



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.

## Homeownership Program Application

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.

The application has 16 sections:

1. Applicant Information
2. Willingness to Partner
3. Present Housing Conditions
4. Employment Information
5. Monthly Income
6. Monthly Expenses
7. Credit Cards
8. Other Debt
9. Financial Assets
10. Other Assets
11. Declarations
12. Authorization and Release
13. Right to Receive Copy of Appraisal
14. Equal Credit Opportunity Act Notice
15. Combined Privacy Notice and Tennessean Warning
16. Information for Government Monitoring Purposes

In addition, there is a list of documents you will need to submit along with the completed Application Form.

CMHFH has applications available throughout the year; however, we make final approval decisions after designated Application Deadlines.

Our next Application Deadline is **September 4, 2018**.

If you have any questions, please contact Eileen (Homeowner Services Director):

**[ebitzan@cmhfh.org](mailto:ebitzan@cmhfh.org), or 320-248-7812.**

## **Before You Begin**

Before you start filling out the Application, review the selection requirements listed below to see if your current situation is a good fit for this program.

There are 3 basic homeowner selection criteria used to determine each applicant's eligibility for the homeownership program:

1. **Need for adequate housing** (financial and physical)
  - a. Total household income must fall between 35% and 60% of the area median income (often referred to as AMI), as determined by HUD. See the chart on the next page to find your household size (the number of people expected to live in the home) and the current AMI for where you live.
  - b. Other factors considered include unsafe conditions or overcrowding in your current housing, or cost burden (if rent is more than 30% of your household's monthly income).
2. **Willingness to partner with Habitat**
  - a. Each household will need to complete at least 200 hours of Sweat Equity (hands-on physical involvement), including at least 100 hours doing construction work. (CMHFH will make appropriate accommodations for those with physical limitations under the Americans with Disabilities Act)
  - b. All applicants are also required to attend Homeowner Education classes
  - c. Applicants must be willing to move to current or future Habitat house construction locations. Habitat may not be able to build in your preferred location or neighborhood.
3. **Ability to pay for the Habitat home**

Habitat provides affordable housing, and we want to make sure that the Applicants who buy our homes can continue making mortgage payments and succeed as homeowners. Some of the things we will review are:

  - a. Income stability
  - b. Debt repayment history and credit management (we will run credit reports)
  - c. Current debt-to-income ratio
  - d. Applicants must have been cleared of bankruptcy for at least 2 years
  - e. Liens or judgments may affect eligibility and must be cleared before closing

Additional selection requirements include:

1. Applicants must live in our four-county service area for at least 1 year before applying. Those 4 counties are Stearns, Sherburne, Benton, and Wright.
2. Applicants must be able to provide documentation that they are a U.S. Citizen or Permanent Resident.
3. Applicants must not currently own a house.
4. Applicants must pass criminal background and sex offender registry checks.

## **AMI Tables**

These tables show the amounts used to determine if your income is between 35% and 60% of the area median income (AMI) for fiscal year 2018, as discussed under the **Need for adequate housing section** on page 2.

If you live in the St. Cloud Metro, Benton County, or Stearns County, your household income should be between the Minimum and Maximum listed below:

Household Size	Minimum (35% of AMI)	Maximum (60% of AMI)
1	\$17,300	\$29,650
2	\$19,750	\$33,900
3	\$22,250	\$38,100
4	\$24,700	\$42,350
5	\$26,700	\$45,750
6	\$28,650	\$49,150
7	\$30,650	\$52,550
8	\$32,600	\$55,900
9	\$34,600	\$59,300
10	\$36,550	\$62,700
11	\$38,550	\$66,100

If you live in Sherburne County or Wright County, your household income should be between the Minimum and Maximum listed below:

Household Size	Minimum (35% of AMI)	Maximum (60% of AMI)
1	\$23,100	\$39,600
2	\$26,400	\$45,260
3	\$29,700	\$50,900
4	\$33,000	\$56,600
5	\$35,650	\$61,100
6	\$38,300	\$65,650
7	\$40,900	\$70,150
8	\$43,550	\$74,700
9	\$46,200	\$79,200
10	\$48,850	\$83,750
11	\$51,490	\$88,250

## **Let's Get Started!**

If the criteria listed above looks good to you, let's get started with the application. Fill it out as completely and accurately as possible. You'll also need to get copies of several documents to turn in with the application (there's a list at the end of the application). If you need more space for any of the questions, use a separate sheet of paper and attach it to the application; mark your additional comments with the section number and "A" for Applicant or "C" for Co-Applicant.

On the next page, the first thing you'll see is a question about whether or not you are applying for joint credit (this means that 2 people will be applying for the home loan). If you are, you both need to sign that statement. And throughout the rest of the Application, we'll need information from both of you. If you're the only person applying for the home loan, you don't need to sign the statement about joint credit, and you can ignore all the "Co-Applicant" sections throughout the rest of the Application.

Here are some additional notes on a few of the Application sections that can be confusing:

### **Section 5: Monthly Income**

We need to know about all the different sources of income you may have, so we listed out some common types of income. Most people don't have income from all of those sources, so just fill out the lines that apply to you. If you have income from a source that's not listed, use one of the lines marked "Other" and explain where that income comes from. Be sure to read the question at the bottom of the page – we'll be looking at your income over the last few years, so if your income has increased or decreased significantly over the last three years, please tell us why it changed.

### **Section 6: Monthly Expenses**

Just like the Income section, we also need to know about your monthly expenses. Again, you may not have expenses for each category listed, so just fill out the lines that apply to you. And there are lines for "Other" expenses you may have that don't fit any of the categories listed.

### **Section 7: Credit Cards**

If you have any credit cards, please complete this section, including the minimum monthly payment and the unpaid balance.

### **Section 8: Other Debt**

If you have any loans (such as a car loan or student loan) or outstanding bills (such as medical bills), please complete this section, including how much you pay each month, what the total unpaid balance is right now, and how many months you have left to pay off the loan. If you have credit problems now, or if you have in the past, please tell us more about that situation on a separate sheet of paper.

### **Documents needed**

Be sure to review the list at the end of the application carefully and include all the documents listed. Remember that we need copies of these documents; **it is important that you keep the original** (nothing included with the application will be returned to you).

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit (sign below):

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

1: APPLICANT INFORMATION				
	Applicant		Co-Applicant	
Name				
Social Security Number				
Date of Birth				
Phone				
Email				
Present Address (street, city, state, ZIP code)				
How long have you lived at your current address?				
Previous Address (street, city, state, ZIP code)				
How long did you live at your previous address?				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(Unmarried includes single, divorced, widowed)</small>		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(Unmarried includes single, divorced, widowed)</small>	
Have you served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently serving the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the surviving spouse of someone who served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Applicants who answer "Yes" to one of the 3 questions above may be eligible for our Veterans Build program.</i>				
<b>Dependents</b> and others who will live with you:				
Name:	Date of Birth:	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"/>	

**1: APPLICANT INFORMATION (continued)**

How did you hear about Habitat for Humanity?

Have you applied with Habitat for Humanity before?  
If yes, when and where?

Have you ever owned a house before? If yes, when?  
Why don't you own it now?

Why do you want to purchase a home through Habitat for Humanity?

## 2: WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, the Applicant and Co-Applicant must complete sweat equity hours. Sweat equity refers to the actual hands-on physical involvement of the partner families; it includes construction, and may also include community volunteering and educational opportunities. Homeowner Education Classes are also required. Each approved household is required to complete 200 hours.

***I am willing to complete at least 200 hours of sweat equity, and to attend Homeowner Education Classes.***

	Applicant	Co-Applicant
Name (print)		
Signature		

## 3: PRESENT HOUSING CONDITIONS

What best describes where you live?  Apartment  Townhouse  House  Trailer House

Number of bedrooms:  1  2  3  4  5  6

Other rooms in the place where you currently live:  Kitchen  Bathroom  Living Room  Dining Room  
 Other (please describe):

Describe the condition of the house or apartment where you live:

What is your monthly rent payment?

Are any utilities included in your rent?  Electric  Gas  Water/Sewer  Garbage  Cable/Internet  
 Other \_\_\_\_\_

Do you receive rental assistance? If yes, how much do you receive, and from whom?

Name, address and phone number of current landlord:

<b>4: EMPLOYMENT INFORMATION</b>		
	<b>Applicant</b>	<b>Co-Applicant</b>
<b>Current Employer</b>		
Name		
Phone		
Email		
Address (street, city, state, ZIP code)		
Start Date		
Hourly Wage		
Hours worked per week		
<b>If working at current job less than one year, complete the following information for your Last Employer</b>		
Name		
Phone		
Email		
Address (street, city, state, ZIP code)		
Start Date		
End Date		
Hourly Wage		
Hours worked per week		



**5: MONTHLY INCOME**

<b>Income Source</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Total</b>
Wages	\$	\$	\$
MFIP/TANF (not food stamps)	\$	\$	\$
Alimony	\$	\$	\$
Child support	\$	\$	\$
Social Security	\$	\$	\$
SSI	\$	\$	\$
Disability	\$	\$	\$
Section 8 housing	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
<b>Total</b>	\$	\$	\$

**PLEASE NOTE:** Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

Has your income changed significantly over the past three years? If yes, please explain the reason for the changes:

<b>6: MONTHLY EXPENSES</b>			
<b>Type of Expense</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Total</b>
Rent	\$	\$	\$
Utilities, if not included in rent (water/sewer, electricity, gas)	\$	\$	\$
Insurance (renters, car, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Phone (cell phone and/or landline)	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
<b>Total</b>	\$	\$	\$

### 7: CREDIT CARDS

List all credit cards you have, including a credit card from your bank or a store/brand.

Card Name	Company Name and Address	Monthly payment	Unpaid balance
		\$	\$
		\$	\$
		\$	\$
<b>Total</b>		\$	\$

### 8: OTHER DEBT

Type of Debt	Company Name and Address	Monthly payment	Unpaid balance	Months left to pay
Car loan		\$	\$	
Student loan		\$	\$	
Medical		\$	\$	
Other motor vehicle or boat (please specify)		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)		\$	\$	
Alimony		\$	\$	
Child support		\$	\$	
Other:		\$	\$	
Other:		\$	\$	
<b>Total</b>		\$	\$	

If you currently have credit problems, or have resolved any credit problems in the past, please explain these situations on a separate sheet of paper. This includes late payments, charge offs, and accounts in collections. Attach copies of any documents you think may be helpful in understanding your situation.

**9: FINANCIAL ASSETS (checking accounts, savings accounts, retirement accounts, other investments)**

Type of Account	Name of Bank or other institution	Address City, State, ZIP	Account number	Current Balance
Checking				\$
Savings				\$
Retirement				\$
Other:				\$
Other:				\$

**10: OTHER ASSETS**

Do you own a:	YES	NO
Car (make, model, year)		
Car (make, model, year)		
Mobile Home		
Recreational Vehicle		
Utility Trailer		
Boat		
Any large appliances (stove, refrigerator, washer, dryer, etc.)		
Other (please specify)		
Do you currently own land?		
If yes, please describe, including location:		
Is there a mortgage on the land? If yes, what is the unpaid balance? If yes, what is the monthly payment?		

### 11: DECLARATIONS

Please check the box beside the word that best answers the following questions.

	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 or deed in lieu of foreclosure 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. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<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 paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Have you ever been convicted of a sexual offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. 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
l. Have you lived in the 4 county area (Stearns, Sherburne, Benton, and Wright) served by Central MN Habitat for Humanity for at least 1 year?	<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 j., or if you answered "no" to questions k. or l., please explain on a separate piece of paper.		

### 12: AUTHORIZATION AND RELEASE

I understand that by submitting this application, I am authorizing Habitat for Humanity 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.

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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application (and all attached documents) will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants and household members on the sex offender registry. By completing this application, I am submitting myself and all persons listed under Section 1: Applicant Information to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed under Section 1: Applicant Information to a criminal background check.

Applicant signature	Date	Co-Applicant signature	Date
---------------------	------	------------------------	------

**13: RIGHT TO RECEIVE COPY OF APPRAISAL**

This is to notify you that we may order an appraisal in connection with your loan 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
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**14: 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:

Midwest Region Federal Trade Commission 55 West Monroe Street, Suite 1825 Chicago, IL 60603	--or--	Federal Trade Commission Equal Credit Opportunity Washington, DC 20580
------------------------------------------------------------------------------------------------------	--------	------------------------------------------------------------------------------

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant Name (print)	Co-Applicant Name (print)
Applicant Signature	Co-Applicant Signature
Date	Date

**15: COMBINED PRIVACY NOTICE AND TENNESSEN WARNING**

**We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of the law. Please read the disclosures and acknowledgements outlined below carefully.**

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Habitat for Humanity program and to help Habitat for Humanity manage the program.

Depending on the type of assistance being provided, either grant or loan assistance, different disclosures apply. For grant assistance, your name and address are private data. For loan assistance, your name and address are public data. Regardless of whether you receive grant or loan assistance, the amount of assistance you receive is public data.

With both grant and loan assistance, all other data we create or collect from you, including financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals under Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both the public data and the private data may be shared with nonaffiliated third parties as permitted by law, including Habitat for Humanity of Minnesota, the Federal Home Loan Bank and Minnesota Housing Finance Agency (MHFA) and staff whose jobs require them to see it in connection with our normal operating practices.

Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Under the Privacy Act of 1974, you may refuse to provide your Social Security Number (SSN) and it will not affect your eligibility for assistance. Disclosure of your SSN for the purpose of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

Applicant Name (print)	Co-Applicant Name (print)
Applicant Signature	Co-Applicant Signature
Date	Date

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**16: INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<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>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>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>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Birthdate:</b> _____ / _____ / _____	<b>Birthdate:</b> _____ / _____ / _____
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (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 <span style="float: right;">Date</span>
	Interviewer's phone number

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### **Documents Needed with Application**

1. **Copies** of Birth Certificates, Certificate of Birth Abroad, or Residency Cards for everyone listed on the Application (Applicant, Co-Applicant, all Dependents and others who are expected to live in the home)
2. **Copies** of paystubs for the last 3 months for Applicant and Co-Applicant
3. **Copies** of tax returns for the last 3 years for Applicant and Co-Applicant
4. **Copies** of W-2s and/or 1099s for the last 3 years for Applicant and Co-Applicant
5. If any credit cards are listed in Section 7 of the Application, **copies** of statements with the current balance
6. If any other debt is listed in Section 8 of the Application, **copies** of statements with the current balance
7. **Copies** of statements (checking, savings, retirement, any other accounts listed in Section 9 of the Application) for the last 3 months for Applicant and Co-Applicant; must include bank name and address, account number, and name on account
8. If any assets are listed in Section 10 of the Application, **copies** of documentation showing the value of the asset(s)
9. If self-employed, please provide an income statement for the current year-to-date (similar to the information you would include on a Schedule C for your tax return) and current balance sheet (showing the business assets and debts)
10. If receiving cash assistance for anyone listed on the Application (such as Social Security or Disability), **copies** of the current year award letter & proof of payment for the last 3 months (such as bank statements)
11. If receiving court-ordered child support, **copies** of the legal document that defines the award amount and the documentation of payment history for the last 2 years
12. If divorced, **copy** of completed divorce decree
13. If you have declared bankruptcy or had a property foreclosed on in the last 7 years, **copies** of discharge papers along with a written explanation as to why you filed for bankruptcy and/or had a foreclosure
14. Completed *Request for Landlord Reference* form (see attached); if you have lived at your current residence less than 2 years, you must provide an additional reference letter from your previous landlord
15. Completed reference letter from utility company (electric, gas, and/or water) for the last 12 months; must include payment history (including the number of late payments and disconnect notices, if any); sample letter attached

After completing the Application and attaching copies of all the documents listed above, please mail to:

Central Minnesota Habitat for Humanity  
3335 West Saint Germain Street, Suite 108  
Saint Cloud, MN 56301

You may also drop off the application and documents at our office.

The deadline for this application is September 4, 2018. If it is after that date, please contact us to get a current application.

If you have any questions, please contact Eileen (Homeowner Services Director):  
**[ebitzan@cmhfh.org](mailto:ebitzan@cmhfh.org)**, or **320-248-7812**.

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**Request for Landlord Reference**

<b>TO BE COMPLETED BY APPLICANT(S)</b>
Name(s) of Applicant(s)
Address in Reference (street, city, state, ZIP code)

To Whom It May Concern:

The above-named person(s) has applied for Central Minnesota Habitat for Humanity’s home ownership program. We are looking for a landlord reference for the past two years and would appreciate your help in answering the following questions. All information will be kept confidential.

Please complete this form or provide this information on your company’s letterhead as soon as possible. You can return it to the applicant, email it to [ebitzan@cmhfh.org](mailto:ebitzan@cmhfh.org) or fax it to 320.656.8841. If you have any questions, please call me at 320.248.7812. Thank you for your assistance.

Sincerely,  
 Eileen Bitzan  
 Director of Homeowner Services

<b>TO BE COMPLETED BY LANDLORD</b>		
Rental period (list dates)	From	To
Amount of monthly rent	\$	
Does this amount include utilities? If yes, which ones?		
Applicant’s payment history (please circle one)	Excellent	Satisfactory      Unsatisfactory
Number of late payments over the past 12 months		
Any further comments		
Name (print)	Title	
Phone	Email	
Signature	Date	

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## Example of a Credit Reference Letter



Northern States Power Company d/b/a Xcel Energy  
P.O. Box 8  
Eau Claire, WI 54702  
1-800-895-4999 TDD 1-800-895-4949

***Applicant Name***  
***Applicant Address***  
***Applicant City, State ZIP***

*Date*

Service Address: ***Applicant Address***

Account Number: ***Applicant Account Number***

Re: Credit Reference

To Whom It May Concern:

The following credit information is provided for the referenced above customer:

Customer Start Date: ***the date you began getting energy from this company***

Number of times shut off delinquent in the last 12 months: ***shows number of times your power has been shut off because you did not pay in time***

Number of delinquent notices mailed in the last 12 months: ***shows the number of times you were late on your payment and had to be notified by your energy company***

Final bill has been paid: ***whether or not you have paid your final bill***

If you need additional information, please feel free to contact us at the number at the top of this letter.

Sincerely,

Xcel Energy