



MINERVA COMMUNITY  
CHARITABLE FUND



HOPE  
COMMUNITY



Habitat  
for Humanity®  
East Central Ohio

## Painting assistance in partnership with the Village of Minerva

Dear Applicant(s),

Thank you for your interest in the *Make Minerva More* painting assistance program with Habitat for Humanity East Central Ohio, in partnership with the Minerva Community Charitable Fund, Hope Community Church, and the Village of Minerva. By completing and submitting this application, you are beginning the first step of the process to determine if you meet the qualifications for this program.

Please carefully read, complete, and return all pages of the application to our office, ensuring you use your full legal name where required. Along with the application, be sure to submit all necessary documentation as outlined in the instructions. While there will be no charge to homeowners selected for this program, we must gather financial documentation as the first step to ensure that you meet the income guidelines for eligibility. If it is determined that you qualify financially, we will contact you to schedule an appointment for a scope of work assessment. Once your application is received, we will review it and inform you of any updates or next steps in the process.

**PLEASE NOTE** that while financial qualification is an important part of the process, it is just one of the factors we must consider. This program has limited funding, so we prioritize projects based on the level of need and the scope of work. Simply meeting the financial criteria does not guarantee that your home will be selected.

We are committed to helping as many families as possible, and we thank you for your patience and understanding as we work to stretch our resources to serve those with the greatest need.



## Program Qualifications

To initially qualify for this program, you must:

- be a resident within the Village of Minerva
- be a homeowner
- have an active homeowner's insurance policy
- be current on property taxes or on a payment plan
- be current on your mortgage, if applicable
- have an income between 0-80% of the area median income
- pass a background check that includes violent felony, sex offender, and OFAC checks

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES — EQUAL HOUSING

**Please read the statement before completing the form on the following page:** 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 not furnish it. 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 this information, please check the box labeled, "I do not wish to furnish this information." (Lender must review the material to assure the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the loan applied for.)

### 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, 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, 1111 Superior Ave. Suite 200, Cleveland, OH 44114 or FTC, Equal Credit Opportunity, Washington, DC 20580.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



|                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Applicant Name</b> _____                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Co-Applicant Name</b> _____                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> I do not wish to furnish this information.<br><br><b>Race/National Origin:</b><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other Multi-Racial (specify) _____               | <input type="checkbox"/> I do not wish to furnish this information.<br><br><b>Race/National Origin:</b><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other Multi-Racial (specify) _____               |
| <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino<br><br><b>Sex:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><br><b>Birthdate:</b><br>____ / ____ / ____<br><br><b>Marital Status:</b><br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (single, divorced, widowed, etc.) | <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino<br><br><b>Sex:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><br><b>Birthdate:</b><br>____ / ____ / ____<br><br><b>Marital Status:</b><br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried (single, divorced, widowed, etc.) |

| To Be Completed Only By the Person Collecting the Interview (Habitat Staff Member)                                                                                       |                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This form was collected:<br><br><input type="checkbox"/> Face to face<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Email<br><input type="checkbox"/> Fax | <b>Interviewer's Name (Print or Type)</b><br>_____<br><br><b>Interviewer's Signature</b><br>_____<br><br><b>Interviewer's Phone Number</b> _____ <b>Date</b> _____ |

Please fill out this application as completely and accurately as possible. This application will remain confidential.

## GENERAL INFORMATION

| Applicant                                                                  |             |               | Co-Applicant (Optional)                                       |                          |           |
|----------------------------------------------------------------------------|-------------|---------------|---------------------------------------------------------------|--------------------------|-----------|
| First Name                                                                 | Middle Name | Last Name     | First Name                                                    | Middle Name              | Last Name |
| <input type="checkbox"/> Male <input type="checkbox"/> Female              |             |               | <input type="checkbox"/> Male <input type="checkbox"/> Female |                          |           |
| Date of Birth (MM/DD/YYYY) ____/____/____                                  |             |               | Date of Birth (MM/DD/YYYY) ____/____/____                     |                          |           |
| Primary Phone ____-____-____                                               |             |               | Primary Phone ____-____-____                                  |                          |           |
| Other Phone ____-____-____                                                 |             |               | Other Phone ____-____-____                                    |                          |           |
| Email _____                                                                |             |               | Email _____                                                   |                          |           |
| Current Address                                                            |             |               | Previous Address (if within past 2 years)                     |                          |           |
| Street _____                                                               |             |               | Street _____                                                  |                          |           |
| City, State, Zip _____                                                     |             |               | City, State, Zip _____                                        |                          |           |
| Additional Household Occupants (list other occupants who live in the home) |             |               |                                                               |                          |           |
| NAME                                                                       |             | DATE OF BIRTH |                                                               | RELATION TO APPLICANT(S) |           |
| _____                                                                      |             | _____         |                                                               | _____                    |           |
| _____                                                                      |             | _____         |                                                               | _____                    |           |
| _____                                                                      |             | _____         |                                                               | _____                    |           |
| _____                                                                      |             | _____         |                                                               | _____                    |           |

## HOUSEHOLD MONTHLY INCOME

| Applicant                               | Co-Applicant                            |
|-----------------------------------------|-----------------------------------------|
| Gross Monthly Employment (before taxes) | Gross Monthly Employment (before taxes) |
| OWF*                                    | OWF*                                    |
| Social Security Income                  | Social Security Income                  |
| Social Security Disability              | Social Security Disability              |
| SSI*                                    | SSI*                                    |
| Alimony*                                | Alimony*                                |
| Child Support*                          | Child Support*                          |
| Other (please specify)                  | Other (please specify)                  |
| <b>TOTAL MONTHLY INCOME</b>             | <b>TOTAL MONTHLY INCOME</b>             |

\* You are not required to report income derived from these sources. However, if disclosed, Habitat will assess the length of time payments are expected to be received and the consistency of the payment history.

**EMPLOYMENT INFORMATION (IF APPLICABLE)**

| Applicant                               |                    | Co-Applicant                            |                    |
|-----------------------------------------|--------------------|-----------------------------------------|--------------------|
| Employer #1                             |                    | Employer #1                             |                    |
| Start Date (MM/DD/YY)<br>____/____/____ | Average Hours/Week | Start Date (MM/DD/YY)<br>____/____/____ | Average Hours/Week |
| Employer #2                             |                    | Employer #2                             |                    |
| Start Date (MM/DD/YY)<br>____/____/____ | Average Hours/Week | Start Date (MM/DD/YY)<br>____/____/____ | Average Hours/Week |

## HOUSEHOLD MONTHLY DEBT / EXPENSES

| Applicant                                 | Co-Applicant                              |
|-------------------------------------------|-------------------------------------------|
| Mortgage                                  | Mortgage                                  |
| Utilities                                 | Utilities                                 |
| Car Payment                               | Car Payment                               |
| Car Insurance                             | Car Insurance                             |
| Homeowner Insurance                       | Homeowner Insurance                       |
| Alimony                                   | Alimony                                   |
| Child Support                             | Child Support                             |
| Credit Card(s) (minimum required payment) | Credit Card(s) (minimum required payment) |
| Student Loan(s)                           | Student Loan(s)                           |
| Other                                     | Other                                     |
| <b>TOTAL MONTHLY DEBT</b>                 | <b>TOTAL MONTHLY DEBT</b>                 |



## PRIVACY STATEMENT

At Habitat for Humanity East Central Ohio, we are committed to keeping your information private. We recognize the importance applicants, partner families, 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, partner 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, our affiliates, 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, our affiliates, or others, such as your loan balance, payment history, etc.; and
- Information we receive from a consumer reporting agency such as creditworthiness and credit history.

Habitat for Humanity East Central Ohio staff 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.

We may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents at Huntington Bank;
- Nonprofit organization or governments; and
- Title and escrow closing companies, such as American Title Associates, Inc.

If you prefer that we do not disclose nonpublic 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 Ohio law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity East Central Ohio at (330) 915-5888.

We maintain physical, electronic, and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AGREEMENT AND AUTHORIZATION

I, the undersigned, certify that the information I have provided on this application is accurate and that I have answered all questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and I may be removed from the program, even after I have been approved for credit. The original or a copy of this application will be retained by Habitat for Humanity East Central Ohio even if the application is denied.

I understand that by completing this application, I am authorizing Habitat for Humanity East Central Ohio to evaluate my actual need for this painting initiative and my willingness to partner with Habitat. I understand that the application process involves income verification, a sex-offender and criminal background check, and in-person visits by Habitat staff and its contractors to my residence. I certify that I own the property at the given address needing repairs. I confirm that, except for the conditions listed on this application, my home is a safe place for Habitat entities to work.

I acknowledge that if, at any time during the application review process, I contract a third party on behalf of Habitat for Humanity East Central Ohio, my application will result in an automatic denial, and I cannot reapply for seven years.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Habitat Representative Printed Name: \_\_\_\_\_

Habitat Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## How to Submit Documents

**The paperwork required with this application can be submitted in the following ways:**

- Fax documents to 330-915-5887, Attn: Housing Application Team
- Send a scanned PDF email attachment to [application@habitateco.org](mailto:application@habitateco.org)
- Send via U.S. Mail to 1400 Raff Road SW, Canton, Ohio 44710, Attn: Housing Application Team
- Drop off at 1400 Raff Road SW, Canton, Ohio 44710, Attn: Housing Application Team
  - Habitat for Humanity office hours are Tuesday through Friday, 8:30am to 4pm
  - After hours, place documents in a sealed envelope and drop them in the black lockbox off the sidewalk near the "Community Center" entrance near the middle of the building. Please do not leave personal documents in the unsecured postal service mailbox.

Any paperwork submitted is added to a legal file and cannot be returned to the applicant. Please make clear copies in PDF (electronic) or standard 8.5" x 11" document (hardcopy) format. Photographs, blurry/illegible copies, and/or originals **are not** accepted. Note: Habitat for Humanity will not make copies on an applicant's behalf due to the high volume of applications received.

## PAPERWORK CHECKLIST

Applicant Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

All **copies** of the items listed below are required (if applicable to you) in order to proceed with your loan application. Your initial paperwork deadline is one month after date of application. Call 330-915-5888 ex.116 if you have any questions regarding paperwork.

| Applicant                                                                                                                                                                                                                                                                                                            | Co-Applicant                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Current Employment Income and Income History</b><br>(See the following page for additional information about required tax documentation.)                                                                                                                                                                         |                                                                                                                                                           |
| _____ One month of paystubs for current job(s)<br>_____ 2024 W-2(s)<br><br>Tax Return Forms:<br>_____ 2024 Federal<br>_____ 2024 State<br>_____ 2024 City                                                                                                                                                            | _____ One month of paystubs for current job(s)<br>_____ 2024 W-2(s)<br><br>Tax Return Forms:<br>_____ 2024 Federal<br>_____ 2024 State<br>_____ 2024 City |
| <b>Child Support/Alimony (paying or receiving)</b><br>(Reporting child support income is optional but can only be included in your monthly income towards the loan if reported.)                                                                                                                                     |                                                                                                                                                           |
| _____ 2025 Monthly Printout to Date                                                                                                                                                                                                                                                                                  | _____ 2025 Monthly Printout to Date                                                                                                                       |
| <b>Social Service Benefits or Other Sources of Income (not Food Stamps)</b>                                                                                                                                                                                                                                          |                                                                                                                                                           |
| SS _____ SSI _____ SSD _____ OWF _____ Other _____<br>_____ 2025 Monthly Printout OR Award Letter                                                                                                                                                                                                                    | SS _____ SSI _____ SSD _____ OWF _____ Other _____<br>_____ 2025 Monthly Printout OR Award Letter                                                         |
| <b>Miscellaneous/Additional Requirements</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                           |
| _____ Proof of active homeowner insurance policy – Declaration page for policy<br>_____ Most recent mortgage statement (if you have an active mortgage payment)<br>_____ Driver's license or state ID w/ picture for applicant <i>and</i> co-applicant<br>_____ Signed privacy statement<br>_____ Equal housing form |                                                                                                                                                           |

## HELPFUL HINTS — TAX DOCUMENTS

Paystubs verify current income and tax documentation (W2s and tax return forms) verify two years of income history and that there are no delinquent taxes.

For federal and state return documentation, only the forms labeled IRS 1040 and Ohio 1040 are required. Additional federal and state forms (Earned Income, Child Tax, Schedule J, etc.) are not needed unless applicant is self-employed; in that case, Schedule C Self Employment documents must also be submitted. City returns are one page labeled by the city in which taxes were filed.

If you do not have copies of your tax documents from the company you filed with, you can obtain copies directly from the federal, state, and city departments of taxation:

**W2's and/or Federal:** W2s show where you were employed and how much you made at that job. A Federal IRS 1040 return verifies that you filed your federal taxes. Visit the Ralph Regula Federal Building at 301 McKinley Ave. SW Canton, OH 44702 (appointment required), call their office at 330-588-4417, or visit <http://www.irs.gov/> to request a transcript of your W2's or tax return.

**State:** All Ohio residents are required to file an Ohio 1040 state return. Contact State Attorney General's Office – Department of Taxation at 1-800-282-1782 or online at <http://www.tax.ohio.gov/> to request a transcript of your state tax return.

**City:** If you lived or worked within city limits you are required to file a city tax return. Check boxes 18, 19, and 20 on your W2 to see if local taxes were withheld and need filed. Contact information for those filing with Canton or Massillon cities: Canton – visit the Stark County Office Building at 424 Market Ave. N Canton, OH 44702 or call 330-430-7900. Massillon – visit tax department at 1 James Duncan Plaza Massillon, OH 44646 or call 330-830-1709. Contact information for those filing with Minerva: contact RITA (Regional Income Tax Agency) at 800-860-7428 or online at <https://www.ritaohio.com/>.