



## Making your dream of homeownership come true Pre-application package

### Step One

**CONGRATULATIONS** on making the decision and taking the steps necessary to become a homeowner. Thank you for giving us the opportunity to assist you with your plans.

Home buying can seem like an overwhelming process but once you are informed, empowered, assisted and educated the home buying process is quite easy and simple. **Our aim is to help you overcome any obstacles stopping you from owning your home.**

#### **Please fill out the pre-application completely and provide the following information:**

- **One \$20.00 money order to cover the cost of your Credit Report from Experian and TransUnion. No cash, checks, or refunds.**
- **Copies of Applicant and Co-applicant's Photo IDs and Proof of US Legal Permanent Residency (Permanent Resident Card, Birth Certificate, Certificate of Naturalization, US Passport)**
- **Copies of your last three current pay stubs or proof of income *for everyone over 18 who is employed, including on call or seasonal/temporary/informal work.* (If self-employed, last 3 years tax returns. Income estimated by averaging three years).**

We are looking forward to your participation in our program.

**Pre-application packets are due within two weeks of distribution.** You can mail or drop off the forms at our office: 2619 Broadway Oakland, CA 94612

If you have any questions please feel free to contact the undersigned.

Sincerely,

A handwritten signature in black ink that reads "Julie Trinh".

Julie Trinh  
Homeowner Relations Coordinator  
[JTrinh@habitatEB.org](mailto:JTrinh@habitatEB.org)  
510-251-6304 x 367

A handwritten signature in black ink that reads "Allyse M. Peerenboom".

Allyse Peerenboom  
Homeowner Relations Coordinator  
[APeerenboom@habitatEB.org](mailto:APeerenboom@habitatEB.org)  
510-251-6304 x 371



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.



**Preliminary Information Questionnaire**  
**PLEASE COMPLETE IN ENGLISH**

Area Interested In:  Bay Point/Contra Costa County  Oakland  Alameda County: where \_\_\_\_\_

How did you hear about us?  Radio  Television  Newspaper: name \_\_\_\_\_

Habitat homeowner: name \_\_\_\_\_  Other: please explain \_\_\_\_\_

Have you applied to Habitat before?  Yes  No If yes, when? \_\_\_\_\_

**APPLICANT INFORMATION**  
**(titleholder)**

Name: \_\_\_\_\_

Married  Single  Divorced  Separated

Present Address: \_\_\_\_\_

Rent: how long? \_\_\_\_\_  Own: how long? \_\_\_\_\_

House Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street City, State Zip Code

Years on Job: \_\_\_\_\_ Position: \_\_\_\_\_  Self-employed: how long? \_\_\_\_\_

**CO-APPLICANT INFORMATION**  
**(titleholder)**

Name: \_\_\_\_\_

Married  Single  Divorced  Separated

Present Address: \_\_\_\_\_

Rent: how long? \_\_\_\_\_  Own: how long? \_\_\_\_\_

House Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street City, State Zip Code

Years on Job: \_\_\_\_\_ Position: \_\_\_\_\_  Self-employed: how long? \_\_\_\_\_

Staff Use Only. Date received: \_\_\_\_\_ Staff initials: \_\_\_\_\_

**OTHER FAMILY INFORMATION**

\*Please list all other family members that are going to be living in the Habitat home

Name	Date of Birth	Age	Sex	Social Security Number	Relationship

**INCOME INFORMATION**

Estimated Income	Applicant	Co-Applicant	Other Adult(s)
Gross Monthly Income	_____	_____	_____
Overtime	_____	_____	_____
Bonuses	_____	_____	_____
Commission	_____	_____	_____
Other Income (Disability, SSI, Unemployment, etc)	_____	_____	_____

Source of Closing Cost Payment:

Checking    Savings    Sale of Stock    Gift    Other: Please explain: \_\_\_\_\_

**Present Housing Expenses**

Rent: \$ \_\_\_\_\_/Month      Utilities: \$ \_\_\_\_\_/Month

**Other Debt**

Auto Loans: \$ \_\_\_\_\_/Month      Balance: \$ \_\_\_\_\_

Credit Cards: \$ \_\_\_\_\_/Month      Balance: \$ \_\_\_\_\_

Other Debts: \$ \_\_\_\_\_/Month      Balance: \$ \_\_\_\_\_

**Assets**

Money in Bank: \$ \_\_\_\_\_ (Balance)      Stocks & Bonds: \$ \_\_\_\_\_ (Balance)

Retirement funds: \$ \_\_\_\_\_ (Balance)      Other Assets: \$ \_\_\_\_\_ (Balance)

**History of Real Estate Owned**

Have you previously owned a home?    Yes    No

If yes, property address: \_\_\_\_\_

Value: \$ \_\_\_\_\_      Loan Balance: \$ \_\_\_\_\_      Payment: \$ \_\_\_\_\_      Rental Income: \$ \_\_\_\_\_

Did you lose the home to foreclosure?    Yes    No



## Information for Government Monitoring Purposes

**Please read this statement before completing the boxes below:** The following information is requested by the Federal Government for loans related to the purchase of homes in order to monitor the Lender's compliance with the equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

<b>Applicant</b>	<b>Co-Applicant</b>
<input type="checkbox"/> I do not wish to furnish this information  <b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial (specify) _____	<input type="checkbox"/> I do not wish to furnish this information  <b>Race/National Origin:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial (specify) _____
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Other:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled	<b>Other:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled