



Dear Applicant,

Thank you for your interest in Habitat for Humanity of Key West and Lower Florida Keys Homeownership Program. We are now accepting applications for two refurbished Habitat homes. One of the homes is located on Big Pine Key at Habitat Landing, and one is located on Big Coppitt Key at Bayside Landing.

1. Review the 'Qualifications for Homeownership' flyer and determine if you meet the qualifications and are interested in applying.
2. Complete all sections of the application. If you require additional space to answer questions, please attach additional pages as needed.
3. Make submit copies of all of the documents listed on the 'Document Checklist' form.
4. Submit the application and documents by 5:00 pm on October 2<sup>nd</sup>, 2020.

You can submit your application by mail or at the drop box at our office on Big Coppitt:

Mailing Address:

PO BOX 5873

KEY WEST, FL 33045

Drop Box Location:

471 Overseas Hwy., #102

Big Coppitt Key, Florida

If you have questions, please contact Family Services at 305-294-9006 x 2.

To learn more about our Homeownership Program and to ask specific questions about the application process please attend one of our optional Homeownership Information Sessions. Our Info Sessions will be held via Zoom. Once we receive your application, we will contact you to schedule a session. If you are unable to attend a virtual session, we will make alternate arrangements.

**APPLICATIONS ARE DUE BY 5:00 PM ON OCTOBER 2<sup>ND</sup>, 2020.**

**WE WILL NOT ACCEPT APPLICATIONS RECEIVED AFTER THE DEADLINE**

Thank you,

Susan Kent

Program Services Director

# Qualifications for Home Ownership

Habitat for Humanity of Key West and Lower Florida Keys partners with families in need to build affordable energy efficient homes, using professional contractors and volunteer labor. Our affiliate builds and rehabs homes from Big Pine to Key West in the lower Florida Keys, and provides buyers with affordable mortgages based on Monroe County Workforce Housing guidelines.

Homes available may be new construction or rehabbed homes.

## HOW TO QUALIFY FOR HOMEOWNERSHIP

There are 3 main requirements:

### NEED:

- Applicants must be first-time home buyers (have not owned a home in the past three years)
- Need may include overcrowded, substandard, temporary, inaccessible due to disability, or public housing, OR paying more than 30% of household income for current housing (cost burdened)
- Buyer must be unable to secure adequate housing through conventional financing

### ABILITY TO PAY:

- Have stable employment
- Have acceptable credit history
- Earn an annual income that ensures no more than 30% of earnings will be utilized to pay for housing costs, including taxes and insurance (not cost burdened)
- Be able to pay closing costs

(In order to qualify there is also a maximum income based on Monroe County Affordable Workforce Housing Guidelines, and 70% of household income must be earned in Monroe County)

### WILLINGNESS TO PARTNER:

- Applicants must be US Citizens or Permanent Residents
- Applicant families must invest 350 hours of "sweat equity" volunteer labor
- Applicant must attend educational home ownership classes
- Applicants must reside in Monroe County for 12 months prior to applying



**EQUAL HOUSING  
OPPORTUNITY**



**Habitat  
for Humanity®  
of Key West and  
Lower Florida Keys**



**APPLICATIONS WILL BE  
ACCEPTED**

**9/1/2020– 10/2/2020**

**Applications are available  
online at**

**[habitatlowerkeys.org](http://habitatlowerkeys.org)**

**OR**

**At our office:**

**471 Overseas Hwy #102**

**Big Coppitt Key**

**OR**

**Contact our office at**

**305-294-9006 x 2**

**to request an application**

## **DELIVER COMPLETED APPLICATION TO:**

**Mailing Address: PO Box 5873, Key West, FL 33045 OR**

**Drop box location: 471 Overseas Hwy, Big Coppitt**



Habitat for Humanity of Key West and Lower Florida Keys  
P.O. Box 5873  
Key West, FL 33045  
305-294-9006  
Office: 471 Overseas Hwy, #102, Key West (Big Coppitt)

# Application

## Habitat Homeownership Program



We are pledged to the letter and spirit of U.S. policy to 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.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

### 1. APPLICANT INFORMATION

Applicant						Co-applicant					
Applicant's name						Co-applicant's name					
Social Security number		Home phone		Age		Social Security number		Home phone		Age	
<input type="checkbox"/> Married/Domestic Partner		<input type="checkbox"/> Unmarried (single, divorced, widowed)				<input type="checkbox"/> Married/Domestic Partner		<input type="checkbox"/> Unmarried (single, divorced, widowed)			
Dependents and others who will live with you (not listed by co-applicant)						Dependents and others who will live with you (not listed by co-applicant)					
Name		Age		Male	Female	Name		Age		Male	Female
_____		_____		<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"/>	_____		_____		<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"/>
Present address (street, city, state, ZIP code)				<input type="checkbox"/> Own <input type="checkbox"/> Rent		Present address (street, city, state, ZIP code)				<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of years _____						Number of years _____					
<b>If living at present address for less than two years, complete the following</b>											
Last address (street, city, state, ZIP code)				<input type="checkbox"/> Own <input type="checkbox"/> Rent		Last address (street, city, state, ZIP code)				<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Number of years _____						Number of years _____					

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

Date received \_\_\_\_\_

Date of selection committee approval: \_\_\_\_\_

Date of notice of incomplete application letter: \_\_\_\_\_

Date of board approval: \_\_\_\_\_

Date of adverse action letter: \_\_\_\_\_

Date of partnership agreement: \_\_\_\_\_

### 3. 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. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

Applicant	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

### 4. 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? \$ \_\_\_\_\_ / month  
(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home? (If you need more please use a separate piece of paper and attach it to this application).

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ / month    Unpaid balance \$ \_\_\_\_\_

Do you own land?     No     Yes    Monthly payment \$ \_\_\_\_\_    Unpaid balance \$ \_\_\_\_\_

If you wish your property to be considered for building your Habitat home, please attach land documentation.

### 6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information</b>			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone



10. DEBT

To whom do you and the co-applicant(s) owe money?						
Account	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$	\$	\$	\$	\$
Personal Loan	\$	\$	\$	\$	\$	\$
Furniture, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$

Monthly expenses			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Health Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

**11. DECLARATIONS**

**Please circle the word that best answers the following questions for you and the co-applicant**

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

**12. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the no-interest loan and other expenses of homeownership, 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families 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 \_\_\_\_\_

Co-applicant signature \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

**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. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> ____/____/____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (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  <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino  <b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Birthdate:</b> ____/____/____  <b>Marital status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. 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	Interviewer's name (print or type)
	Interviewer's signature _____ Date _____
	Interviewer's phone number _____





## Document Checklist

The following items must be turned in with your completed application.

Please make clear copies. DO NOT SUBMIT ORIGINAL DOCUMENTS, DOCUMENTS WILL NOT BE RETURNED!

Habitat staff WILL NOT make copies for you.

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Please provide copies of the following documents for ALL members of the applicant household:

1. \_\_\_\_\_ Driver's License or State Identification (All adults)
2. \_\_\_\_\_ Social Security Card (All adults AND minors)
3. \_\_\_\_\_ Birth Certificate or Passport (if born in the US) (All adults AND minors)
4. \_\_\_\_\_ Proof of residency status (if not born in the US) (All adults AND minors)
5. \_\_\_\_\_ 2019 Tax Return and W-2 and/or 1099 (If self-employed provide P & L statement.)
6. \_\_\_\_\_ 2018 Tax Return and W-2 and/or 1099 (If self employed provide P & L statement.)
7. \_\_\_\_\_ Pay stubs for most recent 3 months (12 weeks)
8. \_\_\_\_\_ 3 most recent months of bank statements-from ALL accounts for all applicants
9. \_\_\_\_\_ Proof of all other income (SSI, Disability, Unemployment, etc.)
10. \_\_\_\_\_ Social Security wage earner statement (for non-working household members over 18)
11. \_\_\_\_\_ One utility bill at current address (Electric, Water, Cable, or Phone Bill)
12. \_\_\_\_\_ Copy of current lease or letter from landlord
13. \_\_\_\_\_ Divorce or custody paperwork if applicable

Please note that there will be a \$35 fee per applicant for credit check/background check processing for applicants that pass initial screening. You will be notified of fee and due date by Habitat if applicable.

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All information requested must be submitted by Mail or In the Dropbox at our office in order for the Application to be considered to be complete.  
**Completed applications must be returned by  
5pm on October 2, 2020.**