



Dear Applicant,

Habitat for Humanity North-Central Georgia is a Christian housing ministry financed through private donations and utilization of volunteer labor. Our purpose is to build or repair homes with families who could not otherwise afford to do so.

The attached "Do I Qualify" flyer outlines the criteria for being eligible to submit an application to Habitat for Humanity North Central Georgia. If you are able to answer "yes" to all of the questions noted on the flyer, we invite you to complete the enclosed application.

Please note that the application must be ***completed and received*** in the Habitat for Humanity–North Central Georgia offices at 814 Mimosa Blvd., Building C, Roswell, Georgia, 30075.

The Application Packet includes the following:

Application Form – this form must be completed in its entirety. If a section does not apply to you, do **not** leave it blank. Write in "N/A" for "Not Applicable," and state why the section is not applicable to you. **Incomplete applications will delay the evaluation process and may lead to the application not being considered.**

Application Checklist – This document provides a list of everything you must include with your application packet to be complete. Place your documents in the order listed on this checklist and place a checkmark or "N/A" on the line next to each item on the list. Please note that each item on this list must be provided for both the Applicant **AND** the Co-Applicant (if applicable).

Once your completed application has been received, we will begin the evaluation process. Please be advised that the evaluation process takes **one to two months**. You will be notified in writing of the results of our evaluation. If any of the information provided in your application should change before the application review process is complete, please contact us immediately.

As there is a great need for sustainable housing in our area, applications are approved on a needs basis as long as funding is available.

Sincerely,

Sabrina Kirkland

Director, Community Engagement & Home Repair



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 administers compliance with this law concerning this creditor is the Federal Trade Commission, Washington, DC 20580.

Do I Qualify?

To be considered as a candidate for Habitat for Humanity North Central Georgia Home Repair Program

The homeowner must be able to answer “YES” to all of these questions:

- Do you own and occupy your home? Warranty deed must be in the occupant’s name only. Home must be on a permanent foundation.
- Have you lived in your home in Cherokee, North Fulton, Forsyth or Dawson County for at least one year?
- Is your home at least five years old?
- Can you demonstrate **NEED FOR REPAIRS**? For example--
 - Are you on a fixed income?
 - Does your home have unsafe conditions, high energy bills, inaccessible?
 - Are you unable to obtain funding through other conventional means to pay for repairs?
- Are you **WILLING TO PARTNER** with Habitat by—
 - Completing Habitat’s “sweat equity” requirements?
 - Attend all required education classes?
- Do you fall within the income guidelines listed on the table below?

2018 Income Guidelines		
Family Members	Lower Income Limit (30% of Area Median)	Upper Income Limit (60% of Area Median)
1	\$15,720	\$31,440
2	\$17,970	\$35,940
3	\$20,220	\$40,440
4	\$22,440	\$44,840
5	\$24,240	\$48,480
6	\$26,040	\$52,080
7	\$27,840	\$55,680
8	\$29,640	\$59,280

Participants may be responsible for paying some part of the total cost. We provide a short term, no interest payment plan. Some government funded repairs are free to homeowners.

For additional information, call Habitat for Humanity-North Central Georgia at 678-672-5225 or email skirkland@habitat-ncg.org.





Home Repair Program Application

City/County:	Year House Built:	Office Use Only Approved by: [] Eligible: [] Yes [] No Income Level: [] ≤30% [] ≤50% [] ≤80% [] ≥80%
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I. APPLICANT INFORMATION

Applicant		Co-Applicant	
Applicant's Name		Co-Applicant's Name	
Social Security Number		Social Security Number	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Email Address:	Cell Phone	Email Address:
<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (includes: single, divorced, widowed)	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried (includes: single, divorced, widowed)
<input type="checkbox"/> Separated		<input type="checkbox"/> Separated	
Spouse's name and Social Security Number (if spouse is not Co-Applicant)		Relationship to Applicant	
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own		Address <input type="checkbox"/> Rent <input type="checkbox"/> Own	
How long at this address?		How long at this address?	

List the name and age of ALL household residents below:

Name (Last, First, MI)	DOB	Age	Sex	Relationship	Student (Y/N)	Disability
Applicant						
Co-Applicant						

Race (Please check which applies)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native & white
<input type="checkbox"/> Asian & White	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Hispanic & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Hispanic & White
<input type="checkbox"/> Other:	

II. INCOME INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer		Name and Address of Current Employer	
Years on this Job	Monthly Gross Wages \$	Years on this Job	Monthly Gross Wages \$
Job Title	Business Phone	Job Title	Business Phone

List the total household income below and attach copies of pay stubs, award letters, pensions or benefits. (of all individuals living in the home)

Amount \$	per	Source(s)
Amount \$	per	Source(s)
Amount \$	per	Source(s)
Amount \$	per	Source(s)

Military Status (If you have served and received a DD214 (honorable discharge form), please attach copy.)

Have you or household member ever served in the Armed Forces? [] Yes [] No	Branch	DD214
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III. ASSETS

List all Checking Accounts, Savings Accounts, and Retirement Accounts and attach the last three (3) months of each statement (all pages).

Bank/Company Name	Account Number	Account Holder	Attached
1.			
2.			
3.			

Monthly Loan Expenditures

Mortgage Company Name	Amount \$	Balance \$
Homeowners Insurance		
Property Taxes		

Please print a brief description of your repair needs:	
A. Exterior Minor Repairs	
B. Exterior Painting	
C. Yard Work/Landscaping	
D. Air Conditioning/Heating	
E. Plumbing	
F. Electrical	
G. Roofing	
H. Other	

Have you ever applied for this program before? Yes No

(PLEASE NOTE: Applicant may not be eligible for program if funds have been received within the last five (5) years from HFH-NCG, CDBG, OCAP, or other affiliated organizations providing home preservation, critical home repairs or weatherization.)

Please list any programs for which you have been approved and/or received in the last five years.			
Program	Year	Program	Year
1.		3.	
2.		4.	

DOCUMENTS REQUIRED WITH APPLICATION:

Please provide copies only. If originals are submitted, they will not be returned.

1. Applicant **must provide proof of income**
 - a. Tax Returns and W-2 (if applicable)
 - b. Most recent pay stubs (two months)
 - c. Social Security Declaration Letter
 - d. Three months most recent bank statement (include all financial statements, all pages)
2. Applicant **must provide proof of homeownership**
 - a. Copy of the warranty deed
 - b. Paid tax receipt (current)
3. Applicant **must provide proof of homeowner insurance.**
4. Applicant **must provide proof of residency**
 - a. Paid Utility bill (current)

Pursuant to 92.254(b)(1) and Home Repair Policies and various government funding sources, the estimated value of a house rehabilitated with HOME or CDBG funds, does not exceed 95% of the median purchase price to area, which is the Atlanta Metropolitan Statistical Area, purchase price/value limits set by HUD. Please note this value varies by County.

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8	\$29,640	\$59,280

* Subject to change

IV. APPLICANT CERTIFICATION

By Signature below, the undersigned applicant hereby certifies the following:

- I/We, the undersigned, certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief. In applying for the loan/grant, I/we completed the application containing information for the purpose of obtaining a loan. Employment, all income, assets and liabilities information will be verified. I /we made no misrepresentation in this application or other documents, nor did I/we omit any pertinent information. Verification will be obtained from any sources named herein.
- I/We certify that we are the owner occupant(s) and that I / we hold fee simple title to the above property. Failure to disclose all income reporting of in accurate or false information will result in disapproval of assistance and will be considered fraudulent.
- I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both to knowingly make any false statements when applying for loan, as applicable under the provisions of Title 18, United States Code Section 1014.

Signature of Applicant

Date

Applicant's Printed Name

Signature of Co-Applicant

Date

Co-Applicant's Printed Name



Habitat for Humanity-North Central Georgia is pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity. 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. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age, or because all or part of the applicant's income derives from any public assistance program or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Washington, DC 20580.

SAVE AFFIDAVIT

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a public benefit, as referenced in O.C.G.A. § 50-36-1, from Cherokee County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires: _____

[NOTARY STAMP]



Applicant Name: _____

Application Checklist
(To be turned in with Application)

In order to avoid a delay in processing, please check to make sure application is complete and that you have included all of the items noted below. An incomplete application may result in declination of your request.

PLEASE DO NOT SEND ORIGINALS OF ANY IMPORTANT DOCUMENTS.
THEY WILL NOT BE RETURNED TO YOU.

DO NOT SEND IN ANY DOCUMENTATION FOR CHILDREN UNDER AGE 18

****Place your documents in the order listed below and place a checkmark where indicated***

____ Application – Completed, signed & dated on the last page by all applicants

Income:

____ If applicable, one month of pay stubs for each full-time and part-time job currently held by Applicant, Co-Applicant, and any resident over age 18 (pay stubs must show gross pay and all deductions).

Other Income:

If you indicated in the Application Form that you have income from sources other than “Base Employment Income” you must provide documentation to support the income. Documentation must include:

- ____ Award letters from Social Security for SSI, Disability, and/or Widower’s Benefits for 2017
- ____ TANF, SNAP (food stamps) - must include **all pages** in letter or form stating the start date of benefits
- ____ Child support or alimony must include:
 - ____ Divorce Decree
 - ____ Court Order for child support
 - ____ Copies of child support payments (last 6 payments made)
 - ____ Child Support Recovery Documents (court dates, appeals)

Banking Information:

Please include a copy of your most recent statement for each checking, retirement, investment, pension or other account/asset noted on your application for both Applicant and Co-Applicant.

- ____ Checking Account(s) –Three Months, **all pages**
- ____ Savings Account(s) – Three Months, **all pages**
- ____ Retirement Account(s) — 401(k), 403(b), IRA or other Retirement or Pension acct
- ____ Other Investment Account(s), Stocks, Bonds, CD’s held

Residency:

- ____ Warranty Deed/Quit Claim Deed as proof of home ownership only (Home must owner occupied)
- ____ Property Tax receipt for previous year (2017)
- ____ Current Utility bill as proof of residence
- ____ Current Proof of Home Owner Insurance