Bringing people together to build homes, communities and hope.



Dear Interested Applicant,

We are excited that you have chosen to take the first step on the Road to Homeownership with Wichita Habitat for Humanity (WHFH)! WHFH is a non-profit, Christian housing ministry with a mission to eliminate poverty housing by offering households the opportunity to purchase their own home. We work along side people who are committed to improving their living situations through homeownership, and we look forward to developing a partnership with YOU!

WHFH uses three distinct areas of selection when reviewing potential Homebuyer applications:

- 1. <u>Need for Adequate Housing</u>: Current living conditions are inadequate or the applicant is unable to obtain adequate housing through conventional means.
- 2. <u>Ability to Pay:</u> Applicant's income is between 35-80% of the median income in Sedgwick County (check WHFH current income guidelines) and, through review of credit report and proof of steady income, applicant is able to demonstrate an ability to pay the monthly mortgage payment, and financial obligations.
- 3. Willingness to Partner: Applicant understands that the average length of time from selection to homeownership is 8-18 months and during that time they will be responsible for completing 250-400 hours of sweat equity, including attending homebuyer education classes and doing construction, saving a minimum of \$2,000 to pay part of the closing costs (including property taxes and homeowner's insurance), and maintaining open communication with WHFH.

If you are interested in purchasing a Habitat home and believe that you meet the three criteria, you are invited to complete the following application. Please complete this application truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy. Along with providing complete and accurate information on the application, you will need to provide supporting documents (see following page). Provide WHFH with copies of all requested information. When you return the application and supporting documents you will also need to include §35.00 which is used to pay for the cost of running your credit report.

This application is the first step in a possible partnership with WHFH and any evidence of false information is grounds for denial of the application. All of the information gathered by WHFH is considered confidential and will only be used in the Homebuyer Selection process.

If you did not obtain this application at an information meeting, please contact us to attend a scheduled information meeting to learn more about the homeownership program.

To submit your application, call or email to schedule and attend an appointment with Homeowner Services. During the appointment, we'll review your complete application to identify any additional needed items. We will **only accept complete applications with copies of all required documents.** No copies will be made at the office. No drop-ins without an appointment. No applications will be accepted by mail or email.

If you have any questions regarding the application and required documentation, or if you need this information in an alternate form, please feel free to contact the Homeowner Services Department at 316-269-0755, or email katharine@wichitahabitat.org

Best of luck on your path to homeownership!



Applicant's Name	
Co-Applicant's Name	

Application Checklist

The following forms and documents should be provided to Wichita Habitat for Humanity with your completed application. Check off these items as you collect them. <u>Your application is not complete until you have submitted all of the supporting documents.</u>

	Forms provided in this application to fill in and/or sign
	lication . Please complete application truthfully, completely and accurately. Make sure you have signed and dated re required.
ECC	OA (Equal Credit Opportunity Act) Notices. Signed by applicant and co-applicant.
E-Si	gn Disclosure and Agreement. Signed by applicant and co-applicant.
	dlord Statement : Fill in and sign <u>ONLY</u> the section entitled Part I—Authorization for Release of Information. Return with your application and WHFH will contact your landlord.
	fication of Employment for each household member over 18 who is employed. Fill in <u>ONLY</u> Part I—Authorization and WHFH will contact your employer.
Info	rmation for Government Monitoring Purposes. Completed by applicant and co-applicant.
	Supporting Documents
Cop	y of birth certificate or permanent residency card for applicant and co-applicant.
Cop	y of social security card AND driver's license OR ID for applicant and co-applicant.
Cop	y of social security card <u>OR</u> driver's license <u>OR</u> ID for all household members.
	ies of the last two (2) Federal Income Tax Returns (front 2 pages only) <u>AND</u> W-2 forms for applicant and co- icant.
	ies of most recent paystubs: 10 paystubs if paid weekly, 5 paystubs if paid biweekly, and 2 tubs if paid monthly, from applicant and co-applicant and every household member over 18 who is employed.
Copi	ies of the last two (2) months bank statements on any and all accounts. All pages from each statement required.
_	ies of the last two (2) months utility bills (last 2 months electricity bills, last 2 months gas bills, last 2 months water etc. only the ones that you pay)
	lit Report Fee-\$35.00 This is a non-refundable fee that covers the cost of running your credit report. t be exact change, check, or money order.
_	ersonal letter, 1-2 pages, typed or handwritten (if neat), describing your family and how a Habitat for Humanity home was fit your family.
	Other supporting documents if applicable to you
Curi	rent copies of any and all other statements of income. Social Security, SSI, Disability, Child Support, etc.
	y of divorce decree (front 2 pages only) if you are divorced. NOTE: If separated, your spouse still has the right t property, therefore we require that your spouse is a co-applicant or that you settle your divorce before applying.
your	



EQUAL CREDIT OPPORTUNITY ACT (ECOA) NOTICE Applicant Copy

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, Federal Trade Commission, 55 West Monroe Street, Suite 1825, Chicago, IL 60603 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):		
Signature	Signature	
Print Name:	Print Name:	
Date:	Date:	

130 E Murdock, Suite 102 ● Wichita, Kansas 67214 (316) 269-0755 ● Fax (316) 264-1108 ● www.wichitahabitat.org



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Applicant(s):	
Signature	Signature
Print Name:	Print Name:
Date:	Date:

130 E Murdock, Suite 102 • Wichita, Kansas 67214 (316) 269-0755 • Fax (316) 264-1108 • www.wichitahabitat.org



E-SIGN ACT DISCLOSURE AND AGREEMENT

Wichita Habitat for Humanity is 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 Wichita 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 (1) via e-mail, (2) 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 (3) 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 130 E Murdock, Suite 102, Wichita, KS 67214 or reception@wichitahabitat.org 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 130 E Murdock, Suite102, Wichita, KS 67214 or reception@wichitahabitat.org
- 5. Hardware and Software Requirements. In order to access, view, and retain electronic communications that we make available to you, you must 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;
 - Access to 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. We will not send you a paper copy of any 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 you 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 130 E Murdock, Suite 102, Wichita, KS 67214 or reception@wichitahabitat.org. 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.



Bringing people together to build homes, communities and hope.

- 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 for Wichita Habitat for Humanity 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.

Acknowledged and Agreed to by:		
Applicant		
- Approxim		
Co-Applicant	Date	



Application for Partnership

130 E Murdock, Suite 102 Wichita, Kansas 67214 Phone (316) 269-0755 ● Fax (316) 264-1108 www.wichitahabitat.org



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

		Applicant	Informatio	n				
Last Name	First Name	MI	Social Securi (or Tax ID if			Date of Birth	Married Separated Unmarried	
Email Address			Home Phone			Cell Phone	•	
Present Address			City/State			ZIP	Rent Own	
Mailing Address (if d	lifferent)		How long hav present addre		ed at		_	
Previous Address (if less than two years	s at current address)		City/State			ZIP	Rent Own	
			How long did previous addr		at		_	
	Co-Applicar	nt (Spouse	or Partner) Infor	mation			
Last Name	First Name	MI	Social Securi (or Tax ID if			Date of Birth	Married Separated Unmarrie	
Email Address			Home Phone			Cell Phone	•	
Present Address			City/State			ZIP	Rent Own	
Mailing Address (if d	lifferent)		How long have present addre	ve you liv ess?	ed at			
Previous Address (if less than two years	s at current address)		City/State			ZIP	Rent Own	
			How long did previous addr	ress?				
	Others W	/ho Will R	teside in Ha	bitat H	ome			
	Name	Da	te of Birth	Age	Gende	r Relations	ship to Applican	et .
				<u> </u>				

List everyone (other than the applicant and co-applicant) who will live in your home. You may include children you are expecting. Income limits and number of bedrooms depend on the size and makeup of your family. Additional dependents, please record information on a separate sheet of paper and attach to application.

			Nee	d for Ac	dequate Housing		
			Cı	arrent ho	using conditions		
A. Do you c	urrently live in	the home of fa	mily or friends?	□Yes □ No	If you answered "Yes" to a	any question A. through C., plea	se explain
B. Is your cu	irrent housing s	substandard or	inadequate [□Yes □ No			
C. Are there	any special ne	eds in your fan					
a limiting ph	ysical or menta	al condition?	[□Yes □ No			
Number of	bedrooms:		_		Other rooms in the	home you have access to:	
Number of	bathrooms:		_		□ Kitchen	□ Dining Room	
Do you hay	ve access to la	undry faciliti	es? □ Yes	□ No	□ Family Room	□ Other (explain):	
20 90 41 114.	o uccess to m		2 1 45	27,0			
			Hov	ising cost	including utilities		
			ur monthly rent	_	Do you currently receive	e housing or rental assistance	? □Yes □ No
payment?	\$	/month			If your answer is "Yes"	nlease explain	
How much	do you pay ir	n utilities per	month?				
Water	Gas	Electric	Trash	Other			
\$	\$	\$	\$	\$			
Цама мон а	ever owed a ho	ome? □Ye	es □ No		Do you own land? □Yes	No.	
-							
If your ansv	wer is "Yes",	when?			If your answer is "Yes",	describe, including location	
If you own mortgage p	If you own your current residence, what is your monthly mortgage payment? \$/month						
What is you	ur unpaid bala	ance? \$					
		iens. Note: A	separate appro	val proces		tach the deed, any existing ap to any such requests, as each Habitat program.	
ATTACH		4: E'11 i	1 ONI	37.41	-4'4'41-1	4. D.1 I.C	22
						sion to Release Informatio , garbage—only the ones	
1		()			ess to Partner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 1 J
Humanity construction	(WHFH). Be on of your ho	eing a long-te me; being a	erm partner me	ans: comp	oleting all requirements a ighbor once you move in	ng-term partner with Wichi as a homebuyer prior to and nto your home; and continu	d during the
Equity". H	lomebuyers e on of their ow	earn "Sweat I vn home. The	Equity" by part ey also earn "S	ticipating i weat Equi	n the construction of oth	est complete 250-400 hours her homebuyers' homes as vouyer Education classes, wo activities.	well as
Homebuye signing be	er Orientation low you are a	n, pre– and po also indicatin	ost— constructions that you are	on of your willing to	own home and for as lo complete all partnership	HFH from the time you atte ong as you own your Habita o responsibilities including o ome and area where we ar	t home. By completing
Applicant S	Signature			Date.	Co-Applicant Signs	ature	Date

	Ability	to Pay	
Applicant Emplo	oyment Information	Co-Applicant Empl	loyment Information
Name and Address of Current Employer		Name and Address of Current Employer	
Employer Busin	ness Phone Number	Employer Busine	ess Phone Number
Job Title	e Description	Job Title	Description
Date	e of Hire	Date	of Hire
Salary or	Hourly wage	Salary or I	Hourly wage
Hours	s per week	Hours	per week
Average monthly income	e (gross income: before taxes)	Average monthly income	(gross income: before taxes)
	Monthly Hous	sehold Income	
Do you or you and/or your co-a Child Support, SSI, Alimony, F	applicant have additional sources of food Stamps and/or other?	income such as a second job, TA Yes No	NF, Social Security, Disability,
Monthly Income Source	Applicant Income	Co-Applicant Income Others in Househo	
Base Employment Income ¹			
Second Job Income			
TANF			
Social Security/Disability			
SSI			
Child Support			
Alimony			
Food Stamps			
Other			
TOTAL MONTHLY INCOME	\$	\$	\$
Hou	sehold Members Whose Ho	usehold Income is Listed A	Above
Name	Income Source	Monthly Income	Date of Birth

^{*}Income of household members over 18 years old ¹Self-employed applicant (s) will be required to provide additional documents such as tax returns and financial statements.

Combined Monthly Expenses and Debt							
Monthly Expense	Creditor	Monthly Paymen	t Current	Balance	Past Due?		
Auto Loan							
Student Loans							
Installment loans (e.g. personal loans, travel loan)							
Credit Card Payments							
Alimony/Child Support							
Insurance (rental, car, health etc.)							
Child Care							
Internet Service							
Cell phone							
Other (specify)							
Other (specify)							
TOTAL MONTHLY EXPENSES		\$					
	A	Assets					
Name and Address of Bank, Savings & Lo Retirement Account	an, Credit Union or	Account Nu	mber		Balance/Value/Vested ount if applicable		
Other assets including	automobiles, CDs, s	tocks, savings bonds	s, recreational	vehicles,	etc.		
Sou	rce			Val	lue		
 Verification of Employment for each Current copies of all other statemen Copies of last two (2) Federal Incom Copies of last two (2) monthly bank 	ts of income that you e Tax Returns (fron	u receive (Social Sec	urity, SSI, Ch	ild Suppo	ort, Etc.)		
	Source of	Closing Costs					
If you are approved for a Habitat home, yo homeowner's insurance and property taxes the other half when the closing is scheduled. Where will you get the money to pay for cl which you have or intend to apply)? If you	. (You must provide pd.) osing costs ? (for exa	proof that you have have have mple, savings or gifts	alf of this mon s from family 1	ey (\$1000) member or) by the land offer and others; any grants for		
Do you have any concern about saving at le Explain:	east \$2000 for closing	g costs? □Yes □ N	0				

Decla	rations		
Please check Yes or No to answer the following questions for applicant a		Applicant	Co-Applicant
A. Do you have any debt because of a court decision against you		□Yes □ No	□Yes □ No
B. Have you been declared bankrupt within the past 24 months?	·	□Yes □ No	□Yes □ No
C. Have you had property foreclosed upon in the past 24 months?		□Yes □ No	□Yes □ No
D. Are you currently involved in a lawsuit?		□Yes □ No	□Yes □ No
E. Have you ever been convicted of a felony?		□Yes □ No	□Yes □ No
Are you a US citizen or permanent resident? (Either Applicant or Co-Applicant must be a US citizen or legal permanent reside	nt and must be 18 years or older.)	□Yes □ No	□Yes □ No
If you answered "Yes" to any question A. throu		te sheet of pape	r
Militar	y Service		
Did you (or your deceased spouse) serve, or are you currently servin (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Force, Coast	deserve or National Guard) service/tour/ (mm/	Yes □ No dd/yyyy)	
□ Surviving spouse Is anyone else in your household serving, or did they serve, in the US If yes, check all that apply: □ Currently serving on active duty with projected expiration date of □ Currently retired, discharged, or separated from service □ Only period of service was as a non-activated member of the Rese □ Surviving spouse	service/tour// (mm/	dd/yyyy)	
• Personal Letter: A personal letter, 1-2 pages, typed or handw Humanity home will benefit your family.	ritten (if neat), describing your fam	nily and how a H	abitat for
	on and Release		
I understand that by filing this application, I am authorizing Wichita homeownership program, my ability to repay an affordable loan and through sweat equity and otherwise according to Wichita Habitat for	Habitat for Humanity to evaluate my other expenses of homeownership, ar		
I understand that the evaluation will include personal visits, a credit of the questions on this application truthfully and accurately, and if any will supplement this application, as applicable. I understand that if I I or fail to supplement this application as necessary to maintain its accif I have already been selected to receive a Habitat home, I may be do home. The original or a copy of this application will be retained by H	of the information provided changes have not answered the questions truth uracy and completeness, my applications eselected from the program and forfei	after I submit thi fully, accurately on may be denied t any rights or cla	s application, I or completely, I, and that even aims to a Habitat
If this application is created as (or converted into) an "electronic app signatures" as the terms are defined in and governed by applicable fe signed this application either using my: (a) electronic signature or (b) is converted into an electronic application, the application will be an this application will be my binding electronic signature.	deral and/or state electronic transaction a written signature and agree that if	on laws. I intend to a paper version o	to sign and have f this application
I also understand that Habitat for Humanity screens all applicants on submitting myself to such an inquiry. I further understand that by corbackground check.			
Applicant Signature Date	Co-Applicant Signature	Date	:
Right to Receive	Copy of Appraisal		
This is to notify you that if you qualify for the homeownership program a determine the value of a home that you may be eligible to purchase, and we will promptly provide a copy to you, even if the loan does not close.			
Applicant's Name	Co-Applicant's Name		

Applicant Name	Co-Applicant	Name	Date
Inform	action for Covern	aant Manitaring Purnasa	c c
PLEASE READ THIS STATEMENT B to help ensure that all applicants are being treat otherwise evaluate our programs and report to demographic information (ethnicity, sex and ra mortgage disclosure laws. You are not required for "Ethnicity" and one or more designations for whether you choose to provide it. However, if regulations require us to note your ethnicity, sed discriminate on the basis of age or marital statum information, please check below.	BEFORE COMPLETING the dairly, that the housing our funders. For residentiance) in order to monitor our day to provide this information or "Race." The law provide you choose not to provide a x and race on the basis of the second of the secon	needs of communities and neighbor I mortgage lending, Federal law req compliance with equal credit oppo n but are encouraged to do so. You es that we may not discriminate on the the information and you have made visual observation or surname. The	urpose of collecting this information is rhoods are being fulfilled, and to juires that we ask applicants for their rtunity, fair housing and home may select one or more designations the basis of this information or on this application in person, federal law also provides that we may not
Applicant		Co-A	Applicant
□ I do not wish to provide thi	s information	□ I do not wish to	provide this information
Ethnicity (check one or more)		Ethnicity (check one or more	e)
□ Not Hispanic or Latino		□ Not Hispanic or Latino	
□ Hispanic or Latino □ Mexican □ Puerto Rican □ Cub □ Other Hispanic or Latino: Origin: For example: Argentinean, Colom Nicaraguan, Salvadoran, Spanian	bian, Dominican,		
☐ I do not wish to provide this information	1	☐ I do not wish to provide this	information
Sex □ Female □ Male □ I do not wish to pr	ovide this information	Sex □ Female □ Male □ I do no	ot wish to provide this information
Race (check one or more)		Race (check one or more)	
□ American Indian or Alaska Native : Name of enrolled or principal tribe		☐ American Indian or Alaska Name of enrolled or principa	
□ Asian Indian □ Japanese □ Ch □ Filipino □ Vietnamese □ Ko □ Other Asian race: For example Hmong, Laotian, The Cambodian, and so on.		☐ Other Asian race:	mese □ Korean Laotian, Thai, Pakistani,
□ Black or African American		□ Black or African American	
□ Native Hawaiian or Other Pacific Island □ Guamanian or Chamorro □ Sa □ Other Pacific Islander race: For example: Fijian, Tongan, and	moan	□ Native Hawaiian or Other Pa □ Guamanian or Chamo □ Other Pacific Islander For example: Fijian,	rro Samoan race:
□ White		□ White	
☐ I do not wish to provide this information	ı	☐ I do not wish to provide this	information
To be comp	leted only by the p	erson conducting the inte	erview
Was the ethnicity of the Borrower collected Was the sex of the Borrower collected on Was the race of the Borrower collected on	the basis of visual obser	vation or surname? □ Yes	
This application was taken: □ Face-to-face interview (included virtuall □ Online □ Mail		Interviewer's name (print or ty	
		Interviewer's signature	Date



Request for Landlord Statement

130 E Murdock, Suite 102 Wichita, Kansas 67214 Phone (316) 269-0755 • Fax (316) 264-1108 • www.wichitahabitat.org

Dear Landlord:

The person named in this request has applied for housing through the Habitat for Humanity homeownership program and has given us written permission to contact you for a landlord reference. Although our process of home building can take 8-18 months, the application and selection process needs to be completed quickly. 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 will be appreciated. Please complete Part II (Reference Information) and Part III (Authorized Signature) and return directly to Wichita Habitat for Humanity Attn: Mortgage Loan Originator by fax 316-264-1108 or mail 130 E Murdock, Suite 102, Wichita, KS 67214. Thank you for your assistance.

	Wichita Habitat f	or Humanity					
	PART I — AL	JTHORIZATION FOR RELEAS	SE OF INFORMAT	ΓΙΟΝ			
TO (Name, address and fax number of landlord)			REQUESTED BY: Wichita Habitat for Humanity 130 E Murdock, Suite 102, Wichita, KS 67214 Phone: 316-269-0755 Fax 316-264.1108 DATE OF REQUEST:				
By signing below, I authorize the relea program. I release the landlord from a				letermining eligibilit	y for the Ha	bitat homed	ownership
NAME AND ADDRESS OF APPLICANT			SIGNATURE O	F APPLICANT			
	F	PART II — REFERENCE INFO	RMATION				
AMOUNT OF MONTHLY RENT	\$			ARE SERVICES INC	LUDED IN R	ENT?	
				□ YES	□ NO		
LENGTH OF RESIDENCY (please provide dates)	FROM		IF 'YES'	PLEASE CHECK ALL	SERVICES IN	CLUDED	
NUMBER OF TIMES RENT WAS LA	ATE MORE THAN 30 DAYS	IN THE LAST 24 MONTHS	□ WATER	□ GAS	□ ELEC	TRICITY	□ TRASH
			□ OTHER:				
		PART III — AUTHORIZED SIG	SNATURE				
AUTHORIZED SIGNATURE OF L	ANDLORD	PHONE NUMBER ()				DATE	
LANDLORD NAME (please print) IF FILLED OUT BY AN E			1PLOYEE, JOB T	TITLE			
The confidentiality of the information	vou have furnished will be	preserved except where discl	osure of this inforn	mation is required b	v applicable	law. The co	mpleted

form is to be transmitted directly to Wichita Habitat for Humanity and is not to be transmitted through the applicant or any other party.



Request for Verification of Employment

130 E Murdock, Suite 102 Wichita, Kansas 67214 Phone (316) 269-0755 • Fax (316) 264-1108 • www.wichitahabitat.org

Privacy Act Notice: This information is to be used by Wichita Habitat for Humanity (WHFH) or its assignees in determining if the applicant qualifies for its program. It will not be disclosed outside WHFH except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor may be delayed or

INSTRUCTIONS TO EMPLOYER: Please complete Part II (Verification of Employment). Sign PART III (Authorized Signature) and return directly to Wichita Habitat for Humanity

Attn. Mortgage Loan Originator b	y fax 31	6-264-1108 or mail 130 E Murdock, Suite	102, W	Vichita, KS 67214		,	,	
		PART I — AUTHORIZATIO	N FO	R RELEASE OF I	NFORMATION			
TO EMPLOYER (Name, address and phone/fax number of employer)				REQUESTED BY: Wichita Habitat for Humanity 130 E Murdock, Suite 102, Wichita, KS 67214 Phone: 316-269-0755 Fax 316-264.1108 DATE OF REQUEST:				
		of the following information to Wichita ny liability in connection with providing t				igibility for the Habitat I	homeownership	
NAME AND ADDRESS OF A	APPLIC/	ANT		SIGNATURE	OF APPLICANT			
		PART II — VERIFICATI	ON OI	F PRESENT EM	PLOYMENT			
		EMP	LOYME	NT DATA			_	
PRESENT POSITION					GROSS EARNINGS		FUTURE RAISES	
EMPLOYMENT START DATE	CURRE	ENT BASE PAY □ an hour		TYPE	YEAR TO DATE	PREVIOUS YEAR	DATE	
	□ a week \$□ a month □ a year		BAS	E PAY				
		T		RTIME			ANAGUNITÁ	
FREQUENCY OF PAYMENT Weekly Bi-weekly		NUMBER OF HOURS WORKED WEEKLY (if paid hourly)	BON	NUS			AMOUNT \$	
☐ Monthly ☐ Other		CURRENTLY PAST YEAR		MISSIONS				
DOES THIS PERSON REGULARLY	RECEIVE	OVERTIME OR BONUS?	тот	AL			□ an hour □ a week	
OVERTIME YES NO IF YES, AVERAGE NUMBER OF OVERTIME IS ITS CONTINUATION LIKELY? HOURS PER WEEK			ND TUROUGU	PAID from (DATE)	PAID from (DATE)	□ a month □ a year		
BONUS YES NO IS ITS CONTINUATION LIKELY? YES NO		ES, BONUS TYPE, PAYMENT SCHEDULE AVERAGE AMOUNT		AID THROUGH DATE	through (DATE)	through (DATE)		
IF EMPLOYEE WAS OFF FOR AN Reason:	/ LENGT	H OF TIME PLEASE INDICATE DATES: Froi	m		to		_	
		PART III — A	UTHO	RIZED SIGNATU	JRE			
Authorized Signature- Federal state issuance of any guaranty.	atutes p	provide severe penalties for any fraud, in	tentior	nal misrepresent	ation, or criminal conniv	ance or conspiracy pur	posed to influence	
AUTHORIZED SIGNATURE OF EMPLOYER				PHONE NUM	DATE			
EMPLOYER NAME (please				JOB TITLE	of this information is so			

form is to be transmitted directly to Wichita Habitat for Humanity and is not to be transmitted through the applicant or any other party.

Instructions for filling out Verification of Employment form

To the employee:

PART I — REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION, fill in the following boxes:

- TO EMPLOYER (Name, address and fax number of employer): Write the name of your employer, the address and the phone number or a fax number of your place of employment.
- NAME AND ADDRESS OF APPLICANT Write your name and your address.
- **SIGNATURE OF APPLICANT** Sign the form, to authorize your employer to provide Wichita Habitat for Humanity the information needed to process your application.

Turn this form in to Wichita Habitat for Humanity (WHFH) with your application. WHFH will send it to your employer. Do not fill in Part II yourself.

To the employer:

PART II — VERIFICATION OF PRESENT EMPLOYMENT, fill in the EMPLOYMENT DATA information:

- PRESENT POSITION: Fill out the employee's current position or title.
- EMPLOYMENT START DATE: Fill out the employee's hire date.
- **CURRENT BASE PAY**: Write the employee's base pay rate. For instance, if the employee is paid \$10.00 hourly, write \$10.00 and check the box next to an hour.
- FREQUENCY OF PAY: Indicate the frequency in which the employee gets paid.
- **NUMBER OF HOURS WORKED WEEKLY:** If employee is paid hourly, please indicate the average hours worked each week during current and past year.
- DOES THIS PERSON REGULARLY RECEIVE OVERTIME OR BONUSES?: Check yes or no as it applies to the employee. If overtime is applicable, please indicate if its continuation is likely and the average number of overtime hours per week. If bonus is applicable, please indicate if its continuation is likely, the type of bonus and the average amount of the bonus.
- GROSS EARNINGS: This section is very important!

Fill in the employee's totals for each line for the current year-to-date and be sure to include the "PAID THOUGH DATE".

If the employee was employed by your company the previous year, please fill in the totals for each line for previous year also. If not, leave blank.

- FUTURE RAISES: If regular raises are given, please indicate the date and amount. If not, leave blank.
- **IF EMPLOYEE WAS OFF FOR ANY LENGTH OF TIME:** If the employee was off for a long period (e.g. medical leave, maternity leave, etc.), please indicate those dates and the reason.

PART III — AUTHORIZED SIGNATURE

• Please make sure to sign and print your name, fill in your title, indicate your phone number (in case of questions), and date the form.

Please return completed form to Wichita Habitat for Humanity, Fax: 316-264-1108 or by mail to 130 E Murdock, Suite 102, Wichita, KS 67214

WE APPRECIATE YOUR HELP!