



Upper Valley Habitat for Humanity in the Northeast Kingdom
2024 Credit Application
Return to: 459 Portland Street, Suite 2, St. Johnsbury, VT 05819/ 802-751-1212

[Please print clearly]

Applicant: _____ SS# _____ D.O.B. _____

Mailing Address: _____ Town: _____ Zip _____

Physical Address: _____ Town: _____ Zip _____

Phone: _____ Cell phone: _____

Email address: _____

Co-Applicant: _____ SS# _____ D.O.B. _____

Phone: _____ Cell phone: _____

Mailing Address: _____ Town: _____ Zip _____

Email address: _____

Number of dependents under 18: _____

List all others to be living in the home and their ages: _____

Are you an active _____ or retired veteran _____?

Is this home in Caledonia, Orleans or Essex counties? _____ Years at this address: _____

Do you own this building? _____ Do you own the land? _____

Are your town property taxes current? _____

Is this home insured? _____ If yes: insurance company is _____

INCOME: [List all forms of income, including public assistance, by wage earner and monthly amounts.]

Table with 4 columns: Wage Earner, Source, Years on Job, Monthly Amount. Rows 1-4 for listing income sources.

ASSETS:

Table with 3 columns: Bank/Credit Union Accounts, Name on Account/Type of account, Balance. Rows 1-3 for listing assets.

EXPENSES/DEBTS:

List below your current housing expenses:

1. <u>Mortgage Holder/Account #</u>	<u>Monthly Amount</u>
_____	\$ _____
Insurance: _____	\$ _____
Property Taxes: _____	\$ _____
Second mortgage/equity loan: _____	\$ _____
2. <u>Utilities/Company</u>	<u>Monthly Amount</u>
Heat _____	\$ _____
Electricity _____	\$ _____
Phone/Internet _____	\$ _____
Water/Sewer _____	\$ _____
3. <u>Credit Debt/Company</u>	<u>Monthly Payment</u>
Credit card: _____ /Balance: _____	\$ _____
Credit card: _____ /Balance: _____	\$ _____
Car loan: _____ /Balance: _____	\$ _____
4. <u>Medical:</u> _____ / Balance: _____	\$ _____

Please list two persons, not related to you and not living in your home, who know you well and can be asked for a written reference.

<u>Name</u>	<u>Mailing Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

Are there any other issues that may affect your credit, or your ability to repay a non-interest loan (e.g. alimony or child support payments, court judgements, bankruptcy, foreclosure, credit card delinquencies...) NO YES If yes, explain:

Have you declared bankruptcy in the past 7 years? YES NO If yes, explain:

AUTHORIZATION AND RELEASE

The undersigned applicant(s) applies for an Upper Valley Habitat for Humanity in the Northeast Kingdom [UV Habitat in the NEK] Critical Home Repair Program and no-interest loan. Applicant(s) authorizes UV Habitat in the NEK to evaluate applicant’s actual need for the repair, ability to repay the loan, and willingness to participate in the Habitat partnership. The evaluation will include a home visit, a contact of personal references, and checks of credit references which have been named in the application, specifically your employer, banks, public assistance income, and places where you do business. The original of copy of this application will be retained by UV Habitat in the NEK even if the application is not approved. Providing any false information to UV Habitat in the NEK will automatically disqualify this application.

The undersigned understands that they [or their assigns] will be required to perform sweat equity according to Habitat guidelines.

The undersigned hereby certifies that the information contained herein is complete and accurate. This information, along with the Credit Application, is being furnished with the understanding that it is to be used to determine whether or not I qualify to be a Habitat Partner Family.

Signature of Applicant _____
Date

Signature of Co-Applicant _____
Date

Notice: The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, gender, marital status, handicap, age [providing 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 Consumers Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is The Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580

For office use: Date application form sent: _____ Date application received: _____