



232 E 2nd Street, Suite 204, Casper, WY

307-234-1348

heartofwyoming.org

July 1, 2025

Hello! My name is Michael Deal, and I am the Executive Director at Habitat for Humanity, The Heart of Wyoming. Since 1994, our organization has helped more than 50 families realize the dream of achieving homeownership. Our mission is to bring people together to build homes, communities, and hope.

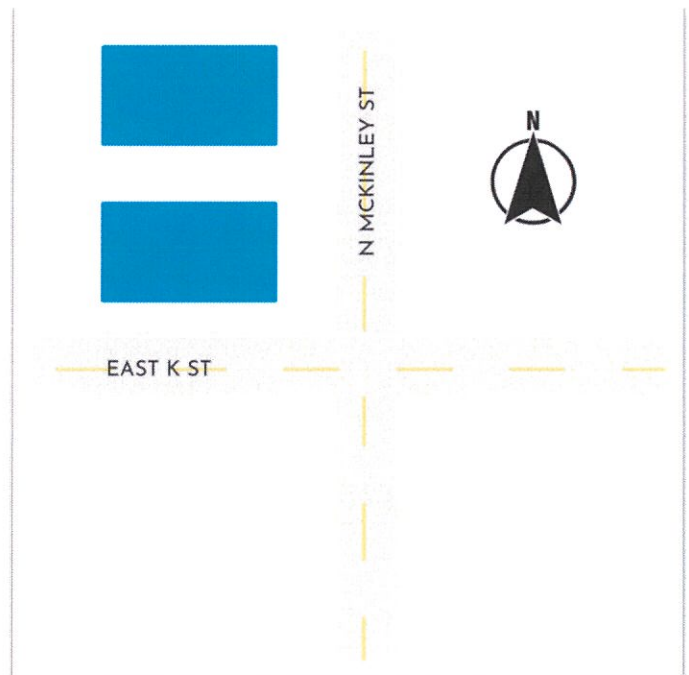
I am incredibly excited you want to start the journey to homeownership with us. The families accepted into our Homeownership Program finish the program with much more than just a house; they gain construction skills, financial literacy, and a home for their families that is built with their own hands, sweat, and love.

Our next home is going to be in North Casper at N McKinley St and E K St.

Habitat for Humanity, The Heart of Wyoming is working to create safe and affordable housing for residents living and working in Natrona County. We love helping families realize the dream of homeownership, and if you are in need of affordable housing, I welcome you to apply. Thank you for your time.

Best regards,

Michael Deal
Executive Director



We build **strength, stability, self-reliance, and shelter.**

How to submit your Habitat for Humanity Homeownership Application

July 1, 2025 - July 31, 2025

Applications submitted after 4:00 pm on July 31, 2025 will not be considered



Drop off your application and supporting documents at:

Habitat for Humanity, The Heart of Wyoming
232 E 2nd St., Suite 204
Casper, WY 82601

Your application must be dropped off on or before July 31, 2025



Mail your application and supporting documents to:

Habitat for Humanity, The Heart of Wyoming
232 E 2nd St St., Suite 204
Casper, WY 82601

Your application must be post marked on or before July 31, 2025



Email your application and supporting documents to:

Program Manager Kelly Cooper at kelly@heartofwyoming.org

Your application must be emailed on or before July 31, 2025



Fax your application and supporting documents to :

Secure fax line 307. 337. 1016

Your application must be faxed on or before July 31, 2025

Office Hours:

Monday -Thursday 9:00am - 4:00 pm

Friday 9:00 am - 12:00 pm

For questions related to the application or any
required documents, contact Program
Manager Kelly Cooper at 307. 234.1348 or at
kelly@heartwyoming.org



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.

Homeownership Program Income Guidelines

July 1, 2025 - July 31, 2025

Applications submitted after 4:00 pm on July 31, 2025 will not be considered

Figures below reflect gross income

Household Size	Annual Income	Monthly Income
1	\$24,084 - \$48,167	\$2,007 - \$4,014
2	\$27,524 - \$55,048	\$2,294 - \$4,587
3	\$30,965 - \$61,929	\$2,580 - \$5,161
4	\$34,405 - \$68,810	\$2,867 - \$5,734
5	\$37,157 - \$74,315	\$3,096 - \$6,193
6	\$39,910 - \$79,820	\$3,326 - \$6,652
7	\$42,662 - \$85,324	\$3,555 - \$7,110
8	\$45,415 - \$90,829	\$3,785 - \$7,569



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Who Qualifies



In Need

Potential homeowners may be dealing with poorly made, overcrowded, unhealthy or unsafe housing; homes inaccessible for their disabilities; unaffordable rent or income-based housing; or have other shelter needs.



Willingness to Partner

Selected homeowners contribute 150 hours of "sweat equity" helping build their own home and the homes of others in the program. This may also include classes in personal finances, home maintenance, and other homeownership topics.



Ability to Repay

Habitat for Humanity offers an interest-free affordable mortgage. These mortgage payments cycle back into the community and help build more affordable homes.



Habitat for Humanity®

The Heart of Wyoming

Homeownership Program

Documentation Requirements



July 1, 2025 - July 31, 2025

Applications submitted after 4:00 pm on July 31, 2025 will not be considered

In addition to completing the Homeownership Application, applicants must provide the following documentation:

- ☐ Completed application, signed by both the applicant and co-applicant, if any
- ☐ Copies of your last three months' of pay stubs for all current employment
- ☐ If applicable, verification of child support and/or public assistance (SSI, SSDI, etc.)
- ☐ Most recent two years Federal Tax returns and W2s. Obtain a free copy by calling 1-800-829-1040
- ☐ Credit report dated within the last 30 days. Obtain a free copy from www.annualcreditreport.com
- ☐ Bank account statements for all accounts including, but not limited to checking and savings
- ☐ Current rental or lease agreement. If none, provide a copy of your most recent rent payment receipt
- ☐ Telephone bills for all cellphones and landlines. If phone is prepaid, a letter of explanation is required
- ☐ Electric and gas bills OR credit reference from electric and gas companies
- ☐ All debt statements including credit cards, medical bills, car or student loans, and debts in collections
- ☐ Additional documentation will be required for those receiving or paying child support
- ☐ Additional documentation will be required for those that are self-employed
- ☐ For any that do not apply, a written letter of explanation is required
- ☐ Letters of recommendation from employers, landlords, caseworkers and/or probation or parole officers (if applicable) are encouraged but not required. Letters can be sent directly to kelly@heartofwyoming.org.

Copies of all requested documents are required

Screenshots will NOT be accepted

All pages of each document are required

Any originals included in your submission will be returned by mail



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FINANCIAL FOUNDATIONS

This course is designed for individuals who are interested in gaining the essential financial knowledge and skills required to confidently pursue homeownership.


Goal Setting, Budgeting, Saving,
Debt Management, Understanding Credit,
and More!

September 4, 11, 18, and 25
6:30 p.m. to 8:00 p.m. **or**
October 18 and 25
9:00 a.m. to noon.

Participants who
attend all sessions
will receive a new
slow cooker!



 Wyoming Housing Network 2345 East 2nd Street Casper, WY

 To register for September, call Chuck at 307-233-8515 or
email chucka@whninc.org

To register for October, call Marilyn at 307-233-8513 or
email marilyn@whninc.org

 Full cost of registration is covered. Registration is limited.



Habitat for Humanity, The Heart of Wyoming
232 E 2nd St. Suite 204, Casper, WY 82601
(307) 234-1348

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: _____	Co-applicant's name: _____																																																
Alternative and former names: _____	Alternative and former names: _____																																																
Social Security number _____	Social Security number _____																																																
Home phone () _____	Home phone () _____																																																
Cell phone () _____	Cell phone () _____																																																
Work phone () _____	Work phone () _____																																																
Age _____ Date of birth (mm/dd/yyyy) _____	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.)	<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:	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"/>	<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	Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of years: _____	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	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of years: _____	Number of years: _____																																																

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	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 ☐ Dining room

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
<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="margin-left: 20px;"> <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> </p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="margin-left: 20px;"> <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> </p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p style="margin-left: 20px;"> <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> </p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="margin-left: 20px;"> <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> </p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p style="margin-left: 20px;"> <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> </p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="margin-left: 20px;"> <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> </p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

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) <hr/> Interviewer's signature	Interviewer's phone number <hr/> 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 the **Northwest Region, 915 Second Ave., Room 2896, Seattle, WA 98174**, 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: _____

Credit Report Authorization and Release

Authorization is hereby granted to Habitat for Humanity, The Heart of Wyoming to obtain a standard factual data credit report through a credit reporting agency chosen by Habitat for Humanity, The Heart of Wyoming.

My signature below authorizes the release to the credit reporting agency a copy of my credit application and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above-mentioned information.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Habitat for Humanity, The Heart of Wyoming and any credit reporting organization harmless in so mailing the copy requested.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Borrower's Signature

Date

Borrower's Signature

Date

Borrower's Signature

Date

Borrower's Signature

Date



Habitat
for Humanity®
The Heart of Wyoming

We build **strength, stability, self-reliance and shelter.**

DOCUMENT CHECKLIST

ALL OF THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION!



- ☐ ☐ Completed application, signed by both the applicant, and co-applicant, if any.
- ☐ ☐ Copies of your last three months' pay stubs for all current employment.
- ☐ ☐ Verification of child support and/or public assistance received (SSI, SSDI, child support, alimony, etc.).
- ☐ ☐ Most recent **2 years of Federal Tax returns and W-2s**. Obtain a free copy by calling 1-800-829-1040.
- ☐ ☐ Free **Credit report** dated within the last 30 days from www.annualcreditreport.com.
- ☐ ☐ Most recent **bank account statements for all accounts** (checking, savings, etc.).
- ☐ ☐ **Current rental or lease agreement OR a copy of your most recent rent payment receipt.**
- ☐ ☐ Most recent **telephone bills for all phones**, unless it's pre-paid.
- ☐ ☐ Most recent **electric and gas bills OR credit reference** from electric and gas companies.
- ☐ ☐ **Most recent debt statements including credit cards, medical bills, car or student loans*, and debts in collections. (*For any student loans in deferment, please include the most recent deferment letter)**

NOTE: Additional documentation will be required from those receiving or paying child support and/or for individuals that are self-employed. Contact Kelly for more information.

- ☐ ☐ Letters of recommendation from employers, landlords, caseworkers and/or probation or parole officers (if applicable) are encouraged but not required. Letters can be sent directly to kelly@heartofwyoming.org.

If any of the above documents do not apply to you, please include a written statement, signed and dated by you, explaining why. Still have questions? Contact Kelly at 234-1348 or kelly@heartofwyoming.org.

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 housing because of race, color, religion, sex, handicap, familial status, or



**EQUAL HOUSING
OPPORTUNITY**