



Habitat for Humanity Jackson, TN Area Inc. Family Selection Requirements

First, partner homebuyers are chosen who are **homeless** or living in **inadequate or substandard conditions**. Such circumstances may be caused by overcrowding or by deplorable physical conditions of the dwelling. Other factors that would cause living conditions to be deemed "inadequate" or "substandard" will also receive consideration. Housing which represents an **excessive cost burden** (more than 30% of a family's gross monthly income) is considered substandard.

Next, families must be under 80% of Madison County area median income per household (as indicated below) based on family size, and which may prevent the family from obtaining mortgage financing from a bank or other traditional mortgage lender. We screen applicants for stability of income and credit to determine their ability and willingness to pay the monthly payments on the non-profit, affordable mortgage provided by Habitat for Humanity Jackson, TN Area Inc. to its homebuyers.

2022 Income Guidelines

<u>Family Size</u>	<u>Gross Yearly Income</u>
1 person	\$18,120 - \$36,250
2 people	\$20,720 - \$41,400
3 people	\$23,320 - \$46,600
4 people	\$25,880 - \$51,750
5 people	\$27,960 - \$55,900
6 people	\$30,040 - \$60,050
7 people	\$32,120 - \$64,200
8 people	\$34,200 - \$68,350

Having income within these guidelines does not guarantee eligibility. Applicants must prove their ability to afford the monthly payments and household expenses. Applicants must also be **willing to fulfill the requirements** of the Habitat homebuyer program by completing a mandatory homebuyer education and post purchase programs. Finally, potential homebuyers are required to complete minimum two hundred (200) hours in "sweat equity," which can be earned by building their house, another Habitat homebuyer's house, or other community service approved by Habitat. Homebuyers must be good stewards of their home and their new homeowner status by making monthly payments on time, maintaining the physical upkeep of the property, including the lawn, being mindful of and avoiding predatory lenders, and abstaining from increased debt load during their participation in the Habitat Homebuyer Program.



Qualifications Guidelines

Please note that the following circumstances will result in a denial of your application.

- Applicant or co-applicant has had an **ownership interest in real property** (including timeshare ownership) within the past three years.
- Applicant or co-applicant **have not had prior six-month employment and permanent residency located in Madison County.**
- Applicant or co-applicant has had a **foreclosure or given a deed in lieu of foreclosure** within the past four years.
- Applicant or co-applicant has unpaid **tax liens, medical bills, collections accounts, or judgments** showing on their credit report.
- Applicant or co-applicant is **presently in bankruptcy**. (Prior Chapter 7 bankruptcies must have been discharged a minimum of two years prior to application, and acceptable credit must have been reestablished. Prior Chapter 13 bankruptcies must have been discharged a minimum of one year prior to application, and all payments under the plan must have been made, and acceptable credit must have been re-established).
- **Inaccurate, materially misleading, or false information** is provided on the application or during the application process.
- **All income is considered** (e.g., W-2 income, Disability, SSI, Retirement, and Pension). If your income is from W-2 earnings, then a 2-Year work history is required. Gaps in employment of more than 30 days will require a written explanation.

Criminal convictions are also considered in our evaluation of a family's suitability and eligibility for the Habitat Homebuyer Program. Any history of felony, drug, weapons, sexual, or violent offenses, may constitute grounds for denial of an application.



Habitat for Humanity Jackson, TN Area Inc. is pledged to the letter and spirit of the 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. Habitat for Humanity Jackson, TN Area Inc. is an equal opportunity employer.

Habitat for Humanity Jackson, TN Area Inc.

IMPORTANT - APPLICATION CHECKLIST

ITEMS BELOW MUST BE RETURED WITH YOUR APPLICATION TO AVOID PROCESSING DELAYS:

- The **fully completed application** with all signatures.
- A **money order or cash for \$25.00 or \$50.00 for joint applicants** payable to Habitat for Humanity Jackson, TN Area Inc., to cover the tri-merge credit report fee.
- **Three forms of identification** (drivers' license, birth certificate, and social security card) **for every person 18 or older** who will occupy the Habitat home for which you are applying. **Two forms of identification for any person under age of 18** who will occupy the home.
- **All income is considered** (i.e. W-2 income, Disability, SSI, Retirement, and Pension). If your income is from W-2 income, then a 2-Year work history is required. **Your most recent paycheck stub with year-to-date earnings.** (If the applicant is **self-employed**, we require the **past two years of tax returns** with all schedules and a year to date profit and loss statement). This is required **for every person over the age of 18** who will occupy the Habitat home for which you are applying.
- Two most recent years of **tax returns, 1040 and applicable schedules (no worksheets) with all W-2s and/or 1099's.** There are many reasons people are not required to file taxes. If you do not file taxes, we will require a letter from the IRS that states they have no record of your filing for each year requested. This is called a Verification of Non-filing and can be obtained from at [irs.gov](https://www.irs.gov), by phone -1-800-829-1040 or in person at the local IRS center – 22 N. Front Street, Memphis, 38103.
- The most recent **Social Security award letters** for any individual who will occupy the Habitat home for which you are applying that receives Social Security benefits.
- If **child support** is being received or, if you are required to pay child support, we must be provided the case number or a printout from the court clerk or TN child support program showing that all required support has been received or paid for a period of at least one year without interruption.
- **Checking & Savings Bank statements** (all pages) for the **two months** immediately preceding the month in which the application is made (for applicant and co-applicant).
- **Acknowledgment/Consent to Sex Offender Registry search** for **every individual** who will occupy the Habitat home who is **over the age of 18.**



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

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

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

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

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

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room

☐ Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

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

5. PROPERTY INFORMATION

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

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

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

6. EMPLOYMENT INFORMATION

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

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:

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

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. 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 parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant

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

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

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay 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 will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity 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

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. 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 _____

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

Habitat for Humanity Jackson, TN Area Inc.

Certification and Authorization

By signing this application for the Habitat for Humanity homebuyer program, I/we certify that:

- I/we have not held an ownership interest in real property within the past three years; ○ I/we am/are willing to complete the required Homebuyer Education program;
- I/we am/are willing and able to complete the required sweat equity (200 hours for a sole applicant, and 400 hours for a joint application);
- I/we understand that the Habitat homebuyer program requires prospective homebuyers to make a \$1,800 contribution toward closing cost on their home before they can close on the purchase of their home, and I am/we are able to comply with these requirements.
- All information contained on this application is true and complete. I/we understand that any false, materially misleading or inaccurate information on this application may result in denial of my/our application.
- I/we understand that in processing my/our application and evaluating my/our suitability and eligibility for the Habitat homebuyer program, Habitat will perform a sex offender registry check, a credit check, and a criminal background check, and that Habitat will also verify my/our rent, employment and income with my/our employers and landlords. Habitat may also contact my prior landlords for a reference.
- I/we authorize Habitat for Humanity Jackson, TN Area Inc. to receive and independently verify the information contained in my/our application and attachments and to perform the background, credit, sex offender, and criminal checks as stated above in order to evaluate my/our eligibility and suitability for the Habitat homebuyer program.

NOTICE: This application package is submitted to Habitat for Humanity Jackson, TN Area Inc. as the first step in qualifying for our homebuyer program. If you are approved for the Habitat homebuyer program, you will be required to complete and sign a Uniform Residential Loan Application. During the processing of your application to the homebuyer program, additional information may be requested from time to time, in order to satisfy our family selection guidelines. Any requested information must be provided within 30 days of our written request, or your application will be considered withdrawn.

Date: _____

Applicant signature

Date: _____

Co-applicant signature

Application received by: _____

Date: _____

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Sexual Offender Registry and Criminal Background Check Policy for Partner Families and Household Members

Purpose- As a ministry, Habitat for Humanity Jackson, TN Area Inc. (HFHJTA) values the safety of children, our employees, volunteers, and the families we serve. We want to take prudent measures to protect our human and material resources.

Policy- HFHJTA requires that Sex Offender Registry and criminal background checks be conducted for all adult members of potential Partner Families. HFHJTA reserves the right to recheck sex offender and/or criminal background status at any time during the qualification process, homebuilding process, and during any occupancy of the property by a Partner Family prior to the closing of the purchase of the Habitat home by the Partner Family.

Disqualification Criteria-

A Sex Offender Registry or criminal background finding may disqualify an applicant from homeownership with HFHJTA. In determining eligibility, HFHJTA, in its sole discretion, may consider several factors, including without limitation, one or more of the following:

- The nature of the conviction and whether children were involved;
- The amount of time elapsed since the offense;
- The extent to which the offense may affect the person's fitness or ability to complete the requirements of the homebuyer program;
- The age of the individual when the offense occurred;
- The number of convictions (if more than one);
- Whether partnering with the applicant and/or candidate would pose a risk of legal liability to the organization;
- The extent to which the individual has made an effort towards rehabilitation since the conviction;
- Whether the offense is of a type which is likely to have an impact on homeowners living in the immediate vicinity (such as drug offenses);
- Whether the crime involved violence or weapons;
- Whether the state's public policy encourages homeownership by persons who have been convicted of crimes; and
- Any other factor that HFHJTA deems relevant to the decision.

Effect of Failure to Provide Information:

If any applicant, member of an applicant's household, or member of a Partner Family's household withholds or falsifies information pertaining to a sex or criminal offense, the person may be disqualified from further consideration.

Examples where Disqualification Warranted –

Some examples of offenses for which HFHJTA may, within its sole discretion, determine that an individual or Partner Family is ineligible for homeownership include, but are not limited to:

- Serious felony convictions;
- Offenses involving the manufacture or distribution of illegal substances;
- Weapons offenses;
- Child abuse offenses;
- Domestic violence convictions;
- Child molestation;
- Statutory rape;
- Conviction for an offense related to child pornography; and/or
- Sexual assault conviction, including forcible rape.

This above list is not exhaustive and is provided for illustrative purposes only. HFHJTA reserves the right to weigh disqualification criteria on a case-by-case basis and to make selection and de-selection decisions in its sole discretion. Disqualifications may extend to any partner family member.

**Habitat for Humanity Jackson, TN Area,
Inc.
Sex Offender Registry and Criminal Background Check**

Applicant and Co-Applicant

I/we acknowledge receipt of a copy of Habitat for Humanity Jackson, TN Area, Inc. Sex Offender Registry and Criminal Background Check policy and consent to having my/our name(s) checked in the Sex Offender Registry.

Applicant Name: _____ Date of birth: _____

Social Security No. _____ Gender: _____

Other names/aliases previously used: _____

Current Address: _____

Previous Address/State: _____

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.) _____

Signature: _____ Date: _____



Co-Applicant Name: _____ Date of birth: _____

Social Security No. _____ Gender: _____

Other names/aliases previously used: _____

Current Address: _____

Previous Address/State: _____

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.) _____

Signature: _____ Date: _____

Habitat for Humanity Jackson, TN Area Inc.
Sex Offender Registry and Criminal Background Check
Non-Applicant(s) over 18 years of age

I am a **non-applicant over the age of 18** who will reside in the home of the applicant(s). I acknowledge receipt of a copy of Habitat for Humanity Jackson, TN Area Inc.'s Sex Offender Registry and Criminal Background Check policy and consent to having my/our name(s) checked in the Sex Offender Registry.

Non-Applicant Name: _____ **Date of birth:** _____
Social Security No. _____ Gender: _____
Other names/aliases previously used: _____
Current Address: _____

Previous Address/State: _____

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.)

Signature: _____ **Date:** _____

Non-Applicant Name: _____ **Date of birth:** _____
Social Security No. _____ Gender: _____
Other names/aliases previously used: _____
Current Address: _____

Previous Address/State: _____

Have you ever been convicted of, or do you have any pending charges involving criminal or sexual offenses? (If yes, please explain. Continue explanation on the back of this page, if necessary.)

Signature: _____ **Date:** _____



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 [FTC Regional Office for the South East region, Southeast Region Federal Trade Commission, Suite 1500, 225 Peachtree Street NE, Atlanta, GA 30303] 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):

X _____

Print name: _____

Date: _____

X _____

Print name: _____

Date: _____



Privacy Statement

At Habitat for Humanity Jackson, TN Area Inc., we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place 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.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality. We collect nonpublic personal information about you from the following sources:

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

Habitat for Humanity Jackson, TN Area Inc. employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. Habitat for Humanity Jackson, TN Area Inc. has no affiliates or marketing experts with whom we share personal information.

Applicant Signature

Date

Co-Applicant Signature

Date

Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. / / / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	855-587-9604
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999
	855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

855-298-1145

855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note: If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.