## FREMONT AREA HABITAT FOR HUMANITY OWNER-OCCUPIED HOUSING REHABILITATION PRE-APPLICATION

			DATE:
Applicant:	Middle	Last	_SSN:
	Middle	Last	
Date of Birth: Month	Day	Year	_Home Phone #: ()
WONTH	Day	rear	Work Phone #: () -
☐62 Years or Older	Female Head of Household	Disabled	Cell Phone #: () -
Co-Applicant:			_SSN:
First	Middle	Last	
Date of Birth:			
Month	Day	Year	Cell Phone #: ( ) -
☐62 Years or Older	Female Head of Household	Disabled	•
City, State, Zip:			_ County:
please fill out the foll program, all applican Please contact the F (402) 721-8771. Number of persons in	owing questions below and ts must meet the LMI Income remont Area Habitat for Hur	on page 2. E Limits for t manity for m	order to rehabilitate or improve your home. Please note in order to be eligible for the the county in which they receive assistance nore information on income qualifications as the household \$
FOR OFFICIAL USE	ONLY		
	ONLT	Com	ments:
County Income Limit ¢			

Please complete the back side of this pre-application also and mail completed form to: Fremont Area Habitat for Humanity, 701 East Dodge Street, Fremont, NE 68025



1.	. Homeowner pays 50% or more of income on housing costs (includes mortgage, taxes, insurance & utilities):											
2.	Home size in sq. feet:	☐ < 1000	<b>1000–2000</b>	) [	2000+		□Unknown					
3.	Number of Bedrooms:	□ 1	□ 2		] 3		<b>4</b>	☐ 5+				
4.	Number of bathrooms:	<b>□</b> 0	□ 1		] 2		□ 3	<b>4+</b>				
5.	Extent to which home is	s in need of repair	<u>r:</u>		] Major		■ Moderate	☐ Minima	al			
6. <u>Is your home in need of any improvements to make it handicap accessible?</u> ☐ Yes ☐ No												
If yes, please describe:												
	-											
7.	Please list the major de	eficiencies of your	r property that y	ou wi	sh to repa	air:						
	1 2											
	3. 4.											
8.	Information for Governr	ment Monitoring P	urposes									
	The following information	n is requested by t	the Federal Gov	ernme	ent for cert	ain t	ypes of loans re	ated to a dw	velling in			
	order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may											
	not discriminate on the basis of this information, whether you choose to furnish it. If you furnish the information,											
	please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish											
	ethnicity, race, or sex, un	nder Federal regula	ations, this lende	er is re	equired to	note	the information of	on the basis	of visual			
observation or surname. If you do not wish to furnish the information, 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 und									ct under			
	applicable state law for the particular type of loan applied for.)											
	BORROWER				CO-BORROWER							
	☐ I do not wish to furnish this information				☐ I do not wish to furnish this information							
		anic or Latino Hispanic or Latino			Ethnicity:		Hispanic or Latino Not Hispanic or La					
	Asiar Ame Nativ Asiar Ame Asiar Asiar Black Ame Black	k/African American	ncific Islander Native & White White		Race:		White Black/African Ame Asian American Indian/A Native Hawaiian/C American Indian/A Asian & White Black/African Ame American Indian/A Black African Ame Other Multi-Racial	laskan Native Other Pacific Isl laskan Native Prican & White laskan Native	& White			
	Sex: ☐ Fema				Sex:		Female Male					

