



APPLICATION CHECKLIST



Application Due MAY 10, 2024

<input type="checkbox"/> HFHA Application
<input type="checkbox"/> Current Employment Verification
<input type="checkbox"/> Previous Employment Verification (if at current employer less than 2 years)
<input type="checkbox"/> Current Rental Verification
<input type="checkbox"/> Previous Rental Verification (if at current residence less than 2 years)
<input type="checkbox"/> Utility Reference
<input type="checkbox"/> Right to Financial Privacy
<input type="checkbox"/> Disclosure/Authorization for Consumer Report (background/credit check release)
<input type="checkbox"/> Declaration of Section 214 Status – completed for every household member. Guardians sign for minors under 18.
<input type="checkbox"/> Sexual offender checklist release for all household members 14 years of age and older
<input type="checkbox"/> Personal References
<input type="checkbox"/> 1040 tax returns for the last 2 years
<input type="checkbox"/> W-2 forms for the last 2 years
<input type="checkbox"/> Paycheck stubs for past 3 months
<input type="checkbox"/> Recent Bank Statement(s) (no more than 90 days old)
<input type="checkbox"/> Proof of Other Income (SSI, Child Support, Section 8, TANF, etc.)
<input type="checkbox"/> Social Security cards for every household member
<input type="checkbox"/> Driver's license or state-issued photo ID for all household members 18 years of age and older

1. APPLICANT INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Preferred form of contact: Home Cell Email Text

Married Separated Unmarried (single, divorced, widowed)

Dependents and others who will live with you

Name	Birthdate	Male	Female	Relationship to Applicant
_____	_____	<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"/>	_____

Current Address (street, city, state, ZIP) _____ Own Rent

Number of Years _____

If you have lived at your present address for less than two years, complete the following:

Last Address (street, city, state, ZIP) _____ Own Rent

Number of Years _____

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____

Date of Notice of Incompleteness: _____

Date of Adverse Action Notice: _____

Date of Selection Committee Approval: _____

Date of Board Approval: _____

Date of Partnership Agreement: _____

3. PRESENT HOUSING CONDITIONS

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)

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

If you own your residence, what is your monthly mortgage payment? \$

When does your current lease end?

Name, address, and phone number of current landlord

In the space below, describe the condition of your current residence.

How long have you lived in Abilene?

Are you on Section 8 assistance? Yes No

If so, what is the amount of assistance?

Do you currently live in public housing? Yes No

Have you ever been late with a rent payment? Yes No

If so, how many times in the past year have you been late with a rent payment?

Do you pay the utilities? Yes No

If so, what is the average monthly amount for:

Gas \$ Water \$ Electricity \$

Have you had any of your utilities disconnected in the past two years? Yes No

If so, how many times have they been disconnected?

4. EMPLOYMENT INFORMATION

Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$
Type of business	Business phone
If working at current job less than two years, complete the following information	
Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$
Type of business	Business phone

5. MONTHLY INCOME

- Include income from employment for family members aged 18+ who will live in the household.
- Include SSI/Disability/Social Security income for all household members.
- Income is pre-tax, gross monthly income.
- Food stamps do not qualify as income.

Income Source	Applicant	Co-Applicant	Others in Household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI/Disability	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total	\$	\$	\$	\$

MONTHLY EXPENSES	
Rent	\$
Utilities	\$
Renter's Insurance	\$
Auto Insurance	\$
Total Medical Insurance	\$
Child Care	\$
Internet Service	\$
Cell Phone	\$
Land Line	\$
Business Expenses	\$
Union Dues	\$
Other	\$
TOTAL	\$

9. DECLARATIONS		
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you declared bankruptcy within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had a property foreclosed upon or received a deed in lieu of foreclosure in the last seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Have you ever been in default on a loan due to foreclosure, a transfer of title in lieu of foreclosure or a judgment, either directly or indirectly?	<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
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "Yes" to any questions a-h, or "No" to question i, please explain on a separate piece of paper.		

10. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat equity" hours. Sweat equity is hands-on involvement of Partner Families in construction, education, and community engagement.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:

Yes No

11. APPLICANT EDUCATION

Highest Level of Education and Year Completed:

Are you currently in school? If so, please list your area of study and projected graduation date.

12. GENERAL INFORMATION

What are your job/career goals?

What goals do you have for your family?

Do you have any responsibilities in your church or community (civic organizations, etc.)? If so, what are they?

What are the biggest challenges/difficulties your family has faced?

In what ways do you think your family's life would change by owning a Habitat home?

Is there any other information you want us to know about your family, housing, or financial situation?

13. PRIVACY STATEMENT AND NOTICE

Habitat for Humanity Abilene, Inc. (HFHA) is 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 serve our customers more efficiently, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

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

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

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

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

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, our affiliates, or others such as your loan balance and payment history; and
- Information we receive from a consumer reporting agency such as your credit history, creditworthiness, and criminal background.

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

- Financial service providers, such as mortgage servicing agents; and
- Nonprofit organizations or governments.

If you prefer that we do not disclose non-public personal information about you to non-affiliated third parties, you may opt out of those disclosures; that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to non-affiliated third parties, you may call HFHA at 325-670-0489.

14. AUTHORIZATION AND RELEASE

HFA will comply with the Fair Housing Act, title IV of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, Equal Opportunity Credit Act, and the Age Discrimination Act of 1975 and will affirmatively further fair housing.

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

I understand that the evaluation will include personal visits, a credit 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 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 HFHA even if the application is not approved.

I also understand that HFHA 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 _____

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.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: 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 you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

- I do not wish to furnish this information.

Race (applicant may select more than one racial designation):

- American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Black/African-American
 White
 Asian

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

Race:

- Female Male

Marital Status

- Married Separated Unmarried (single, divorced, widowed)



EMPLOYMENT VERIFICATION



Applicant: _____

The above-named person has applied for housing through the Habitat for Humanity homeownership program and has given us written permission to contact you for an employment verification and reference. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information is appreciated.

Place of employment: _____

Start/end date of employment: _____

Position(s) held: _____

Base pay rate: Hourly: \$ _____ Bi-Monthly: \$ _____
 Weekly: \$ _____ Monthly: \$ _____
 Bi-Weekly: \$ _____

Average number of hours/week worked: _____

Effective date of last pay increase: _____

Is pay received for vacation? Yes No

Does employee work overtime? Yes No

If yes, what is overtime pay rate? \$ _____ /hour

Any other compensation not included above (specify for commissions, bonuses, tips, etc): \$ _____ per _____ for _____

Does employee have a retirement account through employer? Yes No

What is the probability of continued employment? Excellent Good Fair Unlikely

Comments:

Employer or Authorized Representative Signature _____

Title _____

Date _____ Phone _____

Please return to: Habitat for Humanity Abilene
101 Fulwiler Rd
Abilene, TX 79603

Fax: 325-670-0484
Email: tcagle@abilenehabitat.org



PREVIOUS EMPLOYMENT VERIFICATION



Applicant: _____

The above-named person has applied for housing through the Habitat for Humanity homeownership program and has given us written permission to contact you for an employment verification and reference. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information is appreciated.

Place of employment: _____

Start/end date of employment: _____

Position(s) held: _____

Base pay rate: Hourly: \$ _____ Bi-Monthly: \$ _____

Weekly: \$ _____ Monthly: \$ _____

Bi-Weekly: \$ _____

Average number of hours/week worked: _____

Effective date of last pay increase: _____

Is pay received for vacation? Yes No

Does employee work overtime? Yes No

If yes, what is overtime pay rate? \$ _____ /hour

Any other compensation not included above (specify for commissions, bonuses, tips, etc): \$ _____ per _____ for _____

Does employee have a retirement account through employer? Yes No

What is the probability of continued employment? Excellent Good Fair Unlikely

Comments: _____

Employer or Authorized Representative Signature

Date _____ Phone _____

Please return to: Habitat for Humanity Abilene
101 Fulwiler Rd
Abilene, TX 79603

Fax: 325-670-0484
Email: tcagle@abilenehabitat.org



RENTAL VERIFICATION



Applicant: _____

The above-named person has applied for housing through the Habitat for Humanity homeownership program and has given us written permission to contact you for an employment verification and reference. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information is appreciated.

Tenant Address (Street, State, ZIP): _____

Beginning Date of Lease: _____

Type of Property Apartment House Mobile Home Lot

Total Rent: \$ _____ per Month Week Other _____

Is this public housing? Yes No

If the housing is subsidized by Section 8: Housing is not subsidized

Subsidy payment is: \$ _____ per Month Week Other _____

Tenant payment is: \$ _____ per Month Week Other _____

Rent includes the following utilities: Gas Electric Water Other None

How often during the last 12 months did the tenant pay late? Never Once Twice 3+ times

Is the tenant currently behind on rent? Yes No If so, how much is in arrears? \$ _____

Does the tenant take good care of the property? Yes No

Please describe the tenant's history over the past years, or for as long as the tenant has been at this address:

Name of Landlord

Signature of Landlord

Company Name

Phone Number

Please return to: Habitat for Humanity Abilene
101 Fulwiler Rd
Abilene, TX 79603

Fax: 325-670-0484
Email: tcagle@abilenehabitat.org



PREVIOUS RENTAL VERIFICATION



Applicant: _____

The above-named person has applied for housing through the Habitat for Humanity homeownership program and has given us written permission to contact you for an employment verification and reference. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Your prompt return of the requested information is appreciated.

Tenant Address (Street, State, ZIP): _____

Beginning Date of Lease: _____

Type of Property Apartment House Mobile Home Lot

Total Rent: \$ _____ per Month Week Other _____

Is this public housing? Yes No

If the housing is subsidized by Section 8: Housing is not subsidized

Subsidy payment is: \$ _____ per Month Week Other _____

Tenant payment is: \$ _____ per Month Week Other _____

Rent includes the following utilities: Gas Electric Water Other None

How often during the last 12 months did the tenant pay late? Never Once Twice 3+ times

Is the tenant currently behind on rent? Yes No If so, how much is in arrears? \$ _____

Does the tenant take good care of the property? Yes No

Please describe the tenant's history over the past years, or for as long as the tenant has been at this address:

Name of Landlord

Signature of Landlord

Company Name

Phone Number

Please return to: Habitat for Humanity Abilene
101 Fulwiler Rd
Abilene, TX 79603

Fax: 325-670-0484
Email: tcagle@abilenehabitat.org



UTILITY REFERENCE FORM



Applicant: _____

Name of Utility Supplier: _____

Utilities Provided: Electricity Gas Water Other

Dates of Applicant's Service: From _____ To _____

Average amount of monthly bill: \$ _____

Does applicant pay on time? Yes No

Has the applicant ever paid late? Yes No

How late?

How often?

Total amount of outstanding balances currently owed by the applicant: \$ _____

Please provide a brief description of any approved payment arrangements with the applicant:

Is the applicant current in all payment arrangements? Yes No

Have you ever begun/completed disconnection for non-payment? Yes No

Will you keep the applicant's utility deposit? Yes No

Will this applicant be eligible for your services in the future? Yes No

Additional Comments:

Signature of Utility Co. Representative

Date

Please return to: Habitat for Humanity Abilene
101 Fulwiler Rd
Abilene, TX 79603

Fax: 325-670-0484
Email: tcagle@abilenehabitat.org



RIGHT TO FINANCIAL PRIVACY ACT OF 1978



This is notice to you, as required by the Right to Financial Privacy Act of 1978, that Habitat for Humanity Abilene, Inc. has a right of access to financial records held by any financial institution with the consideration or administration of a rehabilitation loan for which you have applied. Your signature acknowledges that financial records involving your transactions will be available to HFHA without further notice of authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

Applicant Signature

Date

Social Security Number

SAMPLE

Please return to: Habitat for Humanity Abilene
101 Fulwiler Rd
Abilene, TX 79603

Fax: 325-670-0484
Email: tcagle@abilenehabitat.org



DISCLOSURE AND AUTHORIZATION THAT A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES

I understand and hereby authorize Habitat for Humanity Abilene, Inc. (HFHA) or its designated representatives to obtain, for employment purposes, including but not limited to initial employment, promotion, reassignment or retention of employment, and any other use not prohibited by law before, during, and after employment, a consumer report and/or investigative consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Information may be obtained through personal interviews with my neighbors, friends, or associates, or of others with whom I am acquainted or who may have knowledge concerning any such item or information. These reports may also contain information regarding my credit history, criminal record history, driving record history, or any other sources of information which are permissible by all governing laws pertaining to employment, insurance, or credit information. I understand this information may be obtained from previous employers, companies, credit bureaus, corporations, law enforcement, agencies, persons, educational institutions, and other agencies, businesses, and individuals.

I understand that I may request in writing for HFHA to provide me with a disclosure concerning the nature and scope of any investigative consumer report (should such a report be requested) in which case HFHA will provide me with the requested information, in writing, not later than five (5) days after receipt of my request or when such report was first requested, whichever is later.

I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I also hereby authorize Habitat or its designated representatives to examine and receive all criminal history records pertaining to me that may be in the files of any federal, state, or local criminal justice agency. I understand that I am waiving my rights of confidentiality concerning my criminal history. I also authorize Habitat to examine and receive all driving records from the state in which I am applying as well as any other applicable states.

I acknowledge that I have also been provided "A Summary of Your Rights Under the Fair Credit Reporting Act." I understand that if I have any questions regarding this disclosure or the Summary, I should not sign this form until my questions are answered to my satisfaction. By signing this form, I acknowledge that I have no questions, that I have received this form and that I understand its contents.

Applicant Signature

Print Full Name

Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give information about you to your employer, or a potential employer, without your written consent given to



the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active-duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFBP:</p>	<p>Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 877-382-4357</p>
<p>National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>State member banks, branches, and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.</p>	<p>Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p>

Federal Credit Unions	National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 877-382-4357



REQUEST AUTHORIZATION FORM

TenantReports.com
TENANT SCREENING SERVICES

For quickest results: Order & View Requests Online 24/7/365 @ TenantReports.com
Toll Free Phone Support 855-244-2400 / Fax: 855-244-2401
M-F 9am to 8pm EST & Sat 11am to 5pm
Email support at: info@TenantReports.com

Applicant Information and Signature Release

PRINT CLEARLY - *All fields are REQUIRED

(Note: Tenant requests are per applicant and not filed jointly per bureau compliance)

*Applicant Full Name: _____
First Middle Last

*SSN#: _____ *DOB: ____/____/____

*Address: _____ APT # _____

*City: _____ *State: _____ *Zip: _____

Former Address (if NOT at present address for 2 years):

*Address: _____ Apt # _____

*City: _____ *State: _____ *Zip: _____

*Monthly Income: _____

*Proposed Monthly Rent: _____

Driver's License # (if relevant to license history report):

I authorize the named below to obtain a credit report, criminal report, and or eviction check, on me, through **TenantReports.com** for tenant screening purposes.

HABITAT FOR HUMANITY ABILENE, INC

*Applicant Signature: _____ Date: ____/____/20____

*To Be Completed By TenantReports.com
Client (Requestor) ONLY:*

*Client ID # _____

*Requested by _____
First Last

*Phone # _____

*Reply Fax # _____

*** Required Fields**

Please "X" Requested Service(s) :

Statewide Bundle.....

Nationwide Bundle.....

Background Bundle (No Credit Data).....

All Bundles include: Eviction record, criminal record, 50 state sex offense search, SSN verification and address history. TransUnion credit report w/score or Tenant Score Card also included (except Background Bundle). Call for credit report details. Viewing/printing detailed reports available with approved onsite office inspection.

Credit Reports w/score

TransUnion Credit Report.....

Experian Credit Report.....

Equifax Credit Report.....

*Tenant Score Card.....

*Pass /Fail Based on credit report findings and risk threshold established in Tenant Score Card set-up

Pre-Employment Credit Report.....

Canadian Report.....

Business Credit Report.....

(EIN#) _____

Criminal Background

Statewide Criminal Check.....

Nationwide Criminal Check.....

County Criminal Check.....

(Specify County) _____

Global Criminal Check.....

Federal Criminal Record.....

(Specify Jurisdiction) _____

Eviction Reports

Statewide Eviction.....

Nationwide Eviction.....

Other Checks

SSN# Verification.....

Prev. Landlord Verification.....

Employment Verification.....

Driver's License History.....



DECLARATION OF SECTION 214 STATUS

Notice to applicants: to be eligible to receive the housing sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to Habitat for Humanity Abilene, Inc. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify under penalty of perjuryⁱ that, to the best of my knowledge I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age;ⁱⁱ or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and sign verification consent form.
 - Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA);ⁱⁱⁱ or
 - Permanent residence under 249 of INA;^{iv} or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA;^v or
 - Parole status under 212(s)(5) of the INA;^{vi} or
 - Threat to life or freedom under 243(h) of the INA;^{vii} or
 - Amnesty under 245A, of the INA.^{viii}

(Signature of Family Member) (Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See next page for footnotes and instructions]

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- ⁱ Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned not more than five years, or both.
- ⁱⁱ Eligible Immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- ⁱⁱⁱ Immigrant status under §101(a)(15) or 101 (a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(1)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and §101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [*special agricultural worker status*], who has been granted lawful temporary residence status.
- ^{iv} Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- ^v Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- ^{vi} Parole status under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. because of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- ^{vii} Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. because of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- ^{viii} Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].



PERSONAL REFERENCE



Applicant: _____

How long have you known the applicant, and in what capacity?

Please speak to the applicant's character and reliability.

How would you describe the applicant's involvement in their community or neighborhood?

How do you think Habitat for Humanity housing could positively impact the applicant's life and the lives of those around them?

Name

Title

Date

Phone

Please return to: Habitat for Humanity Abilene
101 Fulwiler Rd
Abilene, TX 79603

Fax: 325-670-0484
Email: tcagle@abilenehabitat.org