

**ABOUT: Fort Hood Area Habitat for Humanity (FHAFH)** builds simple, decent, affordable houses with qualifying individuals/families. These houses are sold at-cost (no profit) to the qualified applicants for an affordable mortgage payment.

By completing and submitting this questionnaire to FHAFH, you are beginning the qualification process. This questionnaire is not considered a complete application. The questionnaire is simply used to determine whether you might qualify for the program. To participate in the program, you must complete this packet in its entirety and submit it to our office with **ALL** of the required supporting documentation listed on page 2.

**NEED FOR ASSISTANCE/ ABILITY TO PAY/ WILLINGNESS TO PARTNER**

<b>HUD Specific Income Limits</b>								
<b>FY 2022 Income Limits per HUD</b>								
Killeen- Temple, TX HUD Metro FMR Area contains Bell County and Coryell County								
	1 per	2 per	3 per	4 per	5 per	6 per	7 per	8 per
80% LIMITS Annual	40,500	46,300	52,100	57,850	62,500	67,150	71,750	76,400
MAX Monthly	3,375	3,858	4,342	4,821	5,208	5,596	5,979	6,367
Lampasas County, TX HUD Metro FMR Area contains Lampasas County								
	1 per	2 per	3 per	4 per	5 per	6 per	7 per	8 per
80% LIMITS Annual	45,500	52,000	58,500	64,950	70,150	75,350	80,550	85,750
MAX Monthly	3,792	4,333	4,875	5,413	5,846	6,279	6,713	7,146

**Using the chart above:**

Is your combined household income below 80% of the Area Median Income for your respective county? \_\_\_Yes \_\_\_ No

How long have you lived or worked in Bell, Coryell, Lampasas, Milam, and/or Falls county? \_\_\_\_\_ years.

If approved for the FHAFH program, how many total people would live in the home? \_\_\_\_\_

*The borrower is the primary individual applying for the mortgage. The co-borrower refers to a spouse or other individual with whom you'd want to apply for the mortgage. If approved for the mortgage, the co-borrower's name would also be on the deed of the house.*

**Please check the appropriate answers below:**

	<b>Borrower</b>	<b>Co-Borrower</b>
Do you currently own any property? (land with or without an existing house)	___ Yes ___ No	___ Yes ___ No
Have you declared bankruptcy or foreclosure within the past 7 years?	___ Yes ___ No	___ Yes ___ No
Have you ever been charged for criminal activity? (not minor traffic violations)	___ Yes ___ No	___ Yes ___ No
Have you owned a home in the last three years?	___ Yes ___ No	___ Yes ___ No
Are you a US Citizen or legal permanent resident?	___ Yes ___ No	___ Yes ___ No
Do you have a history of steady income for the past two years?	___ Yes ___ No	___ Yes ___ No
Do you have one year of good rental history?	___ Yes ___ No	___ Yes ___ No
Are you willing to complete the program required "Sweat Equity"?	___ Yes ___ No	___ Yes ___ No
Are you willing to fulfill all program requirements in a timely manner?	___ Yes ___ No	___ Yes ___ No
Are you willing to share your experience through conversations, events, and media?	___ Yes ___ No	___ Yes ___ No

Date: \_\_\_\_\_

Borrower Initials: \_\_\_\_\_

Co-Borrower Initials: \_\_\_\_\_



**REQUIRED DOCUMENTATION CHECKLIST**

You must include a copy of **ALL** the following documents with your screening packet. Failure to submit all required documentation may result in denial of your placement in our program.

- Valid Photo ID for the applicant(s)  
     \_\_\_ Borrower      \_\_\_ Co-Borrower
- Proof of U.S. citizenship or permanent residence for all household members  
*Acceptable documentation includes a U.S. birth certificate, U.S. naturalization certificate, U.S. passport, or U.S. permanent resident card.*  
     \_\_\_ Borrower      \_\_\_ Co-Borrower      \_\_\_ Dependents (if applicable)
- Last three months of bank statements showing transactions and balances in any bank accounts held by applicant(s)  
     \_\_\_ Borrower      \_\_\_ Co-Borrower      \_\_\_ Dependents (if applicable)  
*Bank statements **must show** regular income deposits, and bill payments. We may request additional information for excessive cash withdrawals and cashapp/zelle/venmo transactions.*
- Current utility statements, bills, and debt payments showing balance owed and payment history  
*Examples include: gas, water, electric, phone, all credit cards, car payment, personal loans, child support obligation, etc.*  
     \_\_\_ Borrower      \_\_\_ Co-Borrower
- Documentation of **ALL income** currently received by **all adult household members**:  
*Examples include: Recent Pay Stubs, Social Security Income, SSDI, Housing Choice Voucher / Section 8, SNAP / Food Stamps, Child Support, Alimony, etc. (A recent tax return is required for self-employed individuals)*  
     \_\_\_ Borrower      \_\_\_ Co-Borrower      \_\_\_ Dependents (if applicable)
- DD 214 form for any veterans in the household
- Verification of Rent payment history **or** a letter stating that you do not currently have a monthly rent obligation.
- Copies of the last two tax returns you filed.  
*If you filed jointly, please submit one copy for each year. If you filed separately, please submit returns for both applicants.*  
     \_\_\_ Borrower      \_\_\_ Co-Borrower      \_\_\_ Dependents

**Different or additional documentation may be required in unique circumstances.  
 Call (254) 680-4007 if you have questions on any of the required documentation.**

**HOUSEHOLD INFORMATION:**

Applicant (Borrower)	Co-Applicant (Co-Borrower, if applicable)
Name: _____	Name: _____
Birth Date: _____ Age: ____ Gender: M / F	Birth Date: _____ Age: ____ Gender: M / F
Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	Marital Status (check one): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

**All Other Household Members (Adults & children who also live in the home)**

Name	Relationship	Birth Date (MM/DD/YY)	Age	Gender
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F
_____	_____	_____	_____	M / F

**Provide all the following information about your current housing:**

Street Address: _____ _____	Mailing Address (if different): _____ _____
-----------------------------------	---

Total Years at this Residence: \_\_\_\_\_

**EQUAL HOUSING OPPORTUNITY STATEMENT**



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity. 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. We pledge to keep information in this application packet confidential in accordance with the Gramm-Leach-Bliley Act.

## HOUSEHOLD INCOME

Please list income sources for **ALL** household members.

We need the Gross monthly income amount. (that's the number before all taxes and deductions are taken)

Income Source	Borrower	Co-Borrower	Household Members	Total Gross Amount \$ / Month (before taxes)
Earnings from Job	\$	\$	\$	\$
Alimony, Child Support, etc.	\$	\$	\$	\$
Housing Choice Voucher (Section 8, etc.)	\$	\$	\$	\$
Social Security (SS, SSD, etc.)	\$	\$	\$	\$
Supplemental Social Security Income (SSI, SSDI, etc.)	\$	\$	\$	\$
State Program Income Benefits (SNAP, Food Stamps, TANF, etc.)	\$	\$	\$	\$
Self Employment Income	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total Monthly Income:</b>				<b>\$ _____</b>

## EXPENSES

Please list **all** of your household expenses.

Expense Type	Payment to: (name of company/payment agency)	Payment Amount	Frequency of Payment: Monthly, Weekly, etc.
Mortgage/Rent		\$	
Alimony, Child Support, or Separate Maintenance*		\$	
Utilities (gas, water, Electric)		\$	
Student Loans		\$	
Auto Loans		\$	
Credit Cards		\$	
Credit Cards		\$	
Other: _____		\$	
<b>Total Monthly Expenses:</b>			<b>\$ _____</b>

(FOR OFFICE STAFF) INCOME: \_\_\_\_\_ EXPENSES: \_\_\_\_\_ DTI: \_\_\_\_\_

**Read this statement BEFORE completing the information below:**

The following information is requested by Fort Hood Area Habitat for Humanity to monitor our efficacy in serving diverse populations in need of housing assistance. You do not need to provide this information but are encouraged to do so. We will not discriminate based on the information provided in this section, nor on whether you choose to provide it.

I do not wish to furnish this information. (If you check this, please leave the rest of this section blank.)

- How many people currently living in your home have been diagnosed with a Mental or Physical Disability: \_\_\_\_\_

- Have any of the household members ever been a member of the U.S. Military: \_\_\_\_\_

If you answered **“yes”** please tell us the details of their service:

Branch of Service: \_\_\_\_\_ Service Connected Disability? Y / N

Approximate Dates of Service: \_\_\_\_\_

- Are you a Surviving Spouse of a Veteran: \_\_\_\_\_

If you answered **“yes”** please fill in the line above with their service information with the best of your knowledge (blank spaces are okay)

- Please tell us how many household members are of the following Race / Ethnicity:

\_\_\_\_ American Indian / Alaska Native; \_\_\_\_ Asian; \_\_\_\_ Native Hawaiian / Pacific Islander;

\_\_\_\_ Black / African-American; \_\_\_\_ Hispanic / Latino; \_\_\_\_ White / Caucasian;

\_\_\_\_ Other: \_\_\_\_\_

How did you hear about our Homeownership Program? Please check all that apply:

Familiar with Habitat

Saw a post on social media

Referred by another agency

Shopped in the ReStore

Read about it in the news

Agency Name: \_\_\_\_\_

Heard from work

Other: \_\_\_\_\_

Heard from family or friends

Please tell us what being approved for Homeownership would mean for you:

(example: How would it improve your quality of life, peace of mind, education, etc.)

---



---



---



---



---

**AUTHORIZATION & RELEASE**

READ THE FOLLOWING INFORMATION **VERY CAREFULLY** BEFORE SIGNING BELOW  
ASK OUR STAFF ANY QUESTIONS YOU MAY HAVE BEFORE SIGNING THIS DOCUMENT

By signing below, **I confirm the following:**

I understand that, by submitting this application packet, I am authorizing Fort Hood Area Habitat for Humanity (FHAFH) and its designees to evaluate my qualifications for its Homeownership Program. I understand that this evaluation will include an assessment of my actual need for the assistance, my ability to make future mortgage payments, and my willingness to partner in the completion of Sweat Equity and/or other program requirements.

I understand that this evaluation includes verification of all information contained in this application packet regarding all household members, including, but not limited to, information pertaining to residence, income, employment, debt, and background. I understand that verification may include, but is not limited to, credit checks, criminal background checks, sex offender registry checks, and public records checks of all household members, and I have the necessary authorization to submit these household members to such checks. I understand that verification may also include contact with current and former employers, landlords, creditors, and financial institutions disclosed in this packet and throughout the application process, as well as photos of my current residence. By submitting this application packet, I am authorizing FHAFH and its designees to conduct this evaluation.

I have completed this application packet truthfully and to the best of my present knowledge. If any information included in this packet changes while my application is under review, I understand that I am required to promptly notify FHAFH staff and may be required to provide documentation verifying such changes. I understand that I must submit all required documentation to FHAFH within 30 days of signing this agreement, and that failure to do so will disprove my willingness to partner and result in my removal from the program. I understand that any discovery of inaccuracy, incompleteness, fraudulence, or change in the information supplies in this packet may result in the delay or denial of my application or deselection from the program, even after I have been offered approval to participate.

I understand that, if I am approved for the Homeownership Program, I must abide by all program requirements; including maintaining a savings account, credit repair (if applicable), completing all of my sweat equity hours. I understand that if approved, construction on my home will not begin until I have completed my sweat equity. I understand that FHAFH builds simple, safe, and decent homes for families, and if approved I will not be able to modify the floor plan selected for myself/family. I agree to make any upgrades/modifications after I close on my home, and will not interfere with the FHAFH Construction team during the non-volunteer portions of the build phase.

I hereby release Fort Hood Area Habitat for Humanity, its staff, its volunteers, and all its designees associated with the Homeownership Program of all liability of any kind.

I understand that the original or a copy of this application packet and its attachments may be retained by Fort Hood Area Habitat for Humanity, even if the application is not ultimately approved or deselection occurs.

Applicant Signature

Date

Co-Applicant Signature

Date