



Habitat Homeowners are selected based on these criteria

Need For Housing

- Does your current home have safety or accessibility issues?
- Do you have enough space for your family?

Ability to Pay a Mortgage Payment

- Are you free of any collections, delinquencies, or bankruptcies?
- Are you able to get a traditional home loan?
- Would a monthly mortgage exceed 30% of your income?

Willingness to Partner with Habitat

- Can you perform 200 hours of sweat equity?
- Are you willing to participate in education and training programs?

Also, Have You Lived or Worked in McLeod County for 1 Year?



Does your income fall within 30%-60% of McLeod's County's 2024-2025 Area Median Income?

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30% Income	\$21,550	\$24,600	\$27,700	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720
60% Income	\$43,100	\$49,200	\$55,400	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440



We Do Business in Accordance With the Federal Fair Housing
Law of 1988

It is Illegal for Crow River Habitat for Humanity to Discriminate
Any Person Because of Race, Color, Religion, Sex, Handicap,
Familiar Status, or National Origin

- In the sale or rental of housing or residential lots
- In advertising the sale or rental of housing
- In the financing of housing
- In the provision of real estate brokerage services
- In the appraisal of housing
- Blockbusting (The practice of persuading owners to sell property cheaply because of the fear of people of another race or class moving into the neighborhood)

About Our Homes

A typical new home is approximately 1,200 square feet of finished living space. Most homes have 3 bedrooms and 1 bathroom, but are designed to meet the needs of our partner families. Habitat uses green building practices to make the building sustainable and utilities more affordable.

Cost of the Home

Habitat Homes are a hand-up, not a hand-out. Homeowners apply for a low-interest, Rural Home Loan through the U.S. Department of Agriculture and make regular mortgage payments. Crow River Habitat works to lower the cost of construction and materials, making the final mortgage more affordable.

Application Process to Becoming a Habitat Partner Family

1. After the below application is submitted to the Crow River Habitat for Humanity (C.R.H.F.H), the organization's Qualified Loan Originator (QLO) underwrites the paperwork to confirm the applicant's "Ability to Pay." The QLO will also, with the applicants permission, contact their employer, landlord, and Social Services Administrator (if applicable) to confirm the information provided in the application.
2. If the Applicant's "Ability to Pay" is confirmed, C.R.H.F.H will contact the applicant to schedule a Home Visit. The purpose of this Visit is observe and document their current living situation. Representatives of C.R.H.F.H will give the opportunity for the applicant to highlight any areas of concern within or outside their home. The applicant will not be asked to provide any further information about their finances. Children do not need to be present for the Home Visit.
3. Following the Home Visit, the Habitat Homes Committee of the C.R.H.F.H will review the original application, letters from their landlord, employer and Social Services Administrator, and notes from the Home Visit. After some discussion, the 7-member committee will vote whether or not to recommend a Partnership to the full Board of Directors.
4. The 10-Member Board of Directors for the C.R.H.F.H will meet to review the full application packet with the Committee Notes, and make a final decision regarding the potential Partnership. All of these steps should be completed by C.R.H.F.H, at most, 30 Days following the submission of a Habitat Homes Application. The 30 Days might be extended, however, if any information is missing from the application and the Committee cannot review in a timely manner.
5. If the Board of Directors votes in favor a Partnership with the applicant. They will be contacted and receive assistance in applying for a mortgage loan from a third party lender. If the application is denied, the applicant will be notified with a letter and email as soon as possible.



Crow River Habitat for Humanity, Inc
1020 Hwy 7 West, Suite A
Hutchinson, MN 55350

Application

Habitat Homeownership Program



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

Dear Applicant: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Type of credit ☐ I am applying for **individual credit**.
☐ I am applying for **joint credit**. Total number of borrowers: _____
☐ Each borrower intends to apply for joint credit. **Your initials:** _____

1A. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's name: _____ Alternative and former names: _____	Co-applicant's name: _____ Alternative and former names: _____																																																
Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	Social Security number _____ Home phone (____) _____ Cell phone (____) _____ Work phone (____) _____ Age _____ Date of birth (mm/dd/yyyy) _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																																																
Dependents and others who will live with you: <table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	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"/>	Dependents and others who will live with you (not listed by co-applicant): <table border="1"><thead><tr><th>Name</th><th>Age</th><th>Male</th><th>Female</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	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"/>
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Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____																																																
If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:																																																	
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____																																																
FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE																																																	
Date received: _____ Date of notice of incomplete application letter: _____ Date of adverse action letter: _____	Date of selection committee approval: _____ Date of board approval: _____ Date of partnership agreement: _____																																																

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard
- ☐ Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

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

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

3. PRESENT HOUSING CONDITIONS

Currently, are you: ☐ Renting ☐ Rent-free ☐ Own

Number of bedrooms (please circle): 1 2 3 4 5

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Diningroom

Other (please describe): _____

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

If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

☐ I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

\$ _____/month Unpaid balance \$ _____

Do you own land other than your residence? ☐ No ☐ Yes

Monthly payment (including taxes, insurance, etc.)

\$ _____

If you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens.

Note: A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of CURRENT employer:	Start date (mm/dd/yyyy):	Name and address of CURRENT employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: \$		Annual (gross) wages: \$
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 PREVIOUS employer:	Years on this job:	Name and address of PREVIOUS employer:	Years on this job:
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____			PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
					\$

9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?						
Applicant				Co-applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$		\$	\$	
Installment (e.g., boat, personal loan)	\$	\$		\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g., credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$

Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

11. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date	Co-applicant signature	Date
X _____	_____	X _____	_____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, 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** _____

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
Ethnicity (check one or more): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	Ethnicity (check one or more): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
Race (check one or more): <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____ <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	Race (check one or more): <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____ <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)	Interviewer's phone number
	Interviewer's signature	Date

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? ☐ No ☐ Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

☐ Civil union ☐ Domestic partnership ☐ Registered reciprocal beneficiary relationship

☐ Other (explain): _____

State: _____

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 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 based at 230 S Dearborn Street, Chicago, IL, 60604 or Federal Trade Commission, Equal Credit Opportunity, 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(s):

X _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____



- The Electronic Signatures in Global and National Commerce (“E-Sign”) Act is a federal law that authorizes the use of electronic records and electronic signatures in certain circumstance when specific conditions are met. Affiliates should also consult their applicable state laws. Most (but not all) states have adopted the Uniform Electronic Transactions Act (“UETA”), which has similar requirements to the federal E-Sign Act.
- This form is intended to comply with the disclosure requirements of the E-Sign Act, 15 U.S.C. § 7001(c)(1). Before sending applications and other legally required disclosures electronically (e.g., Adverse Action Notices), Affiliates must provide notice and receive consent as indicated below.
- Affiliates **MUST** also comply with ALL other provisions of the E-SIGN Act, such as (i) verifying electronic delivery, (ii) record retention, and (iii) data security. See 15 U.S.C. §§ 7001 *et seq.* See also [American Bankers Association training: HFHI Privacy for Customer Contact Personnel](#) and [Guidance Memorandum: Mortgage Rules and Regulations](#)
 - **THE DATA SECURITY PROVISIONS OF THE E-SIGN ACT INCLUDE A REQUIREMENT THAT ANY COMMUNICATIONS CONTAINING PERSONALLY IDENTIFIABLE INFORMATION (PII) MUST BE SENT IN AN ENCRYPTED MANNER. ADDITIONALLY, ALL DOCUMENTS CONTAINING PII MUST BE SECURELY STORED AND SAFEGUARDED.**

E-SIGN ACT DISCLOSURE AND AGREEMENT

Date _____

Address _____

Dear (Name) _____

We are pleased to offer you the opportunity to receive information about your account electronically. If you would like to receive correspondence and notices from us electronically, instead of paper copies through the mail, please review this notice and provide your consent.

1. **Scope of Communications to Be Provided in Electronic Form.** When you use a product or service to which this disclosure applies, you agree that we may provide you with any communications in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic communications and transactions includes, but is not limited to:

HABITAT FOR HUMANITY INTERNATIONAL, INC.

1 of 3
LAST UPDATED: 11/2015

THIS INFORMATION IS CURRENT AS OF THE DATE OF THIS TEMPLATE. THIS TEMPLATE DOES NOT CONSTITUTE LEGAL ADVICE. PLEASE NOTE THAT LAWS VARY FROM STATE TO STATE. IT IS IMPORTANT TO CHECK WITH YOUR LOCAL ATTORNEY REGARDING STATE LAW AND OBTAIN LEGAL ADVICE REGARDING YOUR SPECIFIC AFFILIATE.

- All legal and regulatory disclosures and communications associated with the product or service available through Crow River Habitat for Humanity.
- Notices or disclosures about a change in the terms of your account or associated payment feature and responses to claims.
- Privacy policies and notices.

2. Method of Providing Communications to You in Electronic Form. All communications that we provide to you in electronic form will be provided either (1) via e-mail, (2) by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or (3) to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose. Crow River Habitat for Humanity

3. How to Withdraw Consent. You may withdraw your consent to receive communications in electronic form by contacting us at bayley@crhfh.org and/or **1020 Highway 7 West, Suite A, Hutchinson, MN 55350**. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

4. How to Update Your Records. It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this E-Sign Act disclosure and your account, and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at bayley@crhfh.org and/or **1020 Highway 7 West, Suite A, Hutchinson, MN 55350**

5. Hardware and Software Requirements. In order to access, view, and retain electronic communications that we make available to you, you must have:

- an Internet browser that supports 128 bit encryption;
- sufficient electronic storage capacity on your computer's hard drive or other data storage unit;
- an e-mail account with an Internet service provider and e-mail software in order to participate in our electronic communications programs;
- a personal computer (for PC's: Pentium 120 MHz or higher; for Macintosh, Power Mac 9500, Power PC 604 processor 120-MHz Base or higher), operating system and telecommunications connections to the Internet capable of receiving, accessing, displaying, and either printing or storing communications received from us in electronic form via a plain text-formatted e-mail or by access to our web site using one of the browsers specified above;
- Adobe Reader version 8.0 or higher.

6. Requesting Paper Copies. We will not send you a paper copy of any communication, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made within a reasonable time after we first provided the electronic communication to you. To request a paper copy, contact us at bayley@crhfh.org and/or **1020 Highway 7 West, Suite A, Hutchinson, MN 55350**. We may charge you a reasonable service charge for the delivery of paper copies of any communication provided to you electronically pursuant to this authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.

2 of 3

HABITAT FOR HUMANITY INTERNATIONAL, INC.

LAST UPDATED: 11/2015

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7. **Communications in Writing.** All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure and any other communication that is important to you.
8. **Federal Law.** You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.
9. **Termination/Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.
10. **Consent.** By signing below you agree that you have read, understand, and agree to the E-Sign Act and the Uniform Electronic Transactions Act (UETA) You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that your computer satisfies the hardware and software requirements specified above and that you have provided us with a current e-mail address at which we may send electronic communications to you.

Sincerely,

Bayley Schluter

Bayley Schluter, Executive Director
Crow River Habitat for Humanity
1020 Highway 7 West, Suite
Hutchinson, MN 55350

Acknowledged and Agreed to by:

Name: _____

Date: _____



RIGHT TO RECEIVE COPY OF APPRAISAL

[This template notice meets the Equal Credit Opportunity Act requirements for appraisal disclosure, which states that within three (3) business days of receiving an application, you must notify applicants of their right to receive a copy of all written appraisals developed in connection with the application (including any estimate of the property's value, and not limited only to formal appraisals). – REMOVE THIS LANGUAGE IN FINAL FORM]

Date _____

Address _____

Dear (Name) _____

This letter is to notify you that we may order an appraisal or other property valuation in connection with your loan and we may charge you for this appraisal or property valuation. Upon completion of the appraisal or property valuation, we will promptly provide a copy to you, even if the loan does not close.¹

Thank you for your interest in Crow River Habitat for Humanity. Please do not hesitate to contact us with additional questions.

Sincerely,

Bayley Schluter

Bayley Schluter, Executive Director
Crow River Habitat for Humanity

¹ [Pursuant to federal regulations, an appraisal or property valuation is considered "complete" when the Affiliate (i) has reviewed and accepted the first version of the appraisal or other written valuation or (ii) has accepted a version that includes any changes or corrections required. In addition, federal regulations interpret "promptly" to mean that Affiliates must provide a copy of the appraisal or property valuation within seven (7) days of completion. -- REMOVE THIS LANGUAGE IN FINAL FORM.]

EXHIBIT A
Crow River Habitat for Humanity
Privacy Statement and Notice

At Crow River Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as Your Name, Address, Social Security Number, Assets, Income, Etc.
- Information about your transactions with us or others such as your Loan Balance, Repayment History, Rental History, etc.; and
- Information we receive from a consumer reporting agency such as your Creditworthiness and Credit History.

Crow River Habitat for Humanity employees, volunteers, board and committee members are subject to a written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations, government entities, or other subsidy providers.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call HCrow River Habitat for Humanity, Inc. at 320-587-8868.