



We are pledged to the letter & 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.

General Application - 10/2019

Path to Homeownership - Application

REQUIRED DOCUMENTS

Please Include your money order for the Credit Check Fee with your application documents. Personal Checks WILL NOT be accepted. **Fee is \$25 for one applicant; \$40 for joint applicants.**

All Applicants must provide:

Money Order for Credit Check Fee
Photo ID
2 Months Most Recent Paystubs
3 Months Recent Bank Statements:
 ALL PAGES, even if blank
Tax Returns and W2's for 2016, 2017, & 2018
Copy of Current Lease, and most recent rent stub;
 or letter from landlord regarding arrangement.
Current Award Letters; if applicable
 SSI; SSDI; Pension; Disability; VA; other
If you are using Child Support Income to qualify:
 Please provide Proof of Receipt.
Military Veterans: Copy Of DD214
Most Recent Monthly Utility Bills
Copy of SS Card
Copy of Birth Certificates for any Child Dependents

Please send application and documents to:

Address: **Habitat for Humanity Of Suffolk**
643 Middle Country Rd.
Middle Island, NY 11953
 email: apply@habitatsuffolk.org
 fax: **631-924-6474**
 phone: **631-422-4828 x114**
www.habitatsuffolk.org

INCOME GUIDELINES

Household Annual Income **MUST** fall within the limits according to Family Size, including yourself. Veterans may use lower income guidelines as shown below.

#	MINIMUM INCOME		Max. Income
	Veteran (30% AMI)	Civilian (40% AMI)	
1	\$26,050	\$31,150	\$62,300
2	\$29,800	\$35,600	\$71,200
3	\$33,500	\$40,050	\$80,100
4	\$37,200	\$44,475	\$88,950
5	\$40,200	\$48,050	\$96,100
6	\$43,200	\$51,600	\$103,200
7	\$46,150	\$55,150	\$110,300

SELECTION CRITERIA

CRITICAL HOUSING NEED

Based on Current Living Conditions and Affordability

- Applicants must be a first-time homebuyer as established by HUD
- Must be a current resident of Suffolk County for at least 1 year, or work in Suffolk County for at least one year.

ABILITY TO PAY

Show Ability to Afford Homeownership, & be Approved for the Mortgage upon completion.

- Income Must fall within the guidelines above per family size
- Have down payment of \$3,000 - \$1,500 immediately upon acceptance of program, and \$1,500 prior to closing.
- Be Able to Qualify for a Mortgage with a licensed lending institution upon completion of construction.
- No Unpaid Credit Delinquencies; Collections; Charge Offs, Judgements
- Show 2 years continuous work history or Current Award letters for fixed income.

WILLINGNESS TO PARTNER

Must Demonstrate Willingness to Fulfill Partnership, and complete 300 "Sweat Equity" Hours

- 210 Hours Construction Work
- 48 Hours Community Service
- 42 Hours Education Courses in Financial Education; First Time Home Buyer Counseling; Home Maintenance Training



Habitat for Humanity® of Suffolk

General 2019

Return application to apply@habitatsuffolk.org and additional documents by mail, fax, or in person to:

Habitat for Humanity of Suffolk
643 Middle Country Rd Middle Island, NY 11953
PH: (631) 422-4828 x114 | FAX: (631) 924-6474
www.habitatsuffolk.org

To Submit by email, or for any questions: apply@habitatsuffolk.org

Application for Homeownership



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.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

1. APPLICANT INFORMATION																																																	
Applicant	Co-applicant																																																
Applicant's name _____ email: _____	Co-applicant's name _____ email: _____																																																
Social Security number _____	Social Security number _____																																																
Home phone _____	Home phone _____																																																
<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)																																																
<table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	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"/>	<table border="0"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	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"/>
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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. MILITARY BACKGROUND (if applicable)	
Branch of Service: _____	Awards or Commendations: _____
Date Enlisted: _____ Date of Discharge: _____	Rank at Time of Discharge: _____
Character of Service: _____	Are you a surviving spouse?: _____

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

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	\$	\$	\$	\$
Grant: _____	\$	\$	\$	\$
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 \$1,500 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 (Include ALL accounts, balances & any Cash Reserves)

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

10. DEBT

Account	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
Motor Vehicle	\$	\$		\$	\$	
University	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
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	\$	\$	\$
Property taxes	\$	\$	\$
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.

PLEASE BE ADVISED:

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. PLEASE BE SURE TO INCLUDE ALL ITEMS REQUESTED
PLEASE DO NOT SEND ORIGINAL DOCUMENTS; PLEASE SEND COPIES ONLY.**

**MONEY ORDER FOR CREDIT CHECK FEE MUST BE INCLUDED, OR APPLICATION WILL NOT BE REVIEWED.
\$25 for single applicants; \$40 for joint applicants.**

NO PERSONAL CHECKS, CASH, DEBIT, OR CREDIT CARDS ACCEPTED.

Checklist of Required Documents:

- Application, completed and signed where indicated.
- Photo ID
- Social Security Card
- Birth Certificate (All occupants)
- Current Lease & Recent Rent Stub
- All Pay stubs received in the last 60 days.
- Most Current Award letter for any Fixed income
(ex: SSI, SSDI, Disability, Pension, Child Support, etc.)
- All Bank Statements received in the last 90 days
(All pages, even if blank.)
- Tax Returns (Form 1040) and W2 for previous 3 years
- Military Veterans: DD214/Discharge Papers
- & ALL Monthly Utilities and Bill Statements

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) <hr/> Interviewer's signature Date <hr/> Interviewer's phone number

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 Northeast region, 1 Bowling Green #318, New York, NY 10004 - 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 _____

X _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Habitat for Humanity of Suffolk, inc.
Privacy Statement and Notice

At Habitat for Humanity of Suffolk, 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, 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 or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income, etc.;
- Information about your transactions with us or others such as your loan balance, payment history, etc.; and
- Information we receive from a consumer reporting agency such as your credit-worthiness & credit history.

Habitat for Humanity of Suffolk's 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. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations, government entities, or other subsidy providers;

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity of Suffolk, Inc. at (631) 422-4828 x114

E-SIGN ACT DISCLOSURE AND AGREEMENT

Date: _____

Name: _____

Email: _____

Address: _____

We are pleased to offer you the opportunity to receive information about your account electronically. If you would like to receive correspondence and notices from us electronically, instead of paper copies through the mail, please review this notice and provide your consent.

1. **Scope of Communications to Be Provided in Electronic Form.** When you use a product or service to which this disclosure applies, you agree that we may provide you with any communications in electronic format, and that we may discontinue sending paper communications to you, unless and until you withdraw your consent as described below. Your consent to receive electronic communications and transactions includes, but is not limited to:
 - All legal and regulatory disclosures and communications associated with the product or service available through Habitat for Humanity of Suffolk, inc.
 - Notices or disclosures about a change in the terms of your account or associated payment feature and responses to claims.
 - Privacy policies and notices.

2. **Method of Providing Communications to You in Electronic Form.** All communications that we provide to you in electronic form will be provided either (1) via e-mail, (2) by access to a web site that we will designate in an e-mail notice we send to you at the time the information is available, or (3) to the extent permissible by law, by access to a web site that we will generally designate in advance for such purpose.

3. **How to Withdraw Consent.** You may withdraw your consent to receive communications in electronic form by contacting us at familyservices@habitatsuffolk.org or by mail to 643 Middle Country Rd, Middle Island NY 11953. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

4. **How to Update Your Records.** It is your responsibility to provide us with true, accurate and complete e-mail address, contact, and other information related to this E-Sign Act disclosure and your account, and to maintain and update promptly any changes in this information. You can update information (such as your e-mail address) by contacting us at familyservices@habitatsuffolk.org and 643 Middle Country Rd, Middle Island NY, 11953.

5. **Hardware and Software Requirements.** In order to access, view, and retain electronic communications that we make available to you, you must have:
 - an Internet browser that supports 128 bit encryption;
 - sufficient electronic storage capacity on your computer's hard drive or other data storage unit;
 - an e-mail account with an Internet service provider and e-mail software in order to participate in our electronic communications programs;
 - a personal computer (for PC's: Pentium 120 MHz or higher; for Macintosh, Power Mac 9500, Power PC 604 processor 120-MHz Base or higher), operating system and telecommunications connections to the Internet capable of receiving, accessing, displaying, and either printing or storing communications received from us in electronic form via a plain text-formatted e-mail or by access to our web site using one of the browsers specified above;
 - Adobe Reader version 8.0 or higher.

6. **Requesting Paper Copies.** We will not send you a paper copy of any communication, unless you request it or we otherwise deem it appropriate to do so. You can obtain a paper copy of an electronic communication by printing it yourself or by requesting that we mail you a paper copy, provided that such request is made within a reasonable time after we first provided the electronic communication to you. To request a paper copy, contact us at familyservices@habitatsuffolk.org and 643 Middle Country Rd, Middle Island NY, 11953. We may charge you a reasonable service charge for the delivery of paper copies of any communication provided to you electronically pursuant to this authorization. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any communication that you have authorized us to provide electronically.
7. **Communications in Writing.** All communications in either electronic or paper format from us to you will be considered "in writing." You should print or download for your records a copy of this disclosure and any other communication that is important to you.
8. **Federal Law.** You acknowledge and agree that your consent to electronic communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.
9. **Termination/Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.
10. **Consent.** By signing below you agree that you have read, understand, and agree to the E-Sign Act. You hereby give your affirmative consent to provide electronic communications to you as described herein. You further agree that your computer satisfies the hardware and software requirements specified above and that you have provided us with a current e-mail address at which we may send electronic communications to you.

Sincerely,



Bryan Lazerus | Manager of Family Services

Acknowledged and Agreed to by:

Name: _____

Date: _____

Email Address: _____

DISCLOSURE THAT CONSUMER REPORTS MAY BE OBTAINED FOR EMPLOYMENT OR VOLUNTEER PURPOSES

In connection with your anticipated or continued engagement as a volunteer, or for employment purposes, including but not limited to initial employment (e.g., processing your employment application), promotion, reassignment, or retention, with Habitat for Humanity of Suffolk, Inc. as applicable, Habitat for Humanity of Suffolk, Inc. is hereby advising you that it may obtain or have prepared one or more consumer reports bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Such consumer reports, where applicable, would be obtained for the permissible purpose of Habitat for Humanity of Suffolk, Inc.'s legitimate business need in connection with your anticipated or continued engagement as a volunteer, in accordance with your written instruction, and/or for employment purposes. The scope of this notice is all-encompassing, allowing Habitat for Humanity of Suffolk, Inc. to obtain from any outside organization all manner of consumer reports now and throughout the course of your anticipated and continued engagement as a volunteer or employee to the extent permitted by law.

This disclosure is valid for current and future reports, and Habitat for Humanity of Suffolk, Inc. intends for this Disclosure to cover both your anticipated engagement as a volunteer or employee, and any additional consumer reports obtained while you remain a volunteer or employee.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS FOR VOLUNTEER OR EMPLOYMENT PURPOSES

I hereby authorize Habitat for Humanity of Suffolk, Inc. to obtain or have prepared one or more consumer reports on me in connection with my anticipated or continued engagement as a volunteer, in accordance with my written instructions herein, and/or for employment purposes, including but not limited to initial employment, promotion, reassignment, retention of employment, and any other use not prohibited by law as applicable. These reports may contain information regarding my credit history, criminal record history, driving record history, and any other type of information that is permissible by all governing laws. I understand this information may be obtained from previous employers, companies, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses and individuals. I hereby authorize and direct all persons who may have information relevant to any such consumer report to disclose it to the Habitat for Humanity of Suffolk, Inc. or its agents.

Volunteers Only: As applicable, I acknowledge that I am seeking to become or continue as a volunteer with Habitat for Humanity of Suffolk, Inc. I acknowledge that Habitat for Humanity of Suffolk, Inc. has a legitimate business need to obtain my consumer report, including to protect the safety and security of the premises in which volunteer services may be rendered, to ensure the safety of vulnerable populations, including but not limited to,

children, the elderly, and the indigent, and to protect the reputation of Habitat for Humanity of Suffolk, Inc. and the quality of services it provides.

This Authorization is valid for current and future reports, and I specifically understand that Habitat for Humanity of Suffolk, Inc. intends for this Authorization to cover both my anticipated engagement as a volunteer or my application for employment and, any additional consumer reports obtained while I remain a volunteer or employee.

Date: _____

Signature: _____

Print Name: _____

HABITAT FOR HUMANITY OF SUFFOLK, INC. TALENT RELEASE

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I, _____ and (in the case of a minor) _____, the parent having legal custody and/or the legal guardian of _____, hereby grant to Habitat for Humanity of Suffolk, Inc. ("HFHS") and their successors and assigns, full authorization and the absolute right and permission to record my appearance, performance and voice, and to use, in edited or unedited form, the results and proceeds thereof in connection with the filming, videotaping and/or audio taping of this event.

I also grant HFHS the absolute right to sell, assign, convey, reproduce, copyright, use or publish photographic and/or audio reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, in any manner, in any broadcast or non-broadcast media, including electronic computer media, in perpetuity, or in which I may be included in whole, in part or in composite, in conjunction with my own or any other picture, product, person or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless HFHS, its nominees, designees, successors and assigns, or others for whom they are acting, from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, from any change that may occur or be produced in the taking of said picture or pictures, in-any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

NAME: _____ SIGNATURE: _____

PHONE NO.: _____ ADDRESS: _____

_____ ZIP: _____

Witness: _____
(for person under 18)

Parent/Guardian Signature: _____
(for person under 18)