$55,320	Household of 7: \$76,200
Household of 4: \$61,440	Household of 8: \$81,120

Lexington Habitat is an Equal Housing Lender organization. Loan decisions are made without regard to race, color, religion, sex, national origin, handicap or familial status.



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 Midwest Region, 55 West Monroe Street Suite 1825, Chicago, IL 60603 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

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.



PRELIMINARY APPLICATION FOR HOMEOWNERSHIP

We need you to complete this pre-application to determine if you might qualify for the Lexington Habitat for Humanity 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.

NAME OF APPLICANT: _____ DATE OF BIRTH: _____
 SOCIAL SECURITY #: _____ - _____ - _____

ALSO KNOWN AS/ FORMER NAME: _____

Married Separated Unmarried (Incl. single, divorced, widowed)

NAME OF CO-APPLICANT: _____ SOCIAL SECURITY #: _____ - _____ - _____

ALSO KNOWN AS/ FORMER NAME: _____ DATE OF BIRTH: _____

Married Separated Unmarried (Incl. single, divorced, widowed)

ADDRESS: _____ Lexington, KY _____

PHONE NUMBERS - HOME: _____ CELL: _____ OTHER: _____

PREFERRED LANGUAGE: _____ INTERPRETER REQUESTED? (yes or no): _____

PLEASE LIST ALL CURRENT HOUSEHOLD MEMBERS OTHER THAN APPLICANT/CO-APPLICANT:

***A household member is any person, related or not related, that lives in the home.**

NAME:	DATE OF BIRTH:	AGE:	RELATIONSHIP:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOUR APPLICATION IS APPROVED, PLEASE EXPLAIN IF ANY OF THESE INDIVIDUALS WILL NOT BE PART OF YOUR HABITAT HOUSEHOLD AND WHY:

INCOME INFORMATION: For **all** household members, list **all** sources of current income received on a regular basis, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, KTAP, TANF, or income earned from seasonal work. ***A household member is any person, related or not related, that lives in the home.**

Household Member	Employer/Income Source	Income Start Date	\$ Per Hour	Hours Per Week	Gross Monthly
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Qualifying Monthly: \$ _____

Total Qualifying Yearly: \$ _____

GENERAL INFORMATION

A. Do all adult household members have proof of legal United States residency? (ie - United States birth certificate, United States passport, permanent resident card, I-94 Card) Yes No

B. How long have you lived in Fayette County? _____ years

OR worked in Fayette County? _____ years

C. Have you been employed at your current job or had your current source of income for the past 12 months?

Yes No

If no, please list your previous income source/place(s) of employment for the last 24 months:

Job/Income Source: _____ Start Date: _____ End Date: _____

Job/Income Source: _____ Start Date: _____ End Date: _____

D. If not at your current job/income source for 12 months, has your average gross annual income been at least \$33,600 for the past two years? Yes No

If no, please explain:

E. Have you ever declared bankruptcy? Yes No If yes, when was it discharged? _____

F. Have you ever had a property foreclosed on? Yes No If yes, when was it settled? _____

G. Is any household member active U.S. military or Veteran? Yes No If yes, who? _____

Right to Receive Copy of Appraisal

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* _____

I/We authorize LHFH to disclose the above information to other organizations that may be able to help me/us:

Yes No

By my signature I affirm that the above information is complete, accurate, and true. I understand that providing false information will cause me to be disqualified from being selected as a partner family with Lexington Habitat for Humanity. I also give LHFH permission to do a credit check and a check of all household members on the Kentucky and National Sex Offender Registries.

Applicant

Date

Co-Applicant

Date

Household Member (18+)

Date

Household Member (18+)

Date



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INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____ / _____ / _____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature _____ Date _____
	Interviewer's phone number

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Applicant(s), please sign & print name to acknowledge receipt of this notice and return with your preliminary application.

X _____

Print Name: _____

Date: _____

X _____

Print Name: _____

Date: _____