

## APPLICATION FOR CANTON TWIN HOME

### Dear Applicant:

Thank you for your interest in the Habitat Homeownership Program.

Please fully complete and return the enclosed application form and all supporting documentation, per the **Supporting Documentation Checklist** on page 2.

Supporting documentation must be submitted for **all adult household members** (even those who are not on the primary mortgage loan or on the title of the property).

Failure to provide all requested supporting documentation will delay the processing of your application. The deadline for submitting your application and all supporting documentation is **March 31, 2021**.

If you have any questions about the Application or what is required, please contact me.

Lisa Ross, Homeowner Services Coordinator  
Habitat for Humanity of Greater Sioux Falls, Inc.  
721 East Amidon Street  
Sioux Falls, SD 57104  
605-274-6290  
[lisa.ross@siouxfallshabitat.org](mailto:lisa.ross@siouxfallshabitat.org)  
[siouxfallshabitat.org](http://siouxfallshabitat.org)

### How to submit your completed application:

**BY MAIL:** Habitat for Humanity of Greater Sioux Falls, Inc.  
Attn: Lisa Ross, Homeowner Services Coordinator  
721 East Amidon Street  
Sioux Falls, SD 57104

**DROP OFF:** Use the secure drop box that is located just inside the main entrance of the Habitat ReStore – 721 East Amidon Street, Sioux Falls

*Applications cannot be received electronically. Habitat staff are available by **appointment only**.*

## Supporting Documentation Checklist

Please provide copies of the following applicable supporting documentation for **all adults** residing in your household.

Yes	Not Applicable	IDENTIFICATION DOCUMENTATION
<input type="checkbox"/>	<input type="checkbox"/>	Photo ID for all adult household members.
<input type="checkbox"/>	<input type="checkbox"/>	Social security card for all household members (including children)
<input type="checkbox"/>	<input type="checkbox"/>	Proof of permanent legal resident, if applicable, for applicant(s)

Please provide copies of the following applicable supporting documentation for **all adults** residing in your household, unless those adults are non-applicant dependent children.

Yes	Not Applicable	INCOME DOCUMENTATION
<input type="checkbox"/>	<input type="checkbox"/>	One month's recent, consecutive paystubs for every wage earner, showing year-to-date income.
<input type="checkbox"/>	<input type="checkbox"/>	Social Security, SSI or SSDI – current year's award letter(s)
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity/Retirement – current year's benefit letter(s)
<input type="checkbox"/>	<input type="checkbox"/>	If you receive Child Support, provide child support court order and printout from Department of Social Services (DSS) showing past 12 months' payments received.
<input type="checkbox"/>	<input type="checkbox"/>	Any other income documentation for regular payments received.
<input type="checkbox"/>	<input type="checkbox"/>	All W-2s for 2020 and 2019 tax years
<input type="checkbox"/>	<input type="checkbox"/>	Federal income tax returns (Form 1040) for 2020 and 2019 tax years. If self-employed, must include all schedules and forms
<input type="checkbox"/>	<input type="checkbox"/>	Two most recent months of bank statements showing all debits and credits for each account

Any applications submitted without the required supporting documentation will be considered incomplete.

**Applications that are incomplete after March 31, 2021, will not be given further consideration.**

**1. APPLICANT INFORMATION – The individual(s) applying for the opportunity to partner with Habitat for Humanity.**  
*All information you include on this application will be kept confidential, in accordance with the Gramm-Leach-Bliley Act.*

APPLICANT (BORROWER)			CO-APPLICANT (CO-BORROWER)		
FIRST Name			FIRST Name		
SECOND or MIDDLE Name(s)			SECOND or MIDDLE Name(s)		
LAST Name			LAST Name		
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /	Age	Social Security Number - -	Date of Birth (MM/DD/YYYY) / /	Age
Cell Phone Number ( ) -	Home Phone Number ( ) -		Cell Phone Number ( ) -	Home Phone Number ( ) -	
Email Address			Email Address		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		
U.S. citizen or permanent legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			U.S. citizen or permanent legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT MAILING ADDRESS			CURRENT MAILING ADDRESS		
Apt# _____ Street _____			Apt# _____ Street _____		
City/State _____ Zip _____			City/State _____ Zip _____		
How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		
PREVIOUS ADDRESS, if you have lived less than two (2) years at your current address.					
Apt# _____ Street _____			Apt# _____ Street _____		
City/State _____ Zip _____			City/State _____ Zip _____		
How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		
CHILDREN and OTHER ADULTS who live with you (either PT or FT) and will most likely be living with you two (2) years from now.					
Household Member's Full Name	Age	Date of Birth	Male	Female	Relationship to You
_____	_____	____/____/____	<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"/>	_____

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date application received: _____	Application Decision: ____ Approved ____ Denied
Date of NOI application letter: _____ N/A: _____	Date of decision: _____ Date of letter: _____
Date of informational notice of incompleteness: _____	Date of partnership agreement: _____

## 2. CURRENT HOUSING SITUATION

<b>Current Landlord / Property Manager – Required Information</b> Name: _____ Address: _____ Zip: _____ Phone: (____) _____ - _____	<b>Past Landlord – If Applicable</b> Name: _____ Address: _____ Zip: _____ Phone: (____) _____ - _____
----------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

Current Housing Type:  House  Apartment  Mobile Home  Other \_\_\_\_\_

How many bedrooms do you have in your current housing unit? (please circle the answer): 1 2 3 4 5

What is the total monthly rent for your current unit? \$ \_\_\_\_\_ What portion of your rent, if any, is for a garage? \$ \_\_\_\_\_

Do you receive a housing subsidy?  Yes  No If yes, how much of your rent does the subsidy pay? \$ \_\_\_\_\_/month

**What issues or problems are you experiencing with your current housing situation? Check all that apply:**

<input type="checkbox"/> Too small/crowding issues	<input type="checkbox"/> Paying more than 30% of income to rent	<input type="checkbox"/> Larger housing is unaffordable
<input type="checkbox"/> Interior/exterior structural issues	<input type="checkbox"/> Health issues worsened by current housing	<input type="checkbox"/> Accessibility issues
<input type="checkbox"/> Safety issues (structural or domestic)	<input type="checkbox"/> Temporary (living with relatives or friends)	<input type="checkbox"/> Transitional housing program
<input type="checkbox"/> Plumbing or electrical Issues	<input type="checkbox"/> Heating or cooling issues	<input type="checkbox"/> Other (describe below)

**Please tell us more about your financial preparations for homeownership:**

Have you (applicant or co-applicant) participated in first-time homebuyer education or debt/credit counseling within past 2 years?  
 Yes  No If yes, through what agency/program? \_\_\_\_\_

Have you (applicant or co-applicant) ever applied for a home loan through a commercial lender or another housing program?  
 Yes  No If yes, what year did you last apply? \_\_\_\_\_ Were you approved or denied? \_\_\_\_\_

If you were approved for a mortgage loan, please list your maximum affordable loan amount at that time: \$ \_\_\_\_\_

If you were denied, what was the reason? \_\_\_\_\_

**Provide any other details about your current housing situation and/or difficulties to secure adequate & affordable housing:**

If more space is needed, please use a separate piece of paper. Please include your **name** and the **section number** you are answering.

## 3. APPLICANT(S)' ASSETS

Do you currently own a home?  Yes  No If Yes, list your home's value: \$ \_\_\_\_\_ Unpaid loan balance? \$ \_\_\_\_\_

Do you currently own land?  Yes  No If Yes, list your land's value: \$ \_\_\_\_\_ Unpaid loan balance? \$ \_\_\_\_\_

**APPLICANT(S)' FINANCIAL ACCOUNTS & CASH SAVINGS – List all accounts with banks or financial institutions**

Type of Bank Account (check one)	Name of Bank or Financial Institution	Name of Household Member who Holds This Account	Last 4 digits of Account #	Current Account Balance
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other				\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other				\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other				\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other				\$
<b>CURRENT CASH SAVINGS</b> (not held in a bank account):		\$		

#### 4. EMPLOYMENT INCOME – Applicant(s)

APPLICANT				CO-APPLICANT			
<b>CURRENT PRIMARY EMPLOYER</b>				<b>CURRENT PRIMARY EMPLOYER</b>			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title	
Avg Reg Hrs/Week	Avg OT Hrs/Week	Hire Date (MM/YYYY)		Avg Reg Hrs/Week	Avg OT Hrs/Week	Hire Date (MM/YYYY)	
Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Earnings \$		Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Earnings \$	
Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( ) -			Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( ) -		
<b>CURRENT SECONDARY EMPLOYER – if applicable</b>				<b>CURRENT SECONDARY EMPLOYER – if applicable</b>			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title	
Avg Reg Hrs/Week	Avg OT Hrs/Week	Hire Date (MM/YYYY)		Avg Reg Hrs/Week	Avg OT Hrs/Week	Hire Date (MM/YYYY)	
Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Earnings \$		Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Earnings \$	
Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( ) -			Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( ) -		
<b>If less than one (1) year at CURRENT PRIMARY EMPLOYER, list previous employment:</b>							
<b>PREVIOUS EMPLOYER</b>				<b>PREVIOUS EMPLOYER</b>			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title	
Hourly Pay Rate \$	Hire Date	Annual Earnings \$		Hourly Pay Rate \$	Hire Date	Annual Earnings \$	

#### 5. EMPLOYMENT INCOME – Other Adults in Household (age 18 or older and not a dependent child)

<b>HOUSEHOLD MEMBER NAME</b>				<b>HOUSEHOLD MEMBER NAME</b>			
<b>CURRENT PRIMARY EMPLOYER</b>				<b>CURRENT PRIMARY EMPLOYER</b>			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title	
Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)		Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)	
Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Salary \$		Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Salary \$	
<b>CURRENT SECONDARY EMPLOYER – if applicable</b>				<b>CURRENT SECONDARY EMPLOYER – if applicable</b>			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Job Title	
Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)		Hours Per Week	OT Hours/Week	Hire Date (MM/YYYY)	
Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Salary \$		Hourly Pay Rate \$	Overtime Pay Rate \$	Annual Salary \$	

## 6. OTHER HOUSEHOLD INCOME – From Sources Other Than Employment (provide documentation)

RECIPIENT OF INCOME (Name of Household Member)	MONTHLY INCOME RECEIVED	TYPE OF INCOME (SSI, SSDI, Pension, TANF, Section 8, etc.)
	\$	
	\$	
	\$	
	\$	

## 7. CERTIFICATION OF ZERO INCOME AND/OR UNEMPLOYMENT

Are there any adult members of your household who have zero income? If yes, please complete this section:

Name of adult household member with zero income: \_\_\_\_\_

Name of adult household member with zero income: \_\_\_\_\_

As the applicant(s), I/we certify that the above-named household member is age 18 or older, unemployed, and does not earn income from any of the following sources: wages, operation of a business, rental income, unemployment, disability, public assistance, child support, social security, veteran's benefits, or income from any other source. I understand I must notify Habitat for Humanity if the zero-income status of the above household member(s) should change.

X \_\_\_\_\_ X \_\_\_\_\_ / /  
 Signature of Applicant Signature of Co-Applicant, if applicable Date

## 8. OUTSTANDING LOANS / DEBT – enter \$0, if you do not have any debt

Type of Debt	TO WHOM DO YOU OR THE CO-APPLICANT OWE MONEY?					
	APPLICANT (OR JOINT)			CO-APPLICANT		
	Minimum Monthly Required Payment	Unpaid Balance	Months Remaining	Minimum Monthly Required Payment	Unpaid Balance	Months Remaining
Car Loan(s)	\$	\$		\$	\$	
Student Loan(s)	\$	\$		\$	\$	
Furniture/Appliance Loan	\$	\$		\$	\$	
Medical Debt	\$	\$		\$	\$	
Credit Card(s)	\$	\$		\$	\$	
Other Loan (list)	\$	\$		\$	\$	
Other Debt (list)	\$	\$		\$	\$	
<b>TOTAL</b>	\$	\$		\$	\$	

## 9. MONTHLY EXPENSES – enter \$0 if listed item does not apply

Type of Expense	APPLICANT (OR JOINT)	CO-APPLICANT	TOTAL
Rent (the portion that you pay)	\$	\$	\$
Utilities (gas, electric, water, etc.)	\$	\$	\$
Child care	\$	\$	\$
Alimony / child support	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

## 10. DECLARATIONS

It is required that you respond to the following questions:	APPLICANT	CO-APPLICANT
a. Do you have 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 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed upon, voluntary or involuntary, within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you a co-signer or endorser on a note or loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you delinquent on any financial liabilities, including, but not limited to: loans, credit cards, child support, judgments or unpaid county aid liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Have you owned a home within the past 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you an active or inactive member of the U.S. military or the surviving spouse of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Are you a full-time teacher (pre-K through 12 <sup>th</sup> grade) in a state-accredited public or private school that provides direct educational services to students in levels pre-K through 12 <sup>th</sup> grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes" was checked for any questions above, please provide additional details here:

If more space is needed, please submit a separate piece of paper. Please include your **name** and the **section number** you are answering.

## 11. WILLINGNESS TO PARTNER WITH HABITAT FOR HUMANITY OF GREATER SIOUX FALLS ("HABITAT")

It is required that you respond to the following statements:	APPLICANT	CO-APPLICANT
<b>Communication:</b> I understand I must notify Habitat promptly of any future changes, including but not limited to: address or contact information, employment, household income, debts, marital status or household size, during the application and partnership processes. I agree to respond promptly to any requests and/or notices from Habitat.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Choices/Options:</b> I understand that the style, floor plan, and size of Habitat homes, as well as the construction timeline is determined solely by Habitat. I understand Habitat is not a custom home builder, and my choices and options will be limited.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Home Loan:</b> I understand that this application also serves as a home loan application. I confirm that all information I have provided on this application is true and accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Savings Requirement:</b> I understand that Habitat homebuyers must save \$1,500 to cover the closing costs associated with purchasing a Habitat home.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Residence:</b> I understand Habitat homebuyers (the borrowers on the loan) are required to occupy, establish, and use the Habitat home as their primary residence at all times until the mortgage loan(s) on the Habitat home have been fully repaid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Partnership:</b> If selected for partnership, I am willing to review and sign a partnership agreement. I am willing to complete the required "sweat equity" hours, including participation in homebuyer education and construction of Habitat homes, as outlined in Habitat's sweat equity policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 12. RIGHT TO RECEIVE COPY OF APPRAISAL

Habitat for Humanity will order an appraisal to determine the property's value, which becomes the sales price of the Habitat home. Habitat may charge you for this appraisal. Habitat will promptly give you a copy of the appraisal no less than three (3) days prior to closing of the loan, even if the loan does not close. By signing below, I acknowledge I have read and understand this notice.

X \_\_\_\_\_ X \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
 Signature of Applicant Signature of Co-Applicant, if applicable Date

### 13. EQUAL CREDIT OPPORTUNITY ACT NOTICE – Applicant(s) must review and sign

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: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, DC 20580 or call 1-877-FTC-HELP (382-4357).

Under ECOA, income from alimony, child support or separate maintenance income need not be revealed unless the applicant wishes to rely on that income in the determination of creditworthiness. However, because Habitat operates a Special-Purpose Credit Program, Habitat is allowed to require information regarding an applicant’s marital status, alimony, child support, separate maintenance income, and the spouse’s financial resources, in order to determine an applicant’s eligibility for the Homeownership Program, and to determine an applicant’s maximum affordable home loan.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete.

X \_\_\_\_\_ X \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
 Signature of Applicant Signature of Co-Applicant (if applicable) Date

### 14. AUTHORIZATION AND CERTIFICATION

I understand that by submitting this application, I am authorizing Habitat for Humanity of Greater Sioux Falls, Inc. 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 partner and complete sweat equity. I understand this evaluation will include a credit check, employment verification, and may include personal visits.

I certify that 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. I understand that even if I get selected to partner with Habitat, I can be disqualified or de-selected from the program and forfeit any rights or claims to a Habitat home if I fail to meet my Habitat partnership agreement obligations.

I also understand that Habitat screens all applicants and adult household members 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.

\_\_\_\_\_  
 Printed Name of Applicant X \_\_\_\_\_ Signature of Applicant /\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Co-Applicant (if applicable) X \_\_\_\_\_ Signature of Co-Applicant (if applicable) /\_\_\_\_/\_\_\_\_  
 Date



## 15. APPLICANT CONSENT / GENERAL RELEASE FORM

For release or exchange of information with Habitat for Humanity of Greater Sioux Falls, Inc.

I / We, Hereby authorize Habitat for Humanity of Greater Sioux Falls, Inc. to request or exchange information including, but not limited to, the following: employment, income (including IRS returns), credit, indebtedness, benefits, banking records, residency, and any other information which is pertinent to my application for the Habitat Homeownership Program. I also authorize Habitat for Humanity of Greater Sioux Falls, Inc., to conduct any necessary credit and background checks.

This authorization expires upon fulfillment of the above-stated purpose. I understand that I may revoke this consent at any time, in writing.

_____	X _____	____/____/____
Printed Name of Applicant	Signature of Applicant	Date
_____	X _____	____/____/____
Printed Name of Co-Applicant (if applicable)	Signature of Co-Applicant (if applicable)	Date

A photocopy of this release shall be as valid as the original.

Habitat for Humanity of Greater Sioux Falls, Inc.  
721 S. Amidon St  
Sioux Falls, SD 57104  
Phone: 605-274-6290  
Fax: 605-332-7009



**TO ASSIST HABITAT STAFF WITH PROCESSING YOUR APPLICATION – OPTIONAL:**

Did someone assist you with reading and/or completing this application?  Yes  No  
 Assistant's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Assistant's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type of assistance provided: \_\_\_\_\_  
 If interpreter is needed, for what language(s)? \_\_\_\_\_

Applicant	Co-Applicant
Interpreter or other help needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter or other help needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES – OPTIONAL**

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

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information <b>Race (applicant may select more than one racial designation):</b> <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 <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Birthdate: (MM/DD/YYYY)</b> ____/____/_____ <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information <b>Race (applicant may select more than one racial designation):</b> <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 <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Birthdate: (MM/DD/YYYY)</b> ____/____/_____ <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

**TO BE COMPLETED BY HABITAT STAFF ONLY**

<b>This information was provided:</b> <input type="checkbox"/> In a face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's Name		
	Interviewer's Signature		Date:
	Interviewer's Phone Number		

**Return completed application & documentation to:**

Habitat for Humanity of Greater Sioux Falls, Inc.  
 Attn: Lisa Ross, Homeowner Services Coordinator  
 721 East Amidon Street  
 Sioux Falls, SD 57104

**Questions?**  
 (605) 274-6290  
[lisa.ross@siouxfallshabitat.org](mailto:lisa.ross@siouxfallshabitat.org)