

Homeownership Program | Required Documents

Along with your application, you must submit **copies** (no originals, please) of the requested documents for both the *primary applicant and the co-applicant*. We cannot consider your application unless we have ALL documents listed below. Application packages must be postmarked by September 30, 2025. Our offices are closed to the public and we cannot accept drop-off applications.

1. APPLICATION CHECKLIST

Use the following checklist to aid you in the completion of your application.

Applicant	Co-applicant
<input type="checkbox"/> 2022, 2023, and 2024 Federal Tax Return (first 2 pages are sufficient)	<input type="checkbox"/> 2022, 2023, and 2024 Federal Tax Return (first 2 pages are sufficient)
<input type="checkbox"/> 2022, 2023, and 2024 W-2 form	<input type="checkbox"/> 2022, 2023, and 2024 W-2 form
<input type="checkbox"/> Documentation of any other qualifying sources of income not seen on Federal Tax Return (SSI or other governmental subsidy that can be guaranteed to continue for at least three years)	<input type="checkbox"/> Documentation of any other qualifying sources of income not seen on Federal Tax Return (SSI or other governmental subsidy that can be guaranteed to continue for at least three years)
<input type="checkbox"/> Last paystub of 2024, first paystub of 2025, and two most recent paystubs	<input type="checkbox"/> Last paystub of 2024, first paystub of 2025, and two most recent paystubs
<input type="checkbox"/> Bankruptcy discharge, if applicable	<input type="checkbox"/> Bankruptcy discharge, if applicable
<input type="checkbox"/> Proof of Legal Residency Status for all members of the family, including children <i>Acceptable forms of proof include: birth certificate, passport, naturalization document, permanent resident card, or resident alien card</i>	
<input type="checkbox"/> Most recent bank statement for checking and savings accounts	
<input type="checkbox"/> Signed "Authorization and Release" (page 10) <input type="checkbox"/> Signed "Right to Receive Copy of Appraisal" (page 11) <input type="checkbox"/> Signed "Equal Credit Opportunity Act Notice" (page 13) <input type="checkbox"/> Signed "Credit History and Verification Form" (page 14) <input type="checkbox"/> Signed "Criminal Records and Background Release" (pages 15/16) <input type="checkbox"/> Signed "Media Release Form" (page 17)	

MAKE SURE TO:

- **Complete the entire application.** Do not leave any spaces blank. If something does not apply to you, draw a line or write "N/A".
- **Double check your application.** Once you have finished, please go back and read through your application to make sure that all the information is correct and that you have filled in every blank.
- **Include your credit report fee.** Make sure it is in the form of a cashier's check or money order. (Sorry, no cash, personal check, or credit/debit card payments.)

Homeownership Program | Application

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.



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.

2. APPLICANT INFORMATION

Applicant	Co-applicant
Full name <div> <div>Last name</div> <div>First name</div> </div> <div> <div>Middle</div> <div>Social security number</div> </div>	Full name <div> <div>Last name</div> <div>First name</div> </div> <div> <div>Middle</div> <div>Social security number</div> </div>
Contact information <div> <div>Home phone number</div> <div>Cell phone number</div> </div> <div>Email address</div> <div> <div>Driver's license number</div> <div>State issued</div> </div>	Contact information <div> <div>Home phone number</div> <div>Cell phone number</div> </div> <div>Email address</div> <div> <div>Driver's license number</div> <div>State issued</div> </div>
Demographics <div> <div>Date of birth</div> <div>Place of birth</div> </div> <div>Languages spoken</div> <div> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) </div>	Demographics <div> <div>Date of birth</div> <div>Place of birth</div> </div> <div>Languages spoken</div> <div> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) </div>
Present address <input type="checkbox"/> Own <input type="checkbox"/> Rent <div>Street address</div> <div> <div>City</div> <div>State</div> <div>Zip code</div> </div> <div>Number of years</div>	Present address <input type="checkbox"/> Own <input type="checkbox"/> Rent <div>Street address</div> <div> <div>City</div> <div>State</div> <div>Zip code</div> </div> <div>Number of years</div>



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

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

Last address <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ <i>Street address</i> _____ <i>City</i> <i>State</i> <i>Zip code</i> _____ <i>Number of years</i>	Last address <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ <i>Street address</i> _____ <i>City</i> <i>State</i> <i>Zip code</i> _____ <i>Number of years</i>
--	--

Please list dependents and others who will live with you. Attach extra page if necessary.

Name	Relationship	Sex	Social security number	Date of birth

3. FOR OFFICE USE ONLY

Do not write in this space.

Date of:	Receipt	Adverse action letter
Incomplete application letter	Board approval	Partnership agreement

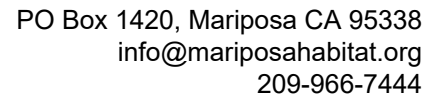
4. WILLINGNESS TO PARTNER

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:

Applicant ☐ Yes ☐ No

Co-applicant ☐ Yes ☐ No



5. 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*)

Total number of people living in this home: _____ Do you need special handicapped access? ☐ Yes ☐ No

Total rent: \$_____/month

Portion you pay

Paid by Section 8 (if applicable)

Landlord's name

Phone number

Email address

Landlord's address

City

State

Zip code

If you've been at your current residence for less than one year, please account for your housing for the past five years (address, length of stay, and reasons for leaving). Attach extra page if necessary.

Describe the condition of your home or apartment. Why do you want to purchase a home through Habitat?

building strength, stability, and self-reliance through shelter

6. PROPERTY INFORMATION

Do you own your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a first-time homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____ Monthly payment	\$ _____ Unpaid balance
Do you own land? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$ _____ Monthly payment	\$ _____ Unpaid balance
Are you buying any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Location	_____ Current Value

7. EMPLOYMENT INFORMATION

Attach last 2024 paystub, first 2025 paystub, and two most recent paystubs.

Applicant		Co-applicant	
Name and address of current employer	Length employed	Name and address of current employer	Length employed
	Monthly wages (gross) \$		Monthly wages (gross) \$
Type of business	Business phone	Type of business	Business phone
Please account for the last five years of employment. Attach extra page if necessary.			
Name and address of previous employer	Length employed	Name and address of previous employer	Length employed
	Monthly wages (gross) \$		Monthly wages (gross) \$
Type of business	Business phone	Type of business	Business phone
Name and address of previous employer	Length employed	Name and address of previous employer	Length employed
	Monthly wages (gross) \$		Monthly wages (gross) \$
Type of business	Business phone	Type of business	Business phone
Name and address of previous employer	Length employed	Name and address of previous employer	Length employed
	Monthly wages (gross) \$		Monthly wages (gross) \$
Type of business	Business phone	Type of business	Business phone



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

8. GROSS MONTHLY INCOME

Attach documentation for income guaranteed to continue for at least three years.

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
			\$	
			\$	
			\$	
			\$	

9. SOURCE OF CLOSING COSTS

Closing costs will be approximately \$2,000 and will be due when the Habitat home is ready to be sold. How will you pay for this?



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

10. ASSETS

Attach most recent bank statement for all bank accounts.

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

11. MONTHLY EXPENSES

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

building strength, stability, and self-reliance through shelter

12. DEBT

Please list outstanding debts and/or creditors to whom you owe money.

	Applicant			Co-applicant		
Account	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	\$	\$		\$	\$	

Are you currently making payments or do you owe any money for defaulted taxes?

☐ Yes ☐ No

Amount and payment plan

Do you owe any money or have any personal debts to anyone?

☐ Yes ☐ No

To whom and amount owed

Are you currently making child support or court-ordered payments to your ex-spouse?

☐ Yes ☐ No

Monthly payment

Do you owe back payments for child support?

☐ Yes ☐ No

Amount owed

Have you ever or are you currently undergoing proceedings to file for bankruptcy?

☐ Yes ☐ No

When, name of court, and status



building strength, stability, and self-reliance through shelter

13. DECLARATIONS

	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 paper.

14. PERSONAL GOALS AND ASPIRATIONS

What are your future goals for yourself and your family?

What will you and your family do to complete the 250 hours of sweat equity required for each applicant?



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

If you become a homeowner, how will a new home change your life?

15. PROPERTY INTEREST

I am interested in being considered for the following Habitat for Humanity homes currently for sale:

☐ New construction home on Stroming Rd in Mariposa

16. 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.

_____	_____	_____	_____
Date	Applicant signature	Date	Co-applicant signature



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

17. 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.

Date

Applicant signature

Date

Co-applicant signature

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.

18. 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 (may select more than one race designation): <input type="checkbox"/> American Indian <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 (may select more than one race designation): <input type="checkbox"/> American Indian <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
	Interviewer's signature Date
	Interviewer's phone number



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

Homeownership Program | *Equal Credit Opportunity Act Notice*

19. ECOA NOTICE *This notice communicates the right to require certain income information from program applicants.*

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 Western Region Los Angeles, 10990 Wilshire Blvd, Suite 400, Los Angeles, CA 90024 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.

_____	_____	_____
Date	Applicant name (please print)	Applicant's signature

_____	_____	_____
Date	Co-applicant name (please print)	Co-applicant's signature



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

Homeownership Program | Credit History and Verification Form

20. AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

This authorizes the release of any and all information regarding the credit history of

_____ and _____ to
Habitat for Humanity of Mariposa County for the sole purpose of verifying my pending real estate loan
application.

Applicant	Co-applicant
Signature	Signature
Printed name	Printed name
Date of birth	Date of birth
Social security number	Social security number
Address	Address
City, state, and zip code	City, state, and zip code
Date signed	Date signed



Homeownership Program | *Criminal Records and Background Release*

21. AUTHORIZATION TO OBTAIN CRIMINAL BACKGROUND INFORMATION AND RELEASE INFORMATION

Criminal convictions will not automatically disqualify an applicant. Habitat will consider the nature of the crime, its seriousness, whether the convictions substantially relates to the ability to partner with Habitat and your ability to pay, the frequency of the convictions, the applicant's age at the time of conviction, and the time elapsed since the date of conviction or completion of jail sentence.

Within the past ten years have you or any member of your household, been convicted of a felony? (*Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program.*)

☐ Yes ☐ No

If yes, please explain so that the individual circumstances can be considered: _____

Note: Attach additional page(s) if necessary.

CALIFORNIA APPLICANTS: This does not include convictions under California Health and Safety Code Section 1137 or 11360, 11364, 11365, or 11550 related to marijuana which occurred two or more years before the instant application.

This authorizes the release of any and all information regarding the criminal history of

_____ and _____.

Additional members of the household: _____

We certify that all the information on this application or any supporting documents is complete and accurate to the best of my knowledge. We understand that any falsification, misrepresentation, or omission of any information demonstrates an unwillingness to partner with Habitat and may result in disqualification from consideration of the Habitat home program.

We authorize Habitat or its agents to confirm all statements contained in this application and as it relates to the homeownership we are seeking and to the extent permitted by federal, state, or local law. We agree to complete any requisite authorization forms for the background investigation.



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

We authorize and consent to, without reservation, any party or agency contacted by Habitat to furnish the above-mentioned information. We hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Habitat or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which we may have as a result of the delivery or disclosure of the above requested information. We hereby release from liability Habitat and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

We understand that we will be required to provide genuine documentation establishing identity and eligibility to be legally residing in the United States. I also understand that Habitat selects only those that are legally eligible to live in the United States.

We understand that background information may be obtained for our minor children. The foregoing release and consent constitutes acknowledgement by the applicant to the extent permitted by federal, state, and local law, to obtain and verify background information as necessary by Habitat.

To Habitat for Humanity of Mariposa County for the sole purpose of verifying my pending application for affordable housing.

Applicant	Co-applicant
Signature	Signature
Printed name	Printed name
Date of birth	Date of birth
Social security number	Social security number
Address	Address
City, state, and zip code	City, state, and zip code
Date signed	Date signed



PO Box 1420, Mariposa CA 95338
info@mariposahabitat.org
209-966-7444

building strength, stability, and self-reliance through shelter

Homeownership Program | *Media Release Form*

22. PHOTOGRAPHY AND/OR TESTIMONIAL RELEASE

If my family is approved by Habitat for Humanity of Mariposa County, I hereby release, authorize, and give full consent to Habitat for Humanity of Mariposa County to publish and display my information as well as any photographs in which I, my spouse, and/or children appear.

It is further agreed that Habitat for Humanity of Mariposa County may use or cause to be used such material for, or in, visual displays, exhibitions, internet webpages, or publications for the purpose of communication to the general public or other parties, provided that Habitat for Humanity of Mariposa County is credited when such material is used or printed.

I also acknowledge that I have received no monetary compensation for materials used pursuant to this release. I also declare by my signature below, that this testimony is factual and accurate.

Names of individuals in my family

Date

Applicant name (please print)

Applicant's signature