Habitat for Humanity Milledgeville/Baldwin County

PO Box 605 Milledgeville, GA 31059

Telephone: (478) 453-9617

Www.millegevillehabitat.org

Family Selection Criteria

What is Habitat for Humanity Milledgeville/Baldwin?

Habitat for Humanity Milledgeville/Baldwin County is an ecumenical Christian nonprofit organization building affordable homes with people who qualify. Homeowners spend a minimum of 300 hours working with Habitat to complete the requirement of "sweat equity" and purchase their homes from Habitat with a low to interest-free mortgage. The estimated average monthly payment for a 3-bedroom house is between $850-$950 per month including and based on the individuals insurance and property tax annual premiums.

Do I Qualify to Buy a Habitat for Humanity Home?

You may be eligible if you meet Habitat's 3 basic guidelines (Need, Ability to Pay, & Willingness to Partner) and can answer "yes" to the following statements:

1. I have a Need:

The housing I live in is at least one of the following:

- Overcrowded
- Poorly maintained (substandard)
- Public housing or Section 8
- Temporary (I will not be able to live here much longer)
- I spend more than 35% of my gross income on rent

AND

My income falls within the following guidelines:

Habitat for Humanity Milledgeville/Baldwin County

Income Guidelines – 2026-2027

# of people	35%	80%
1	21,560	43,150
2	24,640	49,300
3	27,720	34,650
4	30,800	38,500
5	33,280	66,550
6	35,760	71,500
7	38,200	76,400
8	40,680	81,350

2. I have the ability to pay:

I have not declared bankruptcy/foreclosure within the last 3 years and any existing bankruptcy has been satisfied or discharged.

- I pay my rent on time
- I have had a stable income for the past 3 years that meet our income guidelines

3. I am willing to partner with Habitat:

- I am willing to be a partner with Habitat and put in at least 300 hours of "sweat equity" first working on other families' homes, and then building my own home. I will also attend homeowner education classes. I understand that, and I know that I will be held responsible for paying back a mortgage for 20 years.
- I have been living or working in Baldwin County for at least the last year.
- I understand that Habitat for Humanity Milledgeville/Baldwin County focus neighborhood are within the Milledgeville city limits and/or Baldwin County. If approved, I am willing to move and live in either of those assigned area, which may vary depending on what is available at the time you apply.
- I understand that Habitat will build a home that is appropriate for my family and its size. Which does include children of the same age and same sex will share a room.

What will be required of me if I am approved?

- Work at least 300 hours of "Sweat Equity" – first help build other families' homes, then help build your own home.
- Attend homeowner education classes
- Pay the closing cost of an estimated $2000 before closing
- Debt MUST NOT INCREASE before closing on your home
- You remain in the income guidelines until you close on your home
- Pay a monthly mortgage for 20 years

How do I apply for a Milledgeville/Baldwin Habitat House?

Please contact Habitat for Humanity Milledgeville/Baldwin at (478)453-9617, www.milledgevillehabitat.org or HomeFirst at (478) 219-3957 to learn more about homeownership programs.

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.

EQUAL HOUSING OPPORTUNITY

Dear Sir/Madam,

In order to complete the processing of your Habitat for Humanity application, please be advised the following documents and information are required.

Items to bring:
- ◊ $25.00 Money Order
- ◊ Picture ID (Driver's License or State issued ID Card)

Income Items Required:
- ◊ Last two years tax returns **"and"** W2's
- ◊ One month's of most recent pay stub from your present employer showing year-to-date earnings and pay period
- ◊ Verification and explanation of commissions, bonuses, regular overtime, child support payments & court ordered documentation, and other income (**SSI, Disability, Pension, TANF, etc.**)
- ◊ Bankruptcy petition, discharge, and written explanation of any bankruptcy
- ◊ Final divorce or separation papers
- ◊ Proof of legal guardianship of children living in home (If you are not the birth parent)

Credit Items Required:
- ◊ Copy of Lease/Rental Agreement/Statement of public housing assistance
- ◊ Explanation letter for any slow pays, judgments, liens, defaults, foreclosures, bankruptcies
- ◊ Student Loan Agreement and/or Payment Plan (we must have documentation of the amount you owe and the amount of payment that you made)

Other Items:

- ◊ Most recent electric, gas, **and** water bills showing **"no"** delinquency
- ◊ Most recent monthly/quarterly bank statements **(past 2 months)**

Your application cannot be fully processed until the requested information is received. Delays in receipt of requested information may result in the expiration of your application. Other information may be requested during the processing of your application.

Please bring your completed application and **all** of the **supporting documents** to your appointment.

Habitat for Humanity Milledgeville/Baldwin County
PO Box 605
Milledgeville, GA 31059
478-453-9617

Habitat for Humanity®
Milledgeville/Baldwin County, Georgia

EQUAL HOUSING OPPORTUNITY

Application

Habitat Homeownership Program

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 Habitat for Humanity Milledgeville/Baldwin County homeownership 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
Applicant's name: _____	**Co-applicant's name:** _____
Alternative and former names: _____	**Alternative and former names:** _____
Social Security number _____	Social Security number _____
Home phone _____	Home phone _____
Cell phone _____	Cell phone _____
Work phone _____	Work phone _____
Age_____ Date of birth _____	Age_____ Date of birth _____
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) **(Fill out Section 14.)**	☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) **(Fill out Section 14.)**
Dependents and others who will live with you: **Name** **Age** **Male** **Female** _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐	**Dependents** and others who will live with you (not listed by co-applicant): **Name** **Age** **Male** **Female** _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐ _____ ☐ ☐
Present address (street, city, state, ZIP code): ☐ Own ☐ Rent _____ _____ _____ _____ Number of years:	Present address (street, city, state, ZIP code): ☐ Own ☐ Rent _____ _____ _____ _____ Number of years:

If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:

Previous address(es) (street, city, state, ZIP code): ☐ Own ☐ Rent	Previous address(es) (street, city, state, ZIP code): ☐ Own ☐ Rent
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
___ Number of years:	___ Number of years:

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Date received: Date of notice of incomplete application letter: Date of adverse action letter:	Date of selection committee approval: Date of board approval: Date of partnership agreement:

1B. MILITARY SERVICE

Did you (or your deceased spouse) 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)
- ☐ Currently retired, discharged, or separated from service
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard
- ☐ Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? ☐ Yes ☐ No

If yes, check all that apply:

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

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership 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	☐	☐
Co-applicant	☐	☐

3. PRESENT HOUSING CONDITIONS

Currently, are you: ☐ Renting ☐ Rent-free ☐ Own
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):

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.

Name, address and phone number of current landlord:

4. PROPERTY INFORMATION

☐ **I do not own any real estate (move to Section 5).**

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?
$_____/month Unpaid balance $

Do you own land other than your residence?
☐ No ☐ Yes Monthly payment (including taxes, insurance, etc.)
$_____/month Unpaid balance $

Although this is not our usual practice, if you wish your property to be considered for building your Habitat home, please attach the deed, any existing appraisal and information about any liens. **Note:** A separate approval process will apply with respect to any such requests, as each parcel of land is unique and may not be suitable for building on through the Habitat program.

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
☐ **Does not apply.**		☐ **Does not apply.**	
Name and address of **CURRENT** employer:	Start date (mm/dd/yyyy):	Name and address of **CURRENT** employer:	Start date (mm/dd/yyyy):
	Annual (gross) wages: $		Annual (gross) wages: $
Type of business:	Business phone:	Type of business:	Business phone:
If working at your current job less than one year, complete the following information.			
Name and address of **PREVIOUS** employer:	Years on this job:	Name and address of **PREVIOUS** employer:	Years on this job:
	Monthly (gross) wages: $		Monthly (gross) wages: $
Type of business:	Business phone:	Type of business:	Business phone:

☐ **Check if you are the business owner or are self-employed.**

☐ I have an ownership share of less than 25%. ☐ I have an ownership share of 25% or more.

Monthly income (or loss) $_____

PLEASE NOTE: 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: _____	$	$	$	$
Total	$	$	$	$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
Name	Income source	Monthly Income	Date of birth

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family members or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

_____

_____

_____

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 — CREDIT CARDS, OTHER DEBTS AND LEASES THAT YOU OWE						
TO WHOM DO YOU OWE MONEY?	**Applicant**			**Co-applicant**		
Account	**Monthly payment**	**Unpaid balance**	**Months left to pay**	**Monthly payment**	**Unpaid balance**	**Months left to pay**
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	$	$		$	$	
Total	$	$		$	$	

MONTHLY EXPENSES			
Account	**Applicant**	**Co-applicant**	**Total**
Rent	$	$	$
Utilities (electricity, water, gas)	$	$	$
Insurance (rental, car, health, etc.)	$	$	$
Child care	$	$	$
Internet service	$	$	$
Cell phone	$	$	$
Telephone Landline	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	$	$	$
Food and essential supplies	$	$	$
Entertainment	$	$	$
Other	$	$	$
Other	$	$	$
Total	$	$	$

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?	☐ Yes ☐ No	☐ Yes ☐ No
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	☐ Yes ☐ No	☐ Yes ☐ No
c. Have you had property foreclosed, or completed a pre-foreclosure sale, or short sale, or deed in lieu of foreclosure in the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	☐ Yes ☐ No	☐ Yes ☐ No
e. Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	☐ Yes ☐ No	☐ Yes ☐ No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	☐ Yes ☐ No	☐ Yes ☐ No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	☐ Yes ☐ No	☐ Yes ☐ No
h. Are you a U.S. citizen or permanent resident?	☐ Yes ☐ No	☐ Yes ☐ No
Note: 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 Habitat for Humanity Milledgeville/Baldwin County to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity Milledgeville/Baldwin County 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 home. The original or a copy of this application will be retained by Habitat for HumanityMilledgeville/Baldwin County 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 Milledgeville/Baldwin County screens all applicants 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** _____

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ **Co-applicant's name** _____

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 treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. 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
Ethnicity ***(check one or more):***	**Ethnicity** ***(check one or more):***
☐ Hispanic or Latino	☐ Hispanic or Latino
☐ Mexican ☐ Puerto Rican ☐ Cuban	☐ Mexican ☐ Puerto Rican ☐ Cuban
☐ Other Hispanic or Latino – *Origin:* _____ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*	☐ Other Hispanic or Latino – *Origin:* _____ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*
☐ Not Hispanic or Latino	☐ Not Hispanic or Latino
☐ I do not wish to provide this information	☐ I do not wish to provide this information
Sex:	**Sex:**
☐ Female ☐ Male ☐ I do not wish to provide this information	☐ Female ☐ Male ☐ I do not 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 Native *Name of enrolled or principal tribe:* _____
☐ Asian	☐ Asian
☐ Asian Indian ☐ Chinese ☐ Filipino	☐ Asian Indian ☐ Chinese ☐ Filipino
☐ Japanese ☐ Korean ☐ Vietnamese	☐ Japanese ☐ Korean ☐ Vietnamese
☐ Other Asian — *race:* _____ *For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*	☐ Other Asian — *race:* _____ *For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
☐ Black or African American	☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander	☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — *race:* _____ *For example: Fijian, Tongan, and so on.*	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — *race:* _____ *For example: Fijian, Tongan, and so on.*
☐ White	☐ White
☐ I do not wish to provide this information	☐ I do not wish to provide this information

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 or 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 Southeast Federal Trade Commission, Atlanta GA 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):

Print name: _____ Date: _____

Print name: _____ Date: _____

Habitat for Humanity®
Milledgeville/Baldwin County, Georgia

PO Box 605, Milledgeville, GA 31059

Date: _____

To: _____ **(Landlord) Fax**_____ **Phone**_____

(Applicant Name) _____ has applied for housing through the Habitat for Humanity program and has given us written permission to contact you for a landlord reference.

We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

This form also serves as the authorization form. The applicant has signed below, giving us the permission to request this information from you. Thank you for your assistance.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, herby authorize my landlord to release this information to Habitat for Humanity Milledgeville-Baldwin County.

Tenant name (on file): _____

Tenant Address: _____

- **Date applicant moved in** _____
- **Is rent paid on time?** _____
- **Applicant's payment history (circle one)**

  Excellent – Satisfactory – Unsatisfactory

- **Rental period (give dates): From**_____ **To**_____
- **Amount of monthly rent $** _____
- **Is rent paid by Section 8, Housing Authority, or any other rent assistance program? Yes or No (circle one)**
- **If so, how much is the tenant's portion?** _____

Comments_____

Landlord Signature: _____ **Date:** _____

Please complete form as soon as possible and return by fax at (478) 745-0679 or email jsellers@maconhabitat.org. Thank you!

Habitat for Humanity®
Milledgeville/Baldwin County, Georgia

PO Box 605, Milledgeville, GA 31059

Date: _____

To: _____ **(Employer) Fax**_____ **Phone**_____

Applicant's Last 4 digits of Social Security# _____
(Applicant Name) _____ has applied for housing through the Habitat for Humanity program and has given us written permission to contact you for an employment reference.

We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

This form also serves as the authorization form. The applicant has signed below, giving us the permission to request this information from you. Thank you for your assistance.

Sincerely,
Habitat for Humanity

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize my employer to release this information to Habitat for Humanity.

Employee name (on file): _____

Position (most recent): _____

- **Dates of Employment:** *From:* _____ *To:*_____
- **Base Pay:** _____ Per _____
- **Number of Hours work:**_____Per_____
- **Commissions:** _____ Per _____
- **Bonus:** _____ Per _____
- **Overtime:** _____ Per _____

Comments: _____

Employer Signature: _____ **Date:** _____

Signatory Position: _____