

## **Yakima County Residents, are you in need of a Critical Home Repair?**

Yakima Valley Partners Habitat for Humanity works with income-qualified homeowners to complete critical repairs that will make their homes safer and healthier.

To qualify for critical repair program, applicants must meet the following criteria:

1. **Local Residency Requirement**  
Must have lived in Yakima County for at least 12 consecutive months prior to applying.
2. **Own and occupy the home where repairs will occur**  
You have homeowner's insurance and are current on all mortgage payments.
3. **Income Eligibility**  
Household income must be between 30% and 80% of the Area Median Income (AMI) for your household size, based on HUD's published guidelines for Yakima County.
4. **Demonstrate a Need for Critical repair**  
Home repairs deemed critical for health and/or safety.
5. **Willingness to Partner with Habitat**  
This includes contributing "sweat equity" hours and participating in homeowner education.
6. **Demonstrate willingness and ability to maintain property and repairs.**  
Homeowner must demonstrate ability to properly care for home and repairs.
7. **Ability to pay a portion of repair costs.**  
Repair recipients will be asked to pay a percentage of the total repair costs. A \$100 down payment is required to begin work, plus recording fees for Lien & Promissory Note.
8. **Citizenship or Residency**  
Applicants must be a U.S. Citizen or Permanent Resident.
9. **Credit Score**  
A minimum credit score of 640 is required at the time of repairs.
10. **Background Check**  
All adult household members must pass a criminal background and sex offender registry check.

*To learn more about the Critical Repair program, please visit [yakimahabitat.org](http://yakimahabitat.org), call (509) 453-8077 or email [apply@yakimahabitat.org](mailto:apply@yakimahabitat.org).*

***Submit Copy of Blue Prints if Available***

### Critical Home Repair Program Document Checklist

To speed up your application process, please take a moment to review the enclosed information and documents. Please bring **original personal identification** documents when submitting your application-the office will make copies. All other required documents can be copies. Please provide all necessary documents to the Homeowner Services Department when ready to complete the application.

**Note:** Incomplete applications **WILL NOT BE ACCEPTED.**

#### CRITICAL HOME REPAIR PROGRAM – DISCLOSURE DOCUMENTS

- Intake Application
- Authorization to release information
- Equal Credit Opportunity Act Notice
- Media Release
- Privacy Policy & Practices
- Cancellation Policy

#### PERSONAL INFORMATION – (MUST BE A U.S. CITIZEN OR PERMANENT RESIDENT)

- Photo State ID/Driver's License for all household members over 18 years old
- **Permanent Residency** Card *if applicable*
- **US Citizen:** US Passport or Birth Certificate
- Social Security cards for all household members
- Birth Certificates for all children in the household

#### FINANCIAL DOCUMENTS

- 4 Most Recent Pay stubs for all adults in the household
- Benefit/Award Letters if applicable – (*Social Security, Disability, Pension, VA Benefits, Food Stamp Benefits and Public Assistance*)
- Child Support Court Order or Spousal Support and/or proof of receipt of support for the past 12 months
- W-2 Forms and/or 1099's for the last two years
- Tax Returns for last two years

#### BANK INFORMATION

- Checking/Savings/Money Market/IRA/Investment Account Statements last 2 months

#### OTHER REQUIRED DOCUMENTS

- If you are still making mortgage loan payments, a copy of your most recent mortgage statement
- Proof of ownership (Warranty Deed, Quit Claim Deed, Final Settlement [Trust], etc.)
- Proof of current homeowner's insurance (Including flood/hazard insurance when applicable)
- A copy of current paid Real Estate Property Tax receipt
- A copy of one recent utility bill (gas, power, water, phone, etc...)
- Complete set of bankruptcy packet and discharge letter (if filed within the last 7 years)
- Divorce Decree packet (all pages)

#### FEES

For your scheduled appointment, please submit a **Credit Report Fee** of **\$48.00** for each individual applying and a **\$6.00** fee for copies. **MONEY ORDER OR CASHIER CHECKS ONLY. NO PERSONAL CHECKS, THANK YOU.** Please make it payable to **YVP Habitat for Humanity.**

**Submit Copy of Blue Prints if Available**





Yakima Valley Partners

Habitat for Humanity®

# Application

## Critical Repair Program



FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION

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

By: \_\_\_\_\_

Date Approved/Denied: \_\_\_\_\_

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.

**Dear Applicant:** Please complete this application for the Yakima Valley Partners Habitat for Humanity's Critical Repair program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

- Type of credit**
- I am applying for **individual credit**.
  - I am applying for **joint credit**. Total number of borrowers: \_\_\_\_\_
  - Each borrower intends to apply for joint credit. **Your initials:** \_\_\_\_\_

### 1A. APPLICANT INFORMATION

Applicant	Co-applicant																																																
<b>Applicant's name:</b> _____	<b>Co-applicant's name:</b> _____																																																
<b>Alternative and former names:</b> _____	<b>Alternative and former names:</b> _____																																																
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Age _____ Date of birth (mm/dd/yyyy) _____	Age _____ Date of birth (mm/dd/yyyy) _____																																																
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<b>Dependents and others who will live with you:</b>	<b>Dependents and others who will live with you (not listed by co-applicant):</b>																																																
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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 you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:</b>																																																	
Previous address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Previous address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____																																																
Number of years: _____	Number of years: _____																																																

## 1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or anyone in your household serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)  Yes  No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- Surviving spouse
- Only period of service was as a non-activated member of the Reserve or National Guard
- Currently retired, discharged, or separated from service

Type of discharged received:

- Honorable
- Dishonorable
- General
- Bad Conduct
- Medical
- Other than Honorable
- Other: \_\_\_\_\_

## 2. WILLINGNESS TO PARTNER

To be considered for the Habitat Critical Repair program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

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

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

## 3. PROPERTY INFORMATION

Type of building:  House  Condo  Duplex  Manufactured Home  Other (explain): \_\_\_\_\_

Address of the home needing repairs: \_\_\_\_\_ Year Built: \_\_\_\_\_

Is this your primary residence?  Yes  No

Are you the legal homeowner?  Yes  No

Do you own or lease the land under your home?  Own  Lease

Do you have an active mortgage on your home?  Yes  No

If yes, what is your monthly mortgage payment? \_\_\_\_\_

Are Blue Prints available?  Yes  No

Please check items you are in need of assistance with repairs and rate your priority on a scale of 1-5 (1 being not urgent, and 5 being most urgent)

- |   |           |  |           |
|---|-----------|--|-----------|
| <input type="checkbox"/> Roof Repair or Replacement       | 1 2 3 4 5 | <input type="checkbox"/> Exterior Siding Repair or Replacement | 1 2 3 4 5 |
| <input type="checkbox"/> Exterior Painting                | 1 2 3 4 5 | <input type="checkbox"/> Yard Waste/Rubbish Removal            | 1 2 3 4 5 |
| <input type="checkbox"/> Heating System Repair            | 1 2 3 4 5 | <input type="checkbox"/> Plumbing                              | 1 2 3 4 5 |
| <input type="checkbox"/> Water Heater                     | 1 2 3 4 5 | <input type="checkbox"/> Flooring Repair/Replacement           | 1 2 3 4 5 |
| <input type="checkbox"/> Replacement Drywall Repairs      | 1 2 3 4 5 | <input type="checkbox"/> Electrical                            | 1 2 3 4 5 |
| <input type="checkbox"/> Front porch, railing, ramp, etc. | 1 2 3 4 5 | <input type="checkbox"/> Back porch, railing, ramp, etc.       | 1 2 3 4 5 |
| <input type="checkbox"/> Bathroom Repair or Modification  | 1 2 3 4 5 | <input type="checkbox"/> Kitchen Repair or Modification        | 1 2 3 4 5 |
|   |           | <input type="checkbox"/> Other _____                           | 1 2 3 4 5 |

Please describe your most urgent critical repair: \_\_\_\_\_

## 4. AGREEMENTS

I agree to consent to a National Sex Offender Registry background check, and YVP Habitat for Humanity Liability waivers if I am selected into this program.

Has anyone living in your home been charged with felony in the past 10 years? Yes No

I agree to perform "Sweat Equity" by volunteering with YVP Habitat for Humanity, consistent with my physical abilities.

I agree to a modest repayment of a portion of the repair costs, consistent with my financial abilities.

I agree to allow YVP Habitat for Humanity to assist me in applying for a loan or grant through the approved lenders, if I meet the criteria for such Products.

(Required for acceptance into YVP Habitat for Humanity's Critical Repair Program)

### 5. EMPLOYMENT INFORMATION

5. EMPLOYMENT INFORMATION			
Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of <b>CURRENT</b> employer:	Start date (mm/dd/yyyy):	Name and address of <b>CURRENT</b> employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: \$		Annual (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>PREVIOUS</b> employer:	Years on this job:	Name and address of <b>PREVIOUS</b> employer:	Years on this job:
	Annual (gross) wages: \$		Annual (gross) wages: \$
Type of business:	Business phone:	Type of business:	Business phone:
<input type="checkbox"/> <b>Check if you are the business owner or are self-employed.</b> <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____			<b>PLEASE NOTE:</b> Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

### 6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

### 7. SOURCE OF DOWN PAYMENT AND RECORDING COSTS

Where will you get the money to pay the down payment and associated recording fees?

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### 8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
					\$

### 9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant		
	Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance
Auto loan	\$	\$		\$	\$	
Installment (e.g., boat, personal loan)	\$	\$		\$	\$	
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g., credit cards)	\$	\$		\$	\$	
Student loan debt	\$	\$		\$	\$	
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$		\$	\$	
Medical debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>	

### MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Mortgage	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$

Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### 10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there 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 declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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
<b>Note:</b> If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

### 11. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Yakima Valley Partners Habitat for Humanity to evaluate my actual need for the Habitat's Critical Repair program, my ability to repay an affordable loan, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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 Critical Repair. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself and household members over the age of 18, to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

<b>Applicant signature</b>	<b>Date</b>	<b>Co-applicant signature</b>	<b>Date</b>
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.

### 13. DEMOGRAPHIC INFORMATION

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:**

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Mexican    <input type="checkbox"/> Puerto Rican    <input type="checkbox"/> Cuban  <input type="checkbox"/> Other Hispanic or Latino –  <i>Origin:</i> _____  <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Ethnicity (check one or more):</b></p> <p><input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Mexican    <input type="checkbox"/> Puerto Rican    <input type="checkbox"/> Cuban  <input type="checkbox"/> Other Hispanic or Latino –  <i>Origin:</i> _____  <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> I do not wish to provide this information</p>
<p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male    <input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Sex:</b></p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Male    <input type="checkbox"/> I do not wish to provide this information</p>
<p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native —  <i>Name of enrolled or principal tribe:</i>          _____</p> <p><input type="checkbox"/> Asian  <input type="checkbox"/> Asian Indian    <input type="checkbox"/> Chinese    <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese    <input type="checkbox"/> Korean    <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian — <i>race:</i> _____  <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Native Hawaiian    <input type="checkbox"/> Guamanian or Chamorro    <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____  <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White  <input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Race (check one or more):</b></p> <p><input type="checkbox"/> American Indian or Alaska Native —  <i>Name of enrolled or principal tribe:</i>          _____</p> <p><input type="checkbox"/> Asian  <input type="checkbox"/> Asian Indian    <input type="checkbox"/> Chinese    <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese    <input type="checkbox"/> Korean    <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian — <i>race:</i> _____  <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Native Hawaiian    <input type="checkbox"/> Guamanian or Chamorro    <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____  <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White  <input type="checkbox"/> I do not wish to provide this information</p>

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type) _____  Interviewer's signature _____	Interviewer's phone number _____  Date _____

## 14. UNMARRIED ADDENDUM

### FOR BORROWER SELECTING THE UNMARRIED STATUS

**Lender instructions for using the Unmarried Addendum:** The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

**If you selected "Unmarried" in Section 1:**

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse?  No  Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

Civil union  Domestic partnership  Registered reciprocal beneficiary relationship

Other (explain): \_\_\_\_\_

**State:** \_\_\_\_\_

## EQUAL CREDIT OPPORTUNITY ACT NOTICE

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: the FTC Northwest Region for Washington State, 915 Second Ave Room 2896, Seattle WA 98174 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 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 Yakima Valley Partners Habitat for Humanity's program.

Applicant(s):

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Applicant's signature

Printed name

Date

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Co-applicant's signature

Printed name

Date



**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

RE: \_\_\_\_\_

I have applied for or obtained a loan or grant from Yakima Valley Partners Habitat for Humanity. As part of the process or in considering me for interest credit, payment assistance, or other servicing assistance on such loan, Yakima Valley Partners Habitat for Humanity may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to Yakima Valley Partners Habitat for Humanity for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Any consumer credit references

\*\*If the request is for a new loan or grant, I further authorize Yakima Valley Partners Habitat for Humanity to order a consumer credit report and verify other credit information. \*\*\* (could be removed)

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., Yakima Valley Partners Habitat for Humanity is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to Yakima Valley Partners Habitat For Humanity without further notice or authorization, but will not be disclosed or released by Yakima Valley Partners Habitat For Humanity to another Government agency or department or used for another purpose without my consent except as required or permitted by law. This authorization is valid throughout the program process or life of the loan, whichever is longer.

The information Yakima Valley Partners Habitat for Humanity obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Privacy Policy and Practices information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

**A copy of this authorization may be accepted as an original.**

Your prompt reply is appreciated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**YAKIMA VALLEY PARTNERS HABITAT FOR HUMANITY MEDIA RELEASE FORM**

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I, \_\_\_\_\_ and \_\_\_\_\_ (in the case of a minor) the parent having legal custody and/or the legal guardian of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ hereby grant to Yakima Valley Partners Habitat for Humanity (“YVPHFH”) and their successors and assigns, full authorization and the absolute right and permission to record my appearance, performance and voice, and to use, in edited or unedited form, the results and proceeds thereof in connection with the filming, videotaping and/or audio taping of this event or future events of the whole household listed in the application packet submitted to Habitat.

I also grant YVPHFH the absolute right to sell, assign, convey, reproduce, copyright, use or publish photographic and/or audio reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, in any manner, in any broadcast or non-broadcast media, including electronic computer media, in perpetuity, or in which I may be included in whole, in part or in composite, in conjunction with my own or any other picture, product, person or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless YVPHFH, its nominees, designees, successors and assigns, or others for whom they are acting, from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, from any change that may occur or be produced in the taking of said picture or pictures, in any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

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Applicant’s signature	Printed name	Date
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Co-applicant’s signature	Printed name	Date
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**CANCELLATION POLICY**

Partnership is a critical part of our Critical Repair program. Missing appointments shows an inability and or unwillingness to partner with Habitat for Humanity. It is important for applicants to keep all their scheduled appointments with Habitat for Humanity.

**Rescheduling Appointments:**

We understand situations come up occasionally requiring a need to reschedule your appointments. If a situation rises that will require you to reschedule an appointment with Habitat, please call the Habitat office at (509) 453-8077 as soon as you know that you will not be able to keep the appointment. We require **24-hour advance** notice to reschedule your appointment, otherwise we will record it as a missed appointment.

**Missed Appointments:**

All missed appointments (including cancellations with less than 24 hours' notice) will be documented in your file. If you are more than **15 minutes late** for an appointment, we will treat the appointment as a missed appointment; you will need to reschedule the appointment.

**Deselection:**

If you miss 3 appointments in any three-month period, your file will be presented to the board for deselection from the homebuild program for your unwillingness to partner with Habitat.

*I have read, understand, and agree to adhere to the cancellation policy terms.*

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Applicant Signature

Date

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Co-applicant Signature

Date

**NOTICE:** 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.

## Privacy Policy and Practices

We at Yakima Valley Partners Habitat for Humanity value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### Information We Collect

We collect personal information to support our homebuyer education program and to aid in the critical repair process. We collect personal information about you from the following sources:

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

### Information We Disclose

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

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income.
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

### To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, local, state, federal funders and/or companies engaged in providing critical repair assistance.
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

*Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information to not be disclosed.*

### Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.



**Directing Us Not to Make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated 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 unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

**PRIVACY CHOICES FORM-ONLY IF OPTING OUT**

**If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.**

**OPT OUT OPTIONS:**

- Box 1** - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.
- Box 2** - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If you have checked any of the boxes above,  
 please mail this form or submit with your completed application to:

**Yakima Valley Partners Habitat for Humanity  
 21 W Mead Ave Ste 110  
 Yakima, WA 98902**

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

Acknowledgement and receipt of information by:

\_\_\_\_\_  
 Applicant's signature Printed name Date

\_\_\_\_\_  
 Co-Applicant's signature Printed name Date

