



Pre-Qualification

Today's Date: _____

Please provide the documentation below with your pre-qualification packet.

___ Monthly budget

___ 2 previous pay stubs (if receiving child support, please provide payment history.)

___ Proof of rental history (12 months.)

When completed, please mail to Habitat for Humanity of New Castle County. If you pre-qualify, you will be contacted for a meeting where you will receive an application. Pre-qualification does not guarantee approval.

Please be advised that Habitat for Humanity will **NOT** return or copy documents.

The due date for this packet is _____

Referred by: _____



1920 Hutton Street
Wilmington, DE 19802
www.habitatncc.org



phone 302 652 0365
fax 302 652 1006
Tax ID 51-0294138

Applicant Name _____

Co-Applicant Name _____

Address _____

Home Phone Number _____

City _____ State _____ Zip Code _____

Age _____

Home Phone Number _____

Age _____

E-Mail Address _____

Dependents

Name	Age	Male	Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Today's Date: _____

1920 Hutton Street
Wilmington, DE 19802
www.habitatncc.org



phone 302 652 0365
fax 302 652 1006
Tax ID 51-0294138

Today's Date: _____

Have you lived at your current residence for at least 1 year? _____

Have you paid your rent on time for the past year? _____

How long have you worked at your current job for? _____

If less than a year, how long at previous job? _____

Have you filed for bankruptcy in the last year? If so, when? _____

Are you a United States citizen or a permanent resident? _____

Are you willing to complete 225 hours of sweat equity? _____

Are the members of your household over 18 willing to do 150 sweat equity hours? _____

Are you willing to complete the financial and construction courses? _____

Are you willing to be an ambassador for Habitat for Humanity of New Castle County? _____

Why do you wish to own a Habitat house? _____



Family Selection Guidelines

Employment

- Applicants must be employed at their current position for one year.
- Employment verification will be requested
- You will supply proof of income
- A lien search will be performed to determine if you have any outstanding liens
- All candidates must meet the income guidelines as established by HUD

Residency

- Anyone applying for a Habitat home must either work or live in the state of Delaware for a period of 1 year
- Rental verification submitted to your landlord

Income

- You must meet the income requirements as defined on the guideline sheet

Credit

- One of your three credit scores must be at least a 570
- No more the 1500.00 in outstanding collection items
- Your current monthly debt can't exceed 15% of your gross monthly income

Background check

- A background check will be conducted on all applicants that are accepted in the program

- Sex offenders check will also be conducted

Classes

- Attend a 4 week construction class that teaches you how to work on the construction site that is held on 4 consecutive Saturdays
- Foundations class that is held monthly to help you learn how to maintain your finances and budget
- A fee of \$100.00 is due at the start of your Foundations class
- Monthly family partner meetings to update you on your progress and offer support
- Attend a settlement class that is held at an attorney's office to educate you on the process

Partnership

- When returning paper work Please remember we need **copies** of any and all documentation. We **will not** make copies nor will we return any documents.
- Answering all questions on this pre-qualification packet/documents truthfully. If falsification is found throughout the application you will be denied.
- Any one accepted into the program will agree to complete 225 hours of sweat equity hours
- Co applicants or anyone over the age of 18 living in the household must complete 150 sweat equity hours
- Upon completion of all requirements you will move into your Habitat home and a loan will be given to you with 0 percent interest and a \$1750.00 down payment will be required prior to settlement
- The process takes about 9 to 12 months to complete

1920 Hutton Street
Wilmington, DE 19802
www.habitatncc.org



phone 302 652 0365
fax 302 652 1006

2017 Income Guidelines

Family Size	Minimum	Maximum
One	\$25,000	\$34,980
Two	\$25,000	\$39,960
Three	\$25,000	\$44,940
Four	\$25,000	\$49,920
Five	\$27,000	\$53,940
Six	\$29,400	\$57,960
Seven	\$31,350	\$61,920
Eight	\$31,300	\$65,940



Financial Coaching Referral Form

Name	Phone	Email
City	County	Language Preferred

Person Making the Referral:

Name/Title

Phone

Email

Business/Organization

If client has stated a financial goal, please indicate here:

I authorize my contact information, updates and progress reports to be released to the \$stand By Me Financial Coach and to the Referral Agent listed above.

Signature _____

Date _____

Send this form by email to:

Laura.Gendreau@state.de.us

If you have questions, contact Laura Gendreau:

(302) 255-9271 Office or 302- 283-9246

MONTHLY SPENDING PLAN WORKSHEET

DIRECTIONS:

- 1) Please record your monthly expenses for each item (rent, groceries, gasoline, etc).
- 2) Do not include expense items automatically deducted from your pay (health care, union dues, etc).
- 3) Add expense amounts for each category (housing, transportation, credit cards, etc).
- 4) Add each category totals and record on Grand Total line.

HOUSING	Amt \$	FOOD	Amt \$	TRANSPORTATION	Amt \$
Rent		Groceries		Car Payment	
Furniture Rental		Lunches		Parking	
Electricity		Restaurants		Insurance	
Gas		Fast Foods		Tolls	
Oil		Snacks		Gasoline	
Cable TV		Other		Maintenance	
Telephone		<i>Food Total</i>		Repairs	
Cell Phone				Bus/Subway	
Internet Access		HEALTHCARE (out-of-pocket expense)		Other	
Laundry		Doctor		<i>Transportation Total</i>	
Rental Insurance		Dentist			
Other		Prescriptions		CREDIT CARDS	
<i>Housing Total</i>		Other		Retail Cards	
		<i>Health Care Total</i>		Gasoline Cards	
				MasterCard/Visa	
EDUCATION		LOOKING GOOD		Other	
Tuition		Clothes		<i>Credit Cards Total</i>	
Books		Shoes			
Parking Permit		Cosmetics			
Lab Fees		Toiletries		LEISURE	
Tutoring		Cleaners		Movies	
Field Trips		Barber/Beauty		Dates	
Art Supplies		Other		Arcade	
Club Dues		<i>Looking Good Total</i>		Trips	
Sports Fees					
Lockers		STUFF (that doesn't fit elsewhere)		Pets (food, grooming, etc.)	
Other		Savings		CDs/Videos	
<i>Education Total</i>		Investments		DVDs	
		Gifts		Hobbies	
		Charity		Other	
		Books/Magazines/ Newspapers			
		Other		<i>Leisure Total</i>	
		<i>Stuff Total</i>			
GRAND TOTAL (add category totals above): \$					

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 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. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____/____/____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Caucasian</p> <p><input type="checkbox"/> Asian AND Caucasian</p> <p><input type="checkbox"/> Black/African American AND Caucasian</p> <p><input type="checkbox"/> American Indian or Alaskan Native AND Black/African American</p> <p><input type="checkbox"/> Other (specify)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birthdate: ____/____/____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p style="padding-left: 20px;"><input type="checkbox"/> Separated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To Be Completed Only By the Person Conducting the Interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p>Interviewer's Name (print or type)</p> <hr/> <p>Interviewer's Signature Date</p> <hr/> <p>Interviewer's Phone Number</p>

Habitat for Humanity of New Castle County, Inc.

Privacy Policy

At Habitat for Humanity of New Castle County, we are committed to protecting the non-public information – such as tax returns, pay stubs, credit reports, employment verifications, and payment history – that we collect from our applicants, Partner Families, and homeowners. We recognize the importance placed on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

Access to nonpublic personal information is restricted to staff and volunteers on a need-to-know basis. Only those employees and volunteers designated by the Executive Director or Family Services Director are permitted to have access to nonpublic personal information. When collecting, storing, and retrieving nonpublic personal information, positive control will be maintained throughout the process to ensure security and confidentiality. Information will be used only for the lawful conduct of Habitat for Humanity of New Castle County business and will never be shared with third parties without the consent of the applicant, Partner Family, or homeowner, except as permitted by law. Habitat for Humanity has no affiliates or marketing experts with whom we share personal information.

This policy has been established in compliance with the Gramm-Leach-Bliley Act, 15 U.S.C §§ 6801-6810 and implementing regulations, 16 C.F.R. §§ 313.1-313.18.

I, _____, acknowledge that I have read the **Habitat for Humanity of New Castle County Privacy Policy** and I agree to the terms and provisions contained in this policy. I recognize that violation of this policy may make me liable for dismissal or other disciplinary action, and may make me subject to other civil and criminal penalties.

Signature of Employee/Volunteer: _____

Title: _____

Date: _____

Witness: _____