

Thank you for your interest in Habitat for Humanity of Greater Sacramento's Homeownership Program. Please read, sign, and return this Cover Letter with your completed application.

1. Applicants should ensure that they have received the following documents: Homeownership Program Cover Letter (this document), Homeownership Documentation Checklist, Habitat Homeownership Program Application, Monthly Budget, Credit Standards, Privacy Statement and Notice, and HUD Upper Income Limit 2024.
2. In order for an application to be considered complete, the applicant **MUST** view the Homeownership Program Orientation (attendance at previous year's Orientation does not excuse an applicant from this requirement). This is a virtual orientation, and a recorded version can be requested by emailing Apply@habitatgreatersac.org or going to <https://habitatgreatersac.org/home-ownership/apply/>.
3. A complete application **MUST** include **ALL** items listed on the Homeownership Documentation Checklist.
4. Completed applications will be accepted from July 15th through August 30, 2024. **We will not accept applications before or after this application period.** Applications should be completed and mailed or submitted in person (**ONLY** during the Application Drop Off Time) to our office at:
 - a. Habitat for Humanity of Greater Sacramento, ATTN: Homeowner Services Department, 819 N 10th Street, Sacramento, CA 95811.
 - b. Drop Off Time: Monday-Friday, 10am – 4pm.
5. There is no application fee at the time of submission. However, if an application passes through the first round of internal review, we may require a processing fee of \$30 per applicant/co-applicant to pull a complete consumer investigation report and \$30 for all other household members 18 or older*, to run a formal background check. *A formal background check is required for each household member 18 or older.

IMPORTANT: Please note that until such time as a completed application has been submitted for review, we are unable to comment on or discuss your specific circumstances and/or eligibility for the Homeownership Program.

By signing this cover letter, I/We, _____ (the applicant/co-applicant) agree that I/We have read and understand the above program information entirely. Furthermore, I/We understand that it is my/our responsibility to read the accompanying application documents outlined in the first section of this Cover letter as failure to do so may result in the disqualification of my application from the program due to applicant error.

Applicant

Date

Co-applicant

Date

Sincerely,

Patricia Foley
Director of Homeowner Services
(916) 440-1215 ext.1123
pfoley@habitatgreatersac.org

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Date received: _____

Date of notice of incomplete application letter: _____

Date of adverse action letter: _____

Date of selection committee approval: _____

Date of board approval: _____

Date of partnership agreement: _____



Home Ownership Application 2024
DOCUMENTATION CHECKLIST AND TRACK SHEET



Habitat
for Humanity®
of Greater Sacramento



Family Name: _____

Date Attended Orientation: _____

SUBMIT PHOTOCOPIES OF YOUR PERSONAL DOCUMENTS, NOT ORIGINALS:

We will not allow applicants to make photocopies at our office

Applications must be submitted in the order requested below

I. HABITAT-PROVIDED MATERIALS

- DOCUMENTATION CHECKLIST – this form
- APPLICATION COVER LETTER
- ORIENTATION VERIFICATION WORD _____
- HFHGS HOMEOWNERSHIP APPLICATION PACKET – this packet, fully completed and signed by applicant and co-applicant.
- MONTHLY BUDGET – please use the form included in this packet, do not provide your own format.

II. IDENTIFICATION (Note: We will need to see originals of all ID documents at a later stage in the process)

- CA DRIVER LICENSE OR PHOTO IDENTIFICATION CARD – For all household members 18 or older.
- SOCIAL SECURITY CARDS – A copy for **each** household member.
- LEGAL U.S. RESIDENCE STATUS - Birth Certificate(s), Proof of Citizenship, Legal Residence Cards for the applicant and co-applicant (if applicable).
- DD214 (if applicable) – copy of DD214 for any veteran household member(s).

III. FINANCIAL INFORMATION

Income verification is required for Applicant, Co-Applicant and any other family members who are 18 years or older who contribute toward household expenses.

- EMPLOYMENT VERIFICATION
 - A letter from your employer(s) to verify your employment – offer letter from hire, CA Form 2810.5, or current letter acceptable.
 - If self-employed: in addition to the financial documents below, we will also need a Profit and Loss statement, any other tax forms related to the business, and 6 current and consecutive months for any accounts that list business activity.
 - Pay stubs (6 months of most current at date of application submission). The name of the employer and your deductions must be visible on the pay stubs.
- SSI/SSA INCOME (if applicable) – A Social Security Statement of Benefits or annual award letter. Award letter and payment histories required for similar stable government income sources, e.g., disability, VA disability, GI Bill.
- PUBLIC ASSISTANCE (if applicable) – A letter from the county or state to verify proof that you receive the following: Disability Insurance, Unemployment Income, Cash Award, TANF, Cal Works, MediCal, Food Stamps, General Assistance, etc.
- BANK STATEMENTS – Bank statements for all accounts (checking, savings, pension/401K, etc.) spanning 6 months back from date of application submission.
- INCOME TAX RETURNS – Complete copies of income tax returns, including W-2's, for 2022 and 2023
- SUBSIDIZED HOUSING (if applicable) – Paperwork from a housing authority (i.e. SHRA, HUD, or Section 8/Housing Choice Voucher Program) which indicates you currently live in subsidized housing.
- OTHER INCOME/WAGES – A copy of a letter, computer print-out or other identifying information to verify any other income you want to claim (includes child support, alimony, inheritance, educational scholarships, work study, pension/401k, etc.).
- CURRENT CREDIT REPORT – Request your free yearly 3 bureau- Experian OR Equifax OR Transunion, credit report and print a copy. This may be accessed at www.annualcreditreport.com.

Home Ownership Application 2024
DOCUMENTATION CHECKLIST AND TRACK SHEET



Habitat
for Humanity®
of Greater Sacramento



Family Name: _____

Date Attended Orientation: _____

SUBMIT PHOTOCOPIES OF YOUR PERSONAL DOCUMENTS, NOT ORIGINALS:

We will not allow applicants to make photocopies at our office

Applications must be submitted in the order requested below

IV. ADDITIONAL INFORMATION

- RENT VERIFICATION – rent receipts, scans of cancelled/processed rent checks (6 months' worth); and current lease agreement.
- VEHICLE REGISTRATION AND INSURANCE – A copy of valid registration and proof of insurance for **each** vehicle owned.
- UTILITY BILLS – A copy of your most recent SMUD and/or PG&E bill.
- LIST OF 5 REFERENCES – A list with names addresses and phone numbers. You are also welcome to submit letters of reference.
- PERSONAL STATEMENT– Write a letter to Habitat stating how a Habitat home would impact your and other household members lives and/or how homeownership would affect your household's long-term goals (dated and signed).

IV. IMPORTANT INFORMATION ABOUT DOCUMENT SUBMISSION

Read over this section about document submission to avoid making common application mistakes! Failure to meet these standards may result in the delay of application review or even denial from the program due to insufficient documentation.

1. All submitted documents must have your relevant identifying information visible and ALL pages of a document must be submitted, even if the last page is blank. All pages need to be provided in order to ensure that no information is deliberately concealed or omitted by an applicant.
2. If your financial conditions change during the application period (i.e. you get a new job, open a new line of credit, or any other incidences that affect you household income or debt), you must inform Habitat as soon as possible. The omission or concealment of pertinent financial information can result in the disqualification of an applicant from the program.
3. Only submit COPIES of the required documentation. Make sure to keep the originals for your own files.
4. If you have any questions or concerns about document submission or the application in general, please reach out to the following individual:

Patricia Foley

Director of Homeowner Services

(916) 440-1215 ext. 1123

Apply@habitatgreatersac.org



Habitat for Humanity of Greater Sacramento
 819 North 10th Street Sacramento, CA 95811
 www.HabitatGreaterSac.org
 (916) 440-1215 ext 1123.



Application

Habitat Homeownership Program

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. For a complete overview of the ways Habitat for Humanity of Greater Sacramento protects and shares information, see the provided Privacy Statement and Notice.

1. APPLICANT INFORMATION				
Applicant	Co-applicant			
Applicant's name	Co-applicant's name			
Social Security Number _____	Social Security Number _____			
Phone Number _____ DOB _____	Phone Number _____ DOB _____			
Email Address _____ Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address _____ Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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				
Name	DOB	Relationship to Applicant(s)	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"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Current address (street, city, state, ZIP code, County) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code, County) <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	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____	_____			
_____	_____			
Number of years _____	Number of years _____			

4. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years at this job	Name and address of CURRENT employer	Years at 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 at this job	Name and address of LAST employer	Years at this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

Can we contact your employer to confirm your employment history? Applicant: Yes No Co-Applicant: Yes No

5. MONTHLY INCOME

Income source	Applicant	Co-applicant	*Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

***NAMES OF "OTHERS" LISTED IN ABOVE TABLE**

Name	Income source	Monthly income

6. SOURCE OF CLOSING COSTS

How will you 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? (NOTE: Habitat requires proof of closing costs funds in a household bank account no less than 60 days prior to mortgage closing.)

7. ASSETS

Name of bank, savings and loan, credit union, etc.	Type of account – checking, savings, 401K, IRA, Crypto Currency, Bitcoin, Robin Hood, Investments, etc.	Current balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

8. 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
Vehicles (car, truck, van, etc.)	\$	\$		\$	\$	
Other vehicles (boat, RV, etc.)	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Student debt	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (SMUD, PG&E, water)	\$	\$	\$
Insurance (renters & auto)	\$	\$	\$
Childcare	\$	\$	\$
Internet	\$	\$	\$
Phone (cell & landline)	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation	\$	\$	\$
Food	\$	\$	\$
Medical Expenses	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

9. 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 declared bankruptcy 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.

10. AUTHORIZATION AND STATEMENT OF FACT

I understand that by filing this application, I am authorizing Habitat for Humanity of Greater Sacramento to evaluate my qualification for the Habitat Homeownership Program, including assessment of my household's need for better housing, my ability to repay an affordable mortgage and other expenses of homeownership, and my willingness to partner with Habitat through sweat equity and other program requirements.

I understand that the evaluation may include personal visits to my home and in-person meetings with Habitat staff/volunteers, a credit check, and employment verification. I have answered all the questions on this application fully and truthfully to the best of my ability. I understand that if it is found that I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected as a Habitat family partner, 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 and all supporting documents will be retained by Habitat for Humanity of Greater Sacramento, even if the application is not approved, for at least a period of 25 months, per fair lending laws.

I understand that if my application moves forward for consideration, I will be presented at a later date with the disclosures and authorization forms necessary for Habitat for Humanity of Greater Sacramento to run a full Consumer Report on the applicant, the co-applicant, and household members 18 years or older (if applicable), which will include a criminal background check, sex offender registry check, Office of Foreign Assets Control check, and credit report.

I understand that if I am selected as a Future Homeowner Partner, I will not have a choice in the house location, a house location will be assigned to me after completing the first 100 hours of Sweat Equity, and, if I reject the assignment, I will be deselected from the program.

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.

11. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's Signature _____ Co-applicant's Signature _____

12. 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 Consumer Financial Protection Bureau, 1700 G St. NW, Washington, DC 20552, and the Federal Trade Commission, with offices at FTC Regional Office for the Western Region, Federal Trade Commission 901 Market Street, Suite 570 San Francisco, CA 94103 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

The law does not require you to 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 do 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 our homeownership program.

Applicant's Signature _____ Co-applicant's Signature _____

13.. 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 will 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 <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to answer 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 <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to answer 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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">Interviewer's name (print or type)</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Interviewer's signature</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Interviewer's phone number</td> </tr> </table>	Interviewer's name (print or type)		Interviewer's signature	Date	Interviewer's phone number	
Interviewer's name (print or type)							
Interviewer's signature	Date						
Interviewer's phone number							

Monthly Budget

Monthly Expenses	Cost
Housing	
Rent	
Phone	
Electricity	
Garbage	
Water & Sewer	
Cable	
Gas	
Other	
Subtotal	

Transportation	
Vehicle 1 payment	
Vehicle 2 payment	
Public Transportation fares	
License	
Fuel	
Maintenance	
Other	
Subtotal	

Insurance	
Renters	
Health	
Life	
Auto	
Other	
Subtotal	

Food	
Groceries	
Dining Out	
Other	
Subtotal	

Children	
School tuition	
School supplies	
Lunch	
Child care	
Sports and other activities	
Other	
Subtotal	

Pets	
Food	
Medical	
Grooming	
Other	
Subtotal	

Personal Care	
Medical	
Clothing	
Other	
Subtotal	

Monthly Expenses	Cost
Legal	
Attorney	
Alimony	
Child Support	
Lien payments	
Other	
Subtotal	

Loans	
Personal	
Student	
Credit cards (all)	
Other	
Subtotal	

Total Expenses

Monthly Gross Income	Amount
----------------------	--------

Income 1	
Income 2	
Other	
Food Stamps	
SSI	
Alimony	
Child Support	

Total Gross Income

Total Income	
Total Expenses	
Net	

Savings	
Savings account	
Investment account	
Other	
Total	

Committee Use Only

Monthly Debt to Income Ratio (not to exceed 43%)	
Annual Income	
Total number of People in Household	
Max Mortgage Payment (monthly income X 30%)	
Comments:	

Please include source documentation for all income and debt shown above.

Completed by: _____

Date: _____

Reviewed by: _____

Date: _____

Credit Standards

- We do not base program qualification decisions on FICO scores. There is no minimum credit score to become a partner family.
- No accounts in negative standing at the time of application.
- No liens or judgments—these must be cleared prior to application submission.
- Applicant must have at least five (5) years evidence of financial stability following a bankruptcy discharge date.
- Medical collections and student debts may be excused. These are analyzed on a case by case basis.

Getting Your Free Credit Report

www.annualcreditreport.com

For additional assistance with improving your credit status, there are **free** counseling resources available to you. Please take the first step and set up an appointment to learn how to strengthen your credit today.

NeighborWorks HomeOwnership Center
2411 Alhambra Blvd Ste. 200
Sacramento, CA 95817_
www.nwsacramento.org
916-452-5356

Clear Point Credit Counseling Solutions
Online and Phone Consultations
www.clearpointccs.org
1.800.750.2227



Privacy Statement and Notice

At Habitat for Humanity of Greater Sacramento, 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, or income;
- Information about your transactions with us or others such as your loan balance or payment history; and
- Information we receive from a consumer reporting agency such as your creditworthiness or credit history.

Habitat for Humanity of Greater Sacramento 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; and
- Other Habitat for Humanity affiliates.

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 contact Habitat for Humanity of Greater Sacramento’s Homeownership Program Manager, Kelly Ramos, at pfoley@habitatgreatersac.org or (916) 440-1215 Ext. 1123.

Reasons we can share your personal information	Does HfHGS share?	Can you limit this sharing?
For our everyday business purposes: such as to process your transactions, maintain your accounts, respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes: to offer our products and services to you	Yes	Yes
For joint marketing with other financial companies	No	N/A
For our affiliates’ everyday business purposes: information about your transactions and experiences	No	N/A
For our affiliates to market to you	No	N/A
For nonaffiliates to market to you	No	N/A





U.S. Department of Housing and Urban Development (HUD) Income Limits 2024

Sacramento County Income Guidelines 2024

Household Size	At Least (30% AMI)	No More Than (80% AMI)
2	\$28,300	\$75,450
3	\$31,850	\$84,900
4	\$35,350	\$94,300
5	\$38,200	\$101,850
6	\$41,960	\$109,400
7	\$47,340	\$116,950
8	\$52,720	\$124,500



U.S. Department of Housing and Urban Development (HUD) Income Limits 2024

Yolo County Income Guidelines 2024

Household Size	At Least (30% AMI)	No More Than (80% AMI)
2	\$27,700	\$73,800
3	\$31,150	\$83,050
4	\$34,600	\$92,250
5	\$37,400	\$99,650
6	\$41,960	\$107,050
7	\$47,340	\$114,400
8	\$52,720	\$121,800