



FALL 2021 Partner Family Application

Dear Applicant:

Thank you for your interest in the Habitat Homeownership Program!

Please fully complete and return the enclosed application and supporting documents from Section B on page 4.

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

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

Kevin McCormick, Family Services Coordinator

Siouxland Habitat for Humanity

1150 Tri-View Avenue

Sioux City, Iowa 51103

712-255-6244

kmccormick@siouxlandhabitat.org

Siouxlandhabitat.org

How to submit your completed application:

BY MAIL: Siouxland Habitat for Humanity
Attn: Kevin McCormick, Family Services Coordinator
1150 Tri-View Avenue
Sioux City, IA 51103

DROP OFF: Use the secure drop slot that is located on the main entrance office door inside of our vestibule at 1150 Tri-View Avenue, Sioux City

*Habitat staff members are available by **appointment only**.*





Although Habitat for Humanity reserves the right to designate home location assignments, which home location are you most interested in? (Please circle)

- ☐ Sioux City location
- ☐ Alton location
- ☐ Hospers location

How did you hear about the application? (Please circle)

- ☐ Radio
- ☐ TV
- ☐ Newspaper
- ☐ Website
- ☐ Friend
- ☐ Family
- ☐ Habitat Homeowner
- ☐ Facebook
- ☐ Pull tab flyer
- ☐ Through the School system
- ☐ Other _____

What is most appealing about becoming a partner family and gaining homeownership through Habitat for Humanity? (Please circle)

- ☐ Becoming a partner with Habitat and being part of your own home build
- ☐ Having a 0% interest rate on a 30-year home loan
- ☐ Having to only save \$1500 for closing costs vs. \$5000-\$10000 through a traditional bank
- ☐ Other _____





FALL 2021 Partner Family Application

Application Date: _____

To become a Siouxland Habitat for Humanity (SHFH) homeowner, an applicant must:

- ✓ meet all of the requirements and conditions listed (**Section A**)
- ✓ provide all of the required supporting documents listed (**Section B**)
- ✓ complete the Application for Housing (**Section C**)
- ✓ be selected as a Family Partner
- ✓ meet the financial requirements
- ✓ complete all "Sweat Equity" (volunteer work) requirements
- ✓ demonstrate a true Habitat Partner attitude

****Information gathered by SHFH is considered confidential and is only used for our Family Selection Process.**

SECTION A: Requirements and Conditions

Please check your household's appropriate answer to each statement/question.

YES	NO	
		My/our gross household income is between the minimum and maximum income limits based on the Average Media Income range for our area. See charts below for ranges.
		I/we understand we must not be able to qualify for a conventional home loan.
		I/we have lived or worked in Dakota, Plymouth, Sioux, Woodbury or Union county for the last 12 months.
		I/we understand all mortgage applicants are US Citizens or have Legal Permanent Resident Status.
		I/we understand there will be sweat equity hours required.
		I/we am/are willing to complete sweat equity hours with SHFH.
		I/we understand that I/we must contribute \$1,500 towards the home, and it is due at the time of signing the loan papers.
		I/we am/are responsible for purchasing one year of homeowner's insurance at total replacement cost, with a \$1,000 maximum deductible.
		I/we have not filed bankruptcy in the past two years.
		I/we am/are prepared to make monthly mortgage payments.
		I/we understand that if we have any real estate holdings (i.e. a mobile home), we are required to sell it/them prior to closing.
		Does anyone in your household currently have a mortgage in their name?

AVERAGE MEDIAN INCOME CHARTS FOR JULY 2021-June 2022

Amounts below valid for Woodbury County ONLY

Number of People in Household	1	2	3	4	5	6	7	8
Annual Income Minimum	20,550	23,475	26,400	29,325	31,675	34,025	36,375	38,825
Annual Income Maximum	41,100	46,950	52,800	58,650	63,350	68,050	72,750	77,450

Amounts below valid for Sioux County ONLY

Annual Income Minimum	23,000	26,300	29,575	32,850	35,500	38,125	40,750	43,375
Annual Income Maximum	46,000	52,600	59,150	65,700	71,000	76,250	81,500	86,750



SECTION B: Supporting Documents Checklist

Along with a completed and signed application (Section C), please include:

- _____ copy of all income receipts (pay stubs, child support verified by the county, SSI or SSDI benefit letter, or unemployment, etc.) for all members of the household for the last 60 days (should align with Section 10 of the application).
- _____ copy of current credit report for each applicant (Section 15). ***Complete this early in the process.**
- _____ copy of last month's utility bills (gas/electric, water, TV, phone, internet)
- _____ copy of bank statements for the last two months for all household persons with income
- _____ copy of your Federal and State filed income tax returns for the most recent year showing dependents, gross income, and refund amount—for EACH applicant and co-applicant
- _____ copy of photo IDs for all adult household members
- _____ copy of social security cards or permanent resident cards for all household members
- _____ a statement indicating what your current housing situation is (Section 7); for example: poor heating or plumbing, leaky roof, overcrowding, unsafe or unsanitary conditions or special needs, rent to income ratio (the rent you pay compared to your gross income)
- _____ a signed Disclosure & Release Authorization Form (Section 19) giving SHFH permission to check a sex offender registry and perform a criminal background check upon being selected as a Partner Family
- _____ a signed Verification of Employment for all working individuals in the home (Section 20)
Only sign where the arrow is. Leave the rest of the document blank.
- _____ signed Notices: Special Purpose Credit Check Program, E-Sign Act, Privacy Notice (Section 21)



SECTION C: HOUSING & FINANCIAL INFORMATION

Please complete this section thoroughly and accurately. All information you provide will be kept confidential. Your application and all supporting documents will become the property of Siouxland Habitat for Humanity, therefore, we ask that you provide copies and not original documents.

You will receive a response regarding your application's status within 30 days.

Throughout the application, you will be asked about your citizenship and residency status. Please note: The applicant(s) must be a US citizen or have legal permanent resident status. The citizenship status of other occupants in the residence will not exclude you from applying or being accepted as a Habitat Partner Family (ex., spouse, in-laws, etc.). However, funding or grant opportunities that have citizenship requirements may impact applying households or specific housing options available.

1. Applicant Information

Last Name	First Name	M.I.	Date of Birth	Married/Single/Separated?	Home Phone: Cell Phone:
Email Address		Driver's License Number:		Are you a US Citizen? ____ Yes ____ No SSN or Lawful Permanent Resident ID# _____	
Present Address			City	State	Zip Code
Rent ____ Own ____ How long have you lived at present address? _____					
Previous Address			City	State	Zip Code
Rent ____ Own ____ How long did you live at your previous address? _____ Please provide housing info for the past five (5) years. If you require additional space, please record info on a separate piece of paper and attach to application.					

2. Co-Applicant Information (this info needed for all persons 18 and older, more room on back)

Last Name	First Name	M.I.	Date of Birth	Married/Single/Separated?	Home Phone: Cell Phone:
Email Address		Driver's License Number:		Are you a US Citizen? ____ Yes ____ No SSN or Lawful Permanent Resident ID# _____	
Present Address			City	State	Zip Code
Rent ____ Own ____ How long have you lived at present address? _____					

Previous Address	City	State	Zip Code
Rent ____ Own ____ How long did you live at your previous address? _____ Please provide your housing info for the past five (5) years. If you require additional space, please record info on a separate piece of paper and attach to application.			

3. Dependents of Applicant/Co-Applicant (only those who will reside in family home more than 60% of the time)

[illegible]

If you have additional dependents and you require additional space, please record your information on a separate piece of paper.

Other Household Residents (list those will live in the home but are not dependents (ex. Mother-in-law, adult child, etc.)

[illegible]

4. Applicant Employment Information

Name and Address of Current Employer			Business Phone
Date of Hire	Hourly Wage / Hours per Week	Average Monthly Income	Are you self-employed?
Job Title or Description:			
If you have been employed at your current job less than one year, please provide your previous employment information			
Name and Address of Previous Employer			Business Phone
Employed From: To:	Hourly Wage / Hours per Week	Average Monthly Income	Were you self-employed?
Job Title or Description:			

5. Co-Applicant(s) Employment Information *please provide on separate sheet for all members 18 and older

Name and Address of Current Employer			Business Phone
Date of Hire	Hourly Wage / Hours per Week	Average Monthly Income	Are you self-employed?
Job Title or Description:			
If you have been employed at your current job less than one year, please provide your previous employment information			
Name and Address of Previous Employer			Business Phone
Employed From: To:	Hourly Wage / Hours per Week	Average Monthly Income	Were you self-employed?
Job Title or Description:			

6. Homebuyer Information

Have you ever owned a home before? Yes ___ No ___ If yes, why do you no longer own it?

Dates of Ownership: _to _____

Do you own land? Yes ___ No ___ If yes, please describe, include location:

Land monthly loan payment: \$ _____ Total unpaid loan balance on land: \$ _____

Have you ever applied for a home loan? Yes ___ No ___ If yes, were you approved? Yes ___ No ___

How long ago did you apply? _____ If approved, how much were you approved for? _____

Have you ever applied for a Habitat home before? Yes ___ No ___ If yes, when? _____

7. Current Housing Situation

Number of Bedrooms: _____ Number of Bathrooms: _____ Describe Laundry Facilities: _____

Other rooms included in the home where you are currently living:

☐ Kitchen ☐ Living Room ☐ Dining Room ☐ Family Room ☐ Finished Basement ☐

Other Rooms _____

If you rent your residence, what is your monthly rent payment? \$_____

Please provide the contact information for your *current landlord* in the space provided below:

LandlordName

Address _____

Phone

If you have lived at your current address for less than one year, please provide the contact information for your previous landlord:

Previous Landlord Name

Address

Phone

In the space below, please describe your current housing situation and/or house condition. Why do you feel you need a Habitat Home?

[illegible]

8. Willingness to Partner

To be considered for a Habitat home, you and your family must be willing to be a long-term partner with Habitat for Humanity. Being a long term partner means completing all partner requirements during the construction of your home, being a good homeowner and neighbor once you move into your home, and continuing to support the Habitat for Humanity mission long after your home is built.

During the initial partnership phase of your relationship with Habitat, you and your family must complete a mandatory number of “sweat-equity” volunteer hours. “Sweat equity” is earned when you help to build your home and the homes of others, and it may include clearing a lot, painting, helping with home construction, attending homeowner education courses, working in the Habitat ReStore or main office, helping with special events or other approved activities. (If you or a family member has a physical disability, Habitat will work with you to help you successfully complete your required “sweat equity” hours).

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

9. Monthly Expenses and Debt

Monthly Expenses	Name of Who you Pay	Monthly	Current	Past Due?
Misc. Household Expenses				
House Rent				
Gas / Electric				
Trash / Water / Sewer				
Cable / Satellite TV / Internet				
Telephone / Cell Phones				
Loans				
Auto _____ months remaining				
Student _____ months remaining				
Personal _____ months remaining				
Medical / Dental				
Doctor / Hospital Visits				
Dental				
Prescriptions				
Ex-Family Expenses				
Child Support				
Alimony				
Other Expenses				
Credit Card:				
Credit Card:				
Childcare & School Expenses				
Other:				
Total Monthly Expenses		\$		

10. Monthly Income—Applicant/Co-Applicant				
Monthly Income Source	Applicant Income	Co-Applicant Income	Additional occupants/residents	Total household income
Primary Employment Income (before taxes)				
Secondary Job Income (before taxes)				
AFDC / TANF				
Social Security Income (SSI)				
Social Security Disability Income (SSDI)				
Alimony Income				
Child Support Income				
Total Federal Tax Refund last year				
Total State Tax Refund last year				

11. Assets (Bank Information)		
Please list all Checking and Savings Accounts below:		
Name and Address of Bank, Savings & Loan or Credit Union	Name and Address of Bank, Savings & Loan or Credit Union	
Account Number: Balance: \$	Account Number: Balance: \$	
The account above belongs to:	The account above belongs to:	
Name and Address of Bank, Savings & Loan or Credit Union	Name and Address of Bank, Savings & Loan or Credit Union	
Account Number: Balance: \$	Account Number: Balance: \$	
The account above belongs to:	The account above belongs to:	
Please list all other monetary assets below, including Money Market Accounts, CD's, Stocks, Savings Bonds, etc.:		
Source	Value	Account Holder
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Source of Down Payment and Closing Costs

If you are approved for a Habitat home, the minimum monetary contribution due for down payment/closing costs will be \$1,500. How will you ensure you will have this amount?

13. Declarations

	Applicant	Co-Applicant
a. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are you presently delinquent or in default on any federal debt or any other loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a co-signer on another note?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you declared bankruptcy in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. 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
h. Have you had anything repossessed within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Have any of your accounts been placed into collections in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any questions "a" thru "k", please provide a detailed explanation below:

14. Affirmation Statement

I understand that by filing this application, I am authorizing Siouxsland Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay a no-interest loan and other expenses of homeownership and my willingness to be a Habitat partner family. I understand the evaluation will include personal visits, a credit check, a criminal history check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved along with all of the supporting documentation I have submitted along with this application.

Applicant Signature

Date

Co-Applicant Signature

Date

15. Obtaining a Credit Report

Along with this application, you must submit a current copy of your credit report that includes a credit score for the applicant and co-applicant. Contact one of the two organizations listed below to obtain your credit report:

Center For Siouxland

Call 877-580-5526, or 712-252-1861 ext 47.
715 Douglas Street, Sioux City, IA 51101

Center For Financial Education

Call 712-722-3527
313 N. Main Avenue, Sioux Center, IA 51250

*** Make this a priority in your application process as it takes time.** Make sure to make an appointment and tell them the credit report is for a Habitat application. Also, take a photo ID and be prepared to pay a fee.

Their credit counselor will provide you with your credit score and explain the key factors that determine your score, offer a step-by-step process to improve your score, and discuss how to dispute inaccurate information on your report.

16. Recruited Sweat Equity Contact

Please list three people that you have asked to help you with your sweat equity, and they have agreed to help.

Name

Contact Information

17. Affiliate Procedures for Applicants with Disabilities or Challenges

Siouxland Habitat for Humanity accommodates all applicants on a case by case basis, for example: English as a second language, visually impaired, hearing impaired, etc.

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout Siouxland. 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.



18. Information for Government Monitoring Purposes

Please read this statement before completing the information below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below indicating so. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for).

Applicant Name: _____ ☐ I do not wish to furnish this information

Race/Ethnicity (circle all that apply):

American Indian or Alaskan Native Asian Black/African American Caucasian Hispanic

Other (specify): _____

Co-Applicant Name: _____ ☐ I do not wish to furnish this information

Race/Ethnicity (circle all that apply):

American Indian or Alaskan Native Asian Black/African American Caucasian Hispanic

Other (specify): _____

Siouxland Habitat for Humanity

1150 Tri View Ave.,
Sioux City, IA 51103
Phone: (712) 255-6244 Fax: (712) 255-7203

Disclosure: Under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA) and the Driver Privacy Protection Action (DPPA), notice is hereby given that Investigative Reports are being requested from local Law Enforcement Agencies and/or other third-party investigative sources. The report may include, but not limited to, the following types of information: employment history, driving record, worker's compensation claims, credit, criminal records and civil records.

Release Authorization: I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY SIOUXLAND HABITAT FOR HUMANITY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I HEREBY ACKNOWLEDGE THAT A PHOTOGRAPHIC COPY OR FAX OF THIS NOTICE SHALL BE VALID AS THE ORIGINAL. I AGREE TO RELEASE AND HOLD HARMLESS HABITAT FROM ANY LIABILITY ARISING FROM ANY ERRORS IN INFORMATION IT IS PROVIDED.

Applicant Name (print): _____ Date of Birth: _____

Social Security #: _____ DL #: _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Co-Applclicant Name (print): _____ Date of Birth: _____

Social Security #: _____ DL #: _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____



Applicant, please sign and date only (see arrows on left-hand side). Do not complete the right column. Submit one for each working adult in the household.

HR DEPT, this individual is applying to be a Habitat for Humanity Partner Family. Please provide verification of employment below to help us continue processing this application.

20. VERIFICATION OF EMPLOYMENT

(SIOUXLAND HABITAT FOR HUMANITY)

AUTHORIZATION: FEDERAL REGULATIONS REQUIRE US TO VERIFY EMPLOYMENT INCOME OF ALL MEMBERS OF THE HOUSEHOLD APPLYING FOR PARTICIPATION IN THE HOME PROGRAM WHICH WE OPERATE AND TO REEXAMINE THIS INCOME PERIODICALLY. WE ASK YOUR COOPERATION IN SUPPLYING THIS INFORMATION. THIS INFORMATION WILL BE USED ONLY TO DETERMINE THE ELIGIBILITY STATUS AND LEVEL OF BENEFIT OF THE HOUSEHOLD.

YOUR PROMPT RETURN OF THE REQUESTED INFORMATION WILL BE APPRECIATED. A SELF-ADDRESSED RETURN ENVELOPE IS ENCLOSED.

EMPLOYED SINCE: _____ OCCUPATION: _____

SALARY: _____

EFFECTIVE DATE OF LAST INCREASE: _____

BASE PAY RATE:

\$_____/Hour; or \$_____/Week; or \$_____/Month

Average hours/week at base pay rate: _____ Hours

NO. WEEKS _____, OR NO. WEEKS _____ WORKED/YEAR

OVERTIME PAY RATE: \$_____/Hour

EXPECTED AVERAGE NUMBER OF HOURS OVERTIME WORKED PER WEEK DURING NEXT 12 MONTHS _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

FOR: _____ \$_____ PER _____

IS PAY RECEIVED FOR VACATION? ☐ YES ☐ NO

IF YES, NO. OF DAYS PER YEAR _____

TOTAL BASE PAY EARNINGS FOR PAST 12 MOS. \$_____

TOTAL OVERTIME EARNINGS FOR PAST 12 MOS. \$_____

PROBABILITY AND EXPECTED DATE OF ANY PAY INCREASE:

DOES THE EMPLOYEE HAVE ACCESS TO A RETIREMENT ACCOUNT? ☐ YES ☐ NO

IF YES, WHAT AMOUNT CAN THEY GET ACCESS TO:
\$_____

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

(SIGNATURE OF APPLICANT)

Date: _____

Signature of Authorized Representative

Title: _____

Date: _____

TELEPHONE: _____

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.



Applicant, please sign and date only (see arrows on left-hand side). Do not complete the right column. Submit one for each working adult in the household.

HR DEPT, this individual is applying to be a Habitat for Humanity Partner Family. Please provide verification of employment below to help us continue processing this application.

20. VERIFICATION OF EMPLOYMENT

(NAME OF HOME PARTICIPATING JURISDICTION)

AUTHORIZATION: FEDERAL REGULATIONS REQUIRE US TO VERIFY EMPLOYMENT INCOME OF ALL MEMBERS OF THE HOUSEHOLD APPLYING FOR PARTICIPATION IN THE **HOME** PROGRAM WHICH WE OPERATE AND TO REEXAMINE THIS INCOME PERIODICALLY. WE ASK YOUR COOPERATION IN SUPPLYING THIS INFORMATION. THIS INFORMATION WILL BE USED ONLY TO DETERMINE THE ELIGIBILITY STATUS AND LEVEL OF BENEFIT OF THE HOUSEHOLD.

YOUR PROMPT RETURN OF THE REQUESTED INFORMATION WILL BE APPRECIATED. A SELF-ADDRESSED RETURN ENVELOPE IS ENCLOSED.

EMPLOYED SINCE: _____ OCCUPATION: _____

SALARY: _____

EFFECTIVE DATE OF LAST INCREASE: _____

BASE PAY RATE:

\$_____/Hour; or \$_____/Week; or \$_____/Month

Average hours/week at base pay rate: _____ Hours

NO. WEEKS _____, OR NO. WEEKS _____ WORKED/YEAR

OVERTIME PAY RATE: \$_____/HOUR

EXPECTED AVERAGE NUMBER OF HOURS OVERTIME WORKED PER WEEK DURING NEXT 12 MONTHS _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

FOR: _____ \$_____ PER _____

IS PAY RECEIVED FOR VACATION? ☐ YES ☐ NO

IF YES, NO. OF DAYS PER YEAR _____

TOTAL BASE PAY EARNINGS FOR PAST 12 MOS. \$_____

TOTAL OVERTIME EARNINGS FOR PAST 12 MOS. \$_____

PROBABILITY AND EXPECTED DATE OF ANY PAY INCREASE:

DOES THE EMPLOYEE HAVE ACCESS TO A RETIREMENT ACCOUNT? ☐ YES ☐ NO

IF YES, WHAT AMOUNT CAN THEY GET ACCESS TO:
\$_____

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

(SIGNATURE OF APPLICANT)

Date: _____

Signature of Authorized Representative

Title: _____

Date: _____

TELEPHONE: _____

WARNING:

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

21. NOTICES

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, 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, 230 South Dearborn Street, Suite 3030, Chicago, Illinois 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: _____

21. NOTICES (Cont.)

E-SIGN ACT DISCLOSURE AND AGREEMENT

Dear Applicant,

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:
 - All legal and regulatory disclosures and communications associated with the product or service available through Siouxland 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 via e-mail or 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 to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose.
- 3. How to Withdraw Consent.** You may withdraw your consent to receive communications in electronic form by contacting us at office@siouxlandhabitat.org or 712-255-6244 ext 202. 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 office@siouxlandhabitat.org.
- 5. Hardware and Software Requirements.** In order to access, view, and retain electronic communications that we make available to you, you may need to 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. When we send you electronic communication, we will not send you a paper copy of the same 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 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 office@siouxlandhabitat.org or 712-255-6244 ext. 202. 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.

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. 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,

Kevin McCormick, Family Services Coordinator
Siouxland Habitat for Humanity

Acknowledged and Agreed to by:

Applicant: _____

Co-Applicant: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Applicant's Address: _____

21. NOTICES (Cont.)

PRIVACY STATEMENT AND NOTICE OF SIOUXLAND HABITAT FOR HUMANITY

At Siouxland 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.

1. 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.
2. We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on applications or other forms, including, but not limited to your name, Address, Social Security Number, Assets, Income, etc.
 - Information about your transactions with us, our affiliates, or others including, but not limited to your loan balance, payment history, etc.; and
 - Information we receive from a consumer reporting agency such as your loan balance, payment history, creditworthiness, credit history.
3. We do not disclose any nonpublic personal information about our customers to anyone except as permitted by law.
4. We may disclose nonpublic personal information about you to the following types of third parties:
 - Financial service providers, including but not limited to servicing agents;
 - Nonprofit organizations or governments
 - Or as otherwise permitted by law.
5. If you prefer 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 any disclosures to nonaffiliated third parties you may call SIOUXLAND HABITAT FOR HUMANITY at 712-255-6244.
6. We restrict access to nonpublic personal information about you to:
 - HFH agents and employees that need to know that information to provide Habitat's services to you;
 - Disclosures to other nonaffiliated third parties as permitted by law. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Acknowledged and Agreed to by:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____