



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, family status, or national origin.

HOME PROGRAM OVERVIEW

Habitat for Humanity Montgomery County helps individuals and families achieve **strength, stability** and **self-reliance** through **shelter**. Acceptance in the Home Program is based on three separate criteria, which is **NEED, INCOME, and WILLINGNESS** to partner with Habitat.

ELIGIBILITY REQUIREMENTS

You must meet the following criteria to be eligible to purchase a home from Habitat for Humanity Montgomery County:

I. NEED for housing (YOU MUST MEET AT LEAST ONE REQUIREMENT BELOW):

- A. Due to inadequate current shelter
 1. Problem with structure damage, wiring, heating, bathroom, kitchen, etc.
 2. Inadequate number of bedrooms for the persons living in the household as well as the age and sex of these household members. For example: a boy and a girl sharing the same bedroom or a teenager and an infant sharing the same bedroom are considered overcrowding.
 3. Living in an unsafe neighborhood.
 4. An adult living with parents, friends or relatives.
 5. Financially overburdened - current rental payment is greater than 30% of the total gross income.
- B. Due to inadequate Financial Resources
 1. Lack of personal resources to buy or build an adequate shelter.
 2. You are unable to qualify for a VA, FHA, Conventional or Government loan.

II. INCOME - ABILITY TO PAY (YOU MUST MEET ALL SIX REQUIREMENTS BELOW):

1. Fall within the United States Department of Housing and Urban Development's (HUD's) 2021 income limit guidelines for Montgomery County Texas (MCTX).

Family Size	1	2	3	4	5
Gross Minimum Income	23,100	23,100	23,100	23,100	23,100
Gross Maximum Income	37,850	43,250	48,650	54,050	58,400

2. Have a record of consistent taxable income through stable employment, or other sources, for at least one year **prior** to submitting this application.
3. Have enough income to pay the mortgage payment, homeowners' insurance and taxes. Property taxes are determined by the City of Conroe and Montgomery County. As a homeowner, you are responsible for paying utility bills, home maintenance, and repairs when necessary. The home mortgage will last for approximately 30 years and it is based on a zero % interest rate.
4. Have monthly expenses that do not exceed 45% of your monthly gross income.
5. All debt obligations, past and present, will be considered by a committee reviewing a recent credit history report. The amount of debt allowed will vary. A previously established credit history will help to support your future payment obligations.
6. Any adult members of the household, 18 and older, are required to pass a background check clearance.

III. WILLINGNESS TO PARTNER WITH HABITAT (YOU MUST MEET ALL FOUR REQUIREMENTS BELOW):

1. Be willing to contribute a minimum of 350 hours of your own labor (known as "sweat-equity"). This will be done by a combination of working on your own home, on houses of other Habitat partner families, taking required homeowner classes, and/or working at the Habitat MCTX ReStore.
2. Be willing to meet Habitat's requirements by making prompt mortgage payments and responding to requests for information.
3. Understand and commit to the responsibilities of home ownership.
4. Demonstrate honesty and responsibility through your credit history, your references, and the accuracy of information provided on your application.

FOR OFFICE USE ONLY

DATE RECEIVED

DATE OF LETTER SENT

FOLLOW THESE INSTRUCTIONS TO APPLY

1. Complete the application fully and honestly. If Habitat determines that any information contained in your application was materially and/or intentionally inaccurate, you will not be accepted into the Program. All information is confidential and only seen by the Board of Directors, Habitat Family Selection Committee, and staff.
2. The below documentation is required for us to accept your application for review. If these documents are not included, your application will not be accepted. It is important to note that it is your responsibility to make copies of all supporting documentation and to submit them with your application. We will **not** accept original documents. Additionally, we are unable to make copies for you. These items must be submitted with the application:
 - Copies of the last **3 most recent pay stubs** of employer pay stubs for the Applicant and Co-applicant.
 - Copies of the last **2 years of your most recent IRS income tax returns** for the Applicant and Co-applicant.
 - Copies of the last **2 years of W-2 forms**, from all employers, for the Applicant and Co-applicant.
 - Copies of any benefit determination letters for Social Security, Disability, Retirement, and/or proof of child support for the Applicant and Co-applicant
3. Return the completed application and attachments by mail to the address listed on the front page of the application.

AFTER YOU HAVE APPLIED

The Family Selection Committee will review your application. One of the committee volunteers will call you to set up a meeting to discuss your application. Once your application is reviewed, you will receive a notice of action within one month.

IF YOU ARE SELECTED

If your family qualifies to purchase a home, you will begin to build a relationship with Habitat by becoming partners in every stage of the planning and construction of your new home.

If you have any questions about your eligibility or need assistance with this application, please call the Habitat Office at 936-441-4663 or email familyservices@habitatmctx.org.

Please take a moment to let us know how you heard of Habitat for Humanity Montgomery County Home Program:

Word of mouth

Website

Social Media

Church

Another Social Service Agency (list name of Agency) _____

Other: _____

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, family 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 #		Phone #		Date of Birth		Social Security #		Date of Birth			
_____		_____		_____		_____		_____			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
Did you or anyone in your household serve or is currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No					Did you or anyone in your household serve or is currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Dependents and others who will live with you (not listed by the co-applicant)					Dependents and others who will live with you (not listed by the co-applicant)						
Name		Age	Male	Female	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"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		
Present Address (street, city, state, ZIP code)					Present Address (street, city, state, ZIP code)						
_____				Own	Rent	_____				Own	Rent
_____				<input type="checkbox"/>	<input type="checkbox"/>	_____				<input type="checkbox"/>	<input type="checkbox"/>
Number of years at this residence _____					Number of years at this residence _____						
If living in current place less than 2 years complete the following information											
Last Address (street, city, state, ZIP code)					Last Address (street, city, state, ZIP code)						
_____				Own	Rent	_____				Own	Rent
_____				<input type="checkbox"/>	<input type="checkbox"/>	_____				<input type="checkbox"/>	<input type="checkbox"/>
Number of years at this residence _____					Number of years at this residence _____						

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 Habitat office, attending homeownership classes or other approved activities.

I am willing to complete the required 350 sweat-equity Hours

Yes No
 Applicant:
 Co-applicant:

3. Present Housing Conditions

Number of bedrooms (please circle the number) 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 rental payment? \$ _____

(Please supply one of the following - a copy of your lease, a copy of your money order receipt or a copy of your canceled rent check.)

Name, address and phone number of current landlords:

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

4. Property Information (Applicant and Co-applicant)

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

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

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

If you are approved for a Habitat home, how should your name(s) appear on the legal documents? _____

5. Employment Information

Applicant

Co-applicant

Name and Address of current employer	Date of Employment	Name and Address of current employer	Date of Employment
	Gross Monthly Wages \$		Gross Monthly Wages \$
Position Held	Business Phone	Position Held	Business Phone

If working at the current job less than 1 year, complete the following information

Name and Address of last employer	Date of Employment	Name and Address of last employer	# Of Years on the Job
	Years on the Job		Years on the Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Position Held	Business Phone	Position Held	Business Phone

6. Monthly Income and Monthly Bills

Applicant				Co-applicant			
Gross Monthly Income	Monthly Amount	Monthly Bills	Monthly Amount	Gross Monthly Income	Monthly Amount	Monthly Bills	Monthly Amount
Base Employment Income	\$	Rent	\$	Base Employment Income	\$	Rent	\$
TANF		Utilities		TANF		Utilities	
Food Stamps		Car Payments		Food Stamps		Car Payments	
Social Security		Insurance		Social Security		Insurance	
SSI		Child Care		SSI		Child Care	
Disability		Average Credit Card Payments		Disability		Average Credit Card Payments	
Alimony		Student Loans		Alimony		Student Loans	
Alimony/Child Support <i>(You receive)</i>		Alimony/Child Support <i>(You pay)</i>		Alimony/Child Support <i>(You receive)</i>		Alimony/Child Support <i>(You pay)</i>	
Other		Other		Other		Other	
Total	\$	Total	\$	Total	\$	Total	\$
List additional household members over 18 who receive income:				List additional household members over 18 who receive income:			
Name		Age	Monthly Income	Name		Age	Monthly Income
_____		_____	\$ _____	_____		_____	\$ _____
_____		_____	\$ _____	_____		_____	\$ _____
_____		_____	\$ _____	_____		_____	\$ _____

7. Assets

List Checking and Savings Accounts (If additional space is needed please include info on a separate sheet of paper)

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

8. Debt

To whom do you owe money?

Applicant

Co-applicant

Vehicle:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Vehicle:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Furniture, Appliances and Televisions:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Furniture, Appliances and Televisions:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Credit Card:

 Name and Address of Company _____

Credit Card:

 Name and Address of Company _____

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

NOTE: If you have more than one company you owe, please list them on a separate sheet of paper.

NOTE: If you have more than one company you owe, please list them on a separate sheet of paper.

Cell Phone Contract:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Cell Phone Contract:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Medical/Dental:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Medical/Dental:

Monthly Payment \$ _____
 Unpaid Balance \$ _____
 Number of Months left to pay off _____

Other money you owe:

Name and Address of Company _____

Other money you owe:

Name and Address of Company _____

NOTE: If you have more than one company you owe, please list them on a separate sheet of paper.

NOTE: If you have more than one company you owe, please list them on a separate sheet of paper.

Job-related expenses not reimbursed:

Monthly Payment \$ _____

Job-related expenses not reimbursed:

Monthly Payment \$ _____

Alimony/Child Support you owe:

Monthly Payment \$ _____

Alimony/Child Support you owe:

Monthly Payment \$ _____

Miscellaneous: *(Child Care, Union Dues, etc.)*

Monthly Payment \$ _____

Miscellaneous: *(Child Care, Union Dues, etc.)*

Monthly Payment \$ _____

Total Amount of Payments you owe each month \$ _____ /month

Total Amount of Payments you owe each month \$ _____ /month

9. Declarations

Please check the box that best answers the following questions for the Applicant and Co-applicant

	APPLICANT	CO-APPLICANT
1. Have you ever owned a home before, either in US or elsewhere?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you a United States Citizen? <i>• If you are <u>NOT</u> a U.S. Citizen, are you a Legal Permanent Resident of the United States?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are there any outstanding judgments against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been declared bankrupt within the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you currently in a lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever had a loan foreclosed on or a car, furniture, or home repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever been evicted from an apartment or rental property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you, or any members of your household, ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you have to pay alimony, child support or separation maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are you a co-signer on anyone else's note or loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE EXPLAIN ANY QUESTIONS YOU HAVE ANSWERED YES TO ON A SEPARATE SHEET OF PAPER.

10. Personal Reference

Please list the names of three people who know you well, such as employers, landlords, religious leaders, community leaders, neighbors and friends.
(Do NOT include relatives.)

Applicant

	Name and Address	Telephone (Include area code)	Relationship to Reference	How long has he/ she known you?
1.				
2.				
3.				

Co-applicant

	Name and Address	Telephone (Include area code)	Relationship to Reference	How long has he/ she known you?
1.				
2.				
3.				

11. Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan, the expenses of homeownership, and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and an 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. 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 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 Signed

Co-applicant Signature

Date Signed

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.

**RELEASE
AUTHORIZATION
Applicant and Co-applicant**

Date: _____

To Whom It May Concern:

This letter authorizes Habitat for Humanity Montgomery County to obtain any/all information necessary to process my application for housing, including but not limited to, information concerning my/our savings and checking deposits and my/our consumer credit and mortgage credit histories, verification of employment, criminal background check, and sexual offender registry.

A photocopy of this letter will be considered as valid as the original

Please respond as soon as possible to facilitate the processing of my application.

Applicant's Signature

Co-applicant's Signature

Print Applicant's Name

Print Co-applicant's Name

**CONFIDENTIAL RELEASE AND WAIVER
RELEASE AUTHORIZATION**

For household members over age 18, OTHER THAN the Applicant and Co-applicant

Date: _____

To Whom It May Concern:

This letter authorizes Habitat for Humanity of Montgomery County to obtain any/all information necessary to process this application for housing, including but not limited to, information concerning savings and checking deposits consumer credit history, verification of employment, criminal background check, and sexual offender registry.

A photocopy of this letter will be considered as valid as the original.

Household Member Signature: _____

Printed Name: _____

DOB: _____ DL# _____ State/ _____

SS# _____

Address _____

Applicant Employment Verification Request

Applicant Name: _____

Employer Information _____

Employer's Name: _____

Employer's Address: _____

Employer's phone number: _____

Start date: _____

Supervisor or Human Resource Contact name: _____

Contact fax number: _____

Co-applicant Employment Verification Request

Applicant Name: _____

Employer Information _____

Employer's Name: _____

Employer's Address: _____

Employer's phone number: _____

Start date: _____

Supervisor or Human Resource Contact name: _____

Contact fax number: _____

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 or age (provided the applicant has the capacity to enter 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 Southwest Region at Dallas, or Federal Trade Commission, 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 this, 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 Home Program.

Applicant:

Co-applicant:

X _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____

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 of 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 Date of Birth: _____ / _____ / _____ Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> 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 Date of Birth: _____ / _____ / _____ Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Interviewer's Name (print or type)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 5px;">Interviewer's Signature</td> <td style="padding: 5px; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Interviewer's Phone Number</td> </tr> </table>	Interviewer's Name (print or type)		Interviewer's Signature	Date	Interviewer's Phone Number	
Interviewer's Name (print or type)							
Interviewer's Signature	Date						
Interviewer's Phone Number							