



Financial Information	
Total <u>monthly</u> income before taxes for the <u>homeowner</u> (please make sure income reflects income listed on the documents provided): \$	
Are you still making loan payments on your home? <i>Mark one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have homeowner's insurance? <i>Mark one</i> <i>If yes please provide proof. AMOUNT RECEIVED: \$</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
FEMA:	
Have you applied for FEMA Disaster Relief Assistance? <i>Mark one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you awarded FEMA Disaster Relief Assistance? <i>Mark one</i> <i>If yes please state how much \$</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Requested Repairs	
<i>Please provide a detailed description of requested repairs. In the left-hand column, label each in order of importance, with 1 being the most important.</i>	

Homeowner's Agreement	
<p>I understand that by filing this application, I am authorizing GCHF to evaluate my actual need for home repair assistance, and my willingness to be a partner family. I understand that the evaluation will include personal visits. 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, even if I have already been selected to receive repairs. The original or a copy of this application will be retained by GCHF even if the application is not approved.</p> <p>I understand that if I am selected to be a part of Golden Crescent Habitat's ABWK program I will be required to partake in the <u>sweat equity program</u> and will be subject to the terms of a Golden Crescent Habitat for Humanity family partnership. I also understand that if I am selected to be a part of GCHF's ABWK program I will be required to pay a <u>program fee</u> which must be paid within 60 days of acceptance.</p>	
<p>_____</p> <p>Homeowner's Signature</p>	<p style="text-align: center;">____/____/____</p> <p style="text-align: center;">Date</p>

4103 N. Navarro St. Ste. 200 | Victoria, TX 77901  
361.573.2511 | [www.goldencrescenthabitat.org](http://www.goldencrescenthabitat.org)

### Application Checklist

*Please check off each item you've included. If not applicable write N/A.*

<input type="checkbox"/>	Completed application
<input type="checkbox"/>	Verification of all homeowner income
<input type="checkbox"/>	Deed of home or other proof of homeownership and proof of homeowner insurance
<input type="checkbox"/>	Legible copy of government-issued photo ID, showing name, address, date of birth

## 14. 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 or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male  Birthdate: _____/_____/_____  Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian  Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male  Birthdate: _____/_____/_____  Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview							
This application was taken by:  <input type="checkbox"/> Face-to-face interview  <input type="checkbox"/> By mail  <input type="checkbox"/> By telephone	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Interviewer's name (print or type)</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 5px;">Interviewer's signature</td> <td style="padding: 5px;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Interviewer's phone number</td> </tr> </table>	Interviewer's name (print or type)		Interviewer's signature	Date	Interviewer's phone number	
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