Danville-Pittsylvania County Habitat for Humanity®

Dear Prospective Homeowner:

Thank you for your interest in the Danville-Pittsylvania County Habitat for Humanity Homeowner Partnership Program.

Habitat's homeownership program helps qualified individuals and families achieve safe, stable, and affordable homeownership. **Applicants are evaluated based on three primary criteria:**

- Need for safe and affordable housing
- Ability to pay an affordable mortgage
- Willingness to partner with Habitat, including completing sweat equity and homebuyer education requirements
- Applicant resides or works in Danville or Pittsylvania County

Danville-Pittsylvania County Habitat for Humanity expects to select three qualified households for the following homes:

- One three-bedroom home on Seminole Dr. in Danville, VA currently under construction
- One four-bedroom home on Martin Ave. in Danville, VA currently under construction
- One two-bedroom home on Hughes St. in Danville, VA expected to be completed in 2027

The size of the home offered to a selected applicant will be based on household size, program guidelines, and home availability.

APPLICATION PACKET CONTENTS

This application packet includes:

- Application instructions—please read them carefully
- Helpful tips for completing the application
- Family Selection Criteria brochure, including income guidelines—please review these carefully before completing the application
- Application form, including the Voluntary Information Form
- I-9 Residency Form
- Equal Credit Opportunity Act Notice
- Checklist of the supporting documents required to complete your application
- Contact Information and Electronic Consent Form

NEXT STEPS

1. Complete your application and gather all required supporting documents. Carefully review the application and document checklist. Complete all applicable sections and obtain all required signatures.

2. Submit your completed application and all required supporting documents for review.

Your submission should include:

- All completed and signed forms in the application packet
- A valid government-issued photo ID, such as a driver's license, state-issued ID, or U.S. passport, for each applicant and co-applicant
- A Social Security card or other acceptable Social Security number documentation for each applicant and co-applicant
- The most recent statements for **ALL** monthly financial obligations, including utilities, telephone, cable or internet, credit cards, vehicle loans, insurance, rent-to-own accounts, and other recurring debts
- Income documentation for each applicant and household member whose income will be considered
- Documentation of public assistance or other income being considered, including court-ordered child support, Social Security, SSI, or disability benefits
- All other documents identified on the application checklist

Do not mail original documents.

Applications and supporting documents may be submitted:

In person:
Danville-Pittsylvania County Habitat for Humanity
2805 Riverside Drive
Danville, VA 24540

By mail:
Danville-Pittsylvania County Habitat for Humanity
P.O. Box 718
Danville, VA 24543

If your application is missing information or documentation, you will receive a written notice identifying the missing items and the deadline for submitting them. Your application will not be considered complete until all required information and documentation have been received.

3. Watch for information about the next steps.

After your application has been reviewed, you will be notified of its status. If your application is selected to move forward, a member of the Homeowner Services team will contact you by telephone or email with additional instructions and information about the next stage of the process.

Please make sure the telephone number and email address listed on your application are accurate. Notify Homeowner Services promptly if your contact information changes, and regularly check your voicemail and email, including your spam or junk folder.

Being selected to move forward does not guarantee final approval for the Homeowner Partnership Program.

IMPORTANT REMINDERS

- Your completed application and all required supporting documents must be submitted by the application deadline.
- Applications will only be accepted during the application period.
- An incomplete application may delay the review process or prevent your application from being considered.
- Submission of an application does not guarantee approval or selection.
- Applications will be evaluated according to the program requirements and selection criteria currently in effect.
- We expect to select three qualified households for the homes listed above.
- If you are not interested in the available homes, you do not need to apply during this application period.

If you need assistance completing your application or have questions about the application process, please contact me Monday through Friday from 10:00 a.m. to 4:00 p.m.

We look forward to working with you,

Angel Moyer
Homeowner Services Manager
Danville-Pittsylvania County Habitat for Humanity
Telephone: (434) 793-3630, ext. 104
Email: Angel@danvillehabitat.org



All applicants will be considered without regard to race, color, religion, national origin, sex (including sexual orientation and gender identity), marital status, familial status, age (provided the applicant has the capacity to enter into a binding contract) or elderliness, disability or handicap, receipt of public assistance, or exercise of rights under the Consumer Protection Act.

Danville-Pittsylvania County
Habitat for Humanity®

Application Instructions

- Read all forms carefully before completing them
- Gather all of the required information **before** you submit your application
- Use black or blue **ink**
- Write legibly
- Complete all information **accurately**
- The forms listed below are not in your packet. If needed, they will be completed at your application review appointment:
  - Landlord Verification
  - Employment Verification
  - Verification of Public Assistance
  - Request for Verification of Deposit
  - Request for Credit References
  - IRS Form 4506T
- **Sign** your completed application
- **Submit your completed application and all required supporting documents for review.** You will also need to bring two forms of identification. (See the I-9 form for additional information on the forms of ID that are acceptable.)
- **Watch for information about the next steps.** After your application has been reviewed, you will be notified of its status.

If you need assistance completing your application or have questions about the application process, please contact Angel Moyer Monday through Friday from 10:00 a.m. to 4:00 p.m at 434-793-3630 ext 104.

EQUAL HOUSING OPPORTUNITY

Helpful Tips for Filling Out Your Application

Section 1 – Applicant Information

- If there will be an applicant and a co-applicant, decide here which is which. In other words, the person named as the applicant in section 1 fills in their information as the applicant wherever the application asks for it. The same goes for the co-applicant. No switching back and forth!
- The applicant and co-applicant are the people who will be responsible for paying for the Habitat house, if selected. Their names will go on all legal documents.
- Make sure that you print your answers clearly – especially numbers.
- We must have your social security number in order to pull credit reports and criminal background reports.
- Dependents – the applicant and co-applicant may have different dependents. List these people in the appropriate place. If you have the same dependents, just list them once.

Section 1 Supporting Documentation:

- Two forms of identification. Driver's license (or State ID) and Social Security Card are usually the easiest to find. Other documents are also accepted. See the I-9 form for more options.

Section 2 – Office Use Only

Don't fill out anything here. Habitat for Humanity staff fill out this section to track the progress of your application.

Section 3 – Willingness to Partner

Please carefully consider the time commitment and physical requirements of a Habitat partnership. Sweat Equity is an important part of the Habitat for Humanity program and a big part of earning Sweat Equity is helping to build Habitat houses. For those who are physically unable to do this, other arrangements will be made for earning the required hours. A Habitat partnership will not be successful if you are not willing to fully participate in this part of it.

Section 4 – Present Housing Conditions

Tell us all about the place where you are living. This helps us to determine whether or not you need a Habitat house. If you leave this section blank, you are telling us that you really don't need this. If you need more space to tell us about your situation, attach a separate piece of paper. Some things to consider:

- Is your current home too crowded?
- Does the rent cost too much?
- Is it in poor condition?
- Are you sharing space with another family (you don't have a home of your own)?
- Are you concerned about safety?
- Are there things about this home that make it unhealthy?

Give us as much detail as you can.

We also need the contact information for your current landlord.

Section 4 Supporting Documentation:

A copy of your lease or a copy of a money order receipt for your rent payment or a cancelled rent check.

Section 5 – Property Information

If you <u>own</u> the home you are living in or own land, fill in this section.

Section 5 Supporting Documentation:

- Mortgage information: payment coupon, outstanding mortgage balance
- Land/property information: monthly payment info, outstanding loan balance

Section 6 – Employment Information

Please fill in the information about your current job. If you have been at this job for less than a year, tell us about the job you had before that. Make sure that the person listed as the applicant on page 1 fills out the applicant section here. The same for the co-applicant.

Section 7 – Monthly Income

List all current, regular income for all of the people in your household. Please list gross (before tax) wages.

Section 7 Supporting Documentation:

- Bring the last two months of paystubs for all employment listed.
- Bring your last two federal tax returns
- If you are self-employed, you will need to submit your complete federal tax returns from the last two years and a current year-to-date financial statement.

Section 8 – Source of Down Payment and Closing Costs

Explain how you will get the money for the $500 down payment

Section 9 – Assets

List all bank/credit union accounts.

List any other items of value that you own such as: house/land, vehicles, investments, and enforceable claims again others.

Section 9 Supporting Documentation:

- Bring your most current bank statements.
- Bring paperwork to verify your ownership of the assets you listed

Section 10 – Debt

List all of your monthly debt obligations (these are different from monthly expenses – see that list on the next page) and fill in the requested information about each one.

Monthly Expenses: List all of your regular monthly expenses.

Section 10 Supporting Documentation:

- Bring copies of contracts or other paperwork to verify debts.

- Bring copies of your most recent bills or payment receipts for your monthly expenses.

Section 11 – Declarations

Answer all questions.

If your answer for questions a - h is "yes" or your answer to question i is "no",

then provide a detailed explanation in the space below the questions on the application form or use a separate sheet of paper.

Section 12 – Authorization and Release

Please read this section carefully. When you sign this form, you are stating that all the information you have provided is true and that you are agreeing to allow Danville-Pittsylvania County Habitat for Humanity (DPCHFH) to do a detailed evaluation of your need for housing, your ability to pay for housing (as well as the other expenses of home ownership), and your willingness to partner with DPCHFH. Your application evaluation includes:

- Credit check
- Criminal background check
- Sex Offender Registry check
- Personal/Home visit
- Employment verification

Danville-Pittsylvania County Habitat for Humanity®

Danville-Pittsylvania County Habitat for Humanity
PO Box 718 Danville VA 24543
2805 Riverside Drive, Danville VA 24540
(434) 793-3630
info@danvillehabitat.org

Application

Habitat Homeownership Program

EQUAL HOUSING OPPORTUNITY

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Dear Applicant: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Type of credit
☐ I am applying for **individual credit.**
☐ I am applying for **joint credit**. Total number of borrowers: _____
☐ Each borrower intends to apply for joint credit. **Your initials:** _____

1A. APPLICANT INFORMATION

Applicant	Co-applicant
Applicant's name: _____	**Co-applicant's name:** _____
Alternative and former names: _____	**Alternative and former names:** _____
Social Security number _____	Social Security number _____
Home phone ( ) _____	Home phone ( ) _____
Cell phone ( ) _____	Cell phone ( ) _____
Work phone ( ) _____	Work phone ( ) _____
Age _____ Date of birth (mm/dd/yyyy) _____	Age _____ Date of birth (mm/dd/yyyy) _____
☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) **(Fill out Section 14.)**	☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) **(Fill out Section 14.)**

Dependents and others who will live with you:

Name	Age	Male	Female
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Dependents and others who will live with you (not listed by co-applicant):

Name	Age	Male	Female
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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

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

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

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

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

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

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

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

If yes, check all that apply:

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

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/or other approved activities.

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

	Yes	No
Applicant	☐	☐
Co-applicant	☐	☐

3. PRESENT HOUSING CONDITIONS

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

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

Other rooms in the place where you are currently living: ☐ Kitchen ☐ Bathroom ☐ Living room ☐ Diningroom

Other (please describe): _____

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

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

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

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

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?

$_____/month Unpaid balance $_____

Do you own land other than your residence? ☐ No ☐ Yes

Monthly payment (including taxes, insurance, etc.)

$_____

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

5. EMPLOYMENT INFORMATION

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

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

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

Monthly income (or loss) $_____

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

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	$	$	$	$
TANF	$	$	$	$
Alimony	$	$	$	$
Child support	$	$	$	$
Social Security	$	$	$	$
SSI	$	$	$	$
Disability	$	$	$	$
Housing voucher (e.g., Section 8)	$	$	$	$
Unemployment benefits	$	$	$	$
VA compensation	$	$	$	$
Retirement (e.g., pension)	$	$	$	$
Military entitlements	$	$	$	$
Other: _____	$	$	$	$
Total	**$**	**$**	**$**	**$**

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

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

8. ASSETS

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)
					$
					$
					$
					$
					$
					$
					$

9. LIABILITIES AND EXPENSES

TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant		
Account	**Monthly payment**	**Unpaid balance**	**Months left to pay**	**Monthly payment**	**Unpaid balance**	**Months left to pay**
Auto loan	$	$		$	$	
Installment (e.g., boat, personal loan)	$	$		$	$	
Lease (e.g., furniture, appliances — includes rent-to-own)	$	$		$	$	
Alimony/separate maintenance	$	$		$	$	
Child support	$	$		$	$	
Revolving (e.g., credit cards)	$	$		$	$	
Student loan debt	$	$		$	$	
Open 30 days (balance paid monthly, e.g., travel card)	$	$		$	$	
Medical debt	$	$		$	$	
Other	$	$		$	$	
Other	$	$		$	$	
Total	**$**	**$**		**$**	**$**	

MONTHLY EXPENSES			
Account	**Applicant**	**Co-applicant**	**Total**
Rent	$	$	$
Utilities (electricity, water, gas)	$	$	$
Insurance (rental, car, health, etc.)	$	$	$
Child care	$	$	$
Internet service	$	$	$
Cell phone	$	$	$

Land line	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	$	$	$
Food and essential supplies	$	$	$
Entertainment	$	$	$
Other	$	$	$
Other	$	$	$
Total	**$**	**$**	**$**

10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	**Applicant**	**Co-applicant**
a. Are there any outstanding judgments because of a court decision against you?	☐ Yes ☐ No	☐ Yes ☐ No
b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	☐ Yes ☐ No	☐ Yes ☐ No
c. Have you had any property foreclosed upon in the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	☐ Yes ☐ No	☐ Yes ☐ No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	☐ Yes ☐ No	☐ Yes ☐ No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	☐ Yes ☐ No	☐ Yes ☐ No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	☐ Yes ☐ No	☐ Yes ☐ No
h. Are you a U.S. citizen or permanent resident?	☐ Yes ☐ No	☐ Yes ☐ No
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

11. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity 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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

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

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

13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

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

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname? ☐ Yes ☐ No Was the sex of the Borrower collected on the basis of visual observation or surname? ☐ Yes ☐ No Was the race of the Borrower collected on the basis of visual observation or surname? ☐ Yes ☐ No		
This application was taken by: ☐ Face-to-face interview (included electronic media w/video component) ☐ By mail ☐ By telephone	Interviewer's name (print or type)	Interviewer's phone number
	Interviewer's signature	Date

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any) _____

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	OR	LIST B **Documents that Establish Identity**	AND	LIST C **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at:

FTC Regional Office for the East Central Region
Consumer Response Center
Federal Trade Commission
600 Pennsylvania Ave NW,
Washington DC 20580
Or
Federal Trade Commission
Equal Credit Opportunity
Washington, DC 20580

(877) FTC-HELP
(877) 382-4357

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:

Signature _____

Print name: _____

Date: _____

Co-Applicant:

Signature _____

Print name: _____

Date: _____

Danville-Pittsylvania County Habitat for Humanity®

Checklist of Required Documents for Application for Habitat Homeownership

NOTE: ALL documents must be ORIGINALS; copies will be made as necessary and originals returned immediately.

Please Submit All Documentation With Your Application

- ___Completed forms from Application Packet for all applicants and co-applicants
- ___Identification for all applicants and co-applicants:
  a. Valid Driver's License or State ID and Social Security Card or Birth Certificate
  OR
  b. U.S. Passport
- Most recent statements for ALL monthly obligations:
  - ___Utilities
  - ___Phone
  - ___Cell phone
  - ___Insurance
  - ___Child support ***payments you make***
  - ___Alimony ***payments you make***
  - ___ALL Credit Cards
  - ___Rent-to-own
  - ___Other:_____
- Verification of all Public Assistance paid to all applicants and co-applicants and anyone over 18 who will be living in the Habitat house:
  - ___Social Security
  - ___SSI
  - ___Child support ***paid to you***
  - ___Alimony ***paid to you***
  - ___Disability
  - ___Unemployment
  - ___TANF
  - ___Other:_____
- Verification of Income
  - ___Most recent two months of paystubs for all current employment
  - ___Last two years of tax returns
  - ___Most recent bank statement(s)

DANVILLE-PITTSYLVANIA COUNTY HABITAT FOR HUMANITY

CONTACT INFORMATION AND ELECTRONIC COMMUNICATION CONSENT

Please provide your best contact information. Accurate information helps us communicate with you about your application, missing documents, deadlines, appointments, and application status. Notify Homeowner Services promptly if any information changes.

APPLICANT CONTACT INFORMATION

Applicant

Full Name

Applicant ID (if assigned)

Primary Telephone

Alternate Telephone

Email Address

Preferred Method of Contact - check all that apply: ☐ Telephone call ☐ Text message ☐ Email ☐ Mail

Best Days / Times to Contact You

Preferred Language or Communication Accommodation (optional)

Co-Applicant (if applicable)

Full Name

Applicant ID (if assigned)

Primary Telephone

Alternate Telephone

Email Address

Preferred Method of Contact - check all that apply: ☐ Telephone call ☐ Text message ☐ Email ☐ Mail

Best Days / Times to Contact You

Preferred Language or Communication Accommodation (optional)

CONSENT TO ELECTRONIC COMMUNICATION

By selecting Yes and signing below, I voluntarily authorize Danville-Pittsylvania County Habitat for Humanity to send application-related communications to the email address I provided. Communications may include requests for information or documents, deadline reminders, appointment information, status updates, and copies of notices. Some notices may also be sent by mail or provided on paper when required by law or Habitat policy.

I understand that regular email may not be secure. I will not send Social Security numbers, bank statements, tax records, credit reports, or other sensitive personal information through unsecured email unless Habitat provides an approved secure method.

I may request paper copies or withdraw this consent at any time by contacting Homeowner Services. Withdrawing consent will not affect consideration of my application and applies only to future communications. I confirm that I can access and retain email messages and PDF attachments at the email address listed above. This form does not replace any additional consent required before a legally required disclosure is provided solely in electronic form.

Applicant: ○ YES, I consent to email communication ○ NO, I do not consent

Co-Applicant: ○ YES, I consent to email communication ○ NO, I do not consent

ACKNOWLEDGMENT AND SIGNATURES

I certify that the contact information above is accurate. My signature confirms my communication selections and my electronic-communication choice, if any.

Applicant Signature

Date

Co-Applicant Signature (if applicable)

Date

OFFICE USE ONLY	Entered / Updated By	Date	Applicant ID

Danville-Pittsylvania County Habitat for Humanity

Habitat for Humanity is a Christian housing program that is dedicated to making sure that everyone has a simple, decent place to live. Habitat helps each partner family build their home, and then sells the home to the family with no interest. Habitat for Humanity makes no profit from the homes that it builds.

Family Selection Criteria

All applicants will be considered without regard to race, color, religion, national origin, sex (including sexual orientation and gender identity), marital status, familial status, age (provided the applicant has the capacity to enter into a binding contract) or elderliness, disability or handicap, receipt of public assistance, or exercise of rights under the Consumer Protection Act.

There are three basic criteria which Habitat uses to select partner families:

- Need
- Willingness to partner
- Ability to pay
- **Live or work in Danville or Pittsylvania County**

1. NEED

In order to qualify for Habitat housing, your current housing situation must be unacceptable due to concerns for health or safety, overcrowding, and/or affordability. This will be carefully examined when selecting families as Habitat wants all people to have safe, decent, and affordable homes.

2. WILLINGNESS TO PARTNER WITH HABITAT

Habitat partner families must contribute a number of hours of "sweat equity" toward the construction of their home. This means that you must be on the construction work site or doing other approved work for Habitat. The number of hours required depends on the number of members in the family and varies according to age:

1 adult household:	200 hours
2 adult household:	300 hours
Additional adults (18 years or older)	50 hours each
Children ages 16-17	50 hours each

Children under the age of 16, as well as, children over the age of 16 who are unable to work on site due to disability, may contribute hours by earning "A" and "B" grades on their report cards.

Sweat equity can be completed by partner family members, extended family, friends or church members. However, the partner family members are expected to complete 50% of the total required hours in construction. In addition, the partner family must begin earning their sweat equity hours by working on the homes of other partner families. Families must earn 50 hours of sweat equity before construction begins on their new home.

3. ABILITY TO PAY

Applicants must meet income guidelines to obtain a Habitat House. A credit check will be done to determine sources of debt and credit history. A sex-offender registry check and criminal background check will also be performed. Current income guidelines are listed below.

2026 INCOME GUIDELINES

# Household Members	1	2	3	4	5	6	7	8
Maximum Income Allowed	$33,600	$38,400	$43,200	$47,940	$51,780	$55,620	$59,460	$63,300

The Selection Process

Habitat families are interviewed and selected using the following process:

1. Program information and applications are made available for pickup or mailed to potential applicants. Interested applicants complete the application form and return it with supporting documents to DPC Habitat for Humanity.
2. Complete applications are processed. All financial information is verified. Credit reports, sex-offender registry and criminal background are all checked. Landlord and other credit references are checked.
3. A home visit for the purpose of gathering information about the applicant's current housing conditions and need for housing.

4. We will review all application information to determine if the applicant meets the selection criteria of need, willingness to partner, ability to pay, and resides/works in Danville-Pittsylvania County.
5. We present applicant information to the Board of Directors for approval. Applicant names are revealed only after the vote is taken.
6. All applicants are notified in writing whether they are accepted or rejected.

The Partnership Process

1. Selected families meet with Habitat representatives to review program and partnership requirements and discuss basic house design. Statements of understanding are signed at this time.
2. Selected partner families begin working their required sweat equity hours. Partner Family members must complete 50 hours of sweat equity prior to the beginning of construction on their home.
3. Construction begins on the Partner Family's home. Partner Family members work on their homes during scheduled construction workdays to complete their sweat equity requirements.
4. Partner Families must attend required homeowner education classes scheduled by DPCHFH.
5. Partner Families make arrangements to make the required $500 down payment and save for closing costs.
6. The family will be able to move into the house when:
   - -all sweat equity hours are completed
   - -required homeowner education classes are completed
   - -the $500 down payment is paid
   - -the house is completed with all final inspections done
   - -the Partner has made arrangements for a home owner's insurance policy
   - -the Partner has scheduled the transfer of utilities into their name
   - -closing has taken place to legally transfer the house to the new owner family

Monthly mortgage payments (which include real estate taxes and insurance) will be approximately $500-$750 for newly constructed houses.

***The final mortgage amount will be determined once the total construction cost of the home is established.**

Danville-Pittsylvania County Habitat for Humanity®

Family Selection Criteria

2026

Danville-Pittsylvania County Habitat for Humanity

2805-J Riverside Drive
PO Box 718
Danville VA 24543
(434) 793-3630

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, national origin, sex (including sexual orientation and gender identity), marital status, familial status, age (provided the applicant has the capacity to enter into a binding contract) or elderliness, disability or handicap, receipt of public assistance, or exercise of rights under the Consumer Protection Act.

EQUAL HOUSING OPPORTUNITY