



Building Houses, Building Hope, Building Community

Flatirons Habitat CPR Home Rehabilitation

Dear Homeowner,

Thank you for your interest in Flatirons Habitat for Humanity's Community Preservation and Restoration (CPR) Housing Rehabilitation Program. The goal of the CPR Program is to provide the means for homeowners with low or moderate incomes to improve their homes to standards of safety and code compliance.

**PLEASE READ ALL INFORMATION AND TURN IN ALL DOCUMENTS FILLED OUT AND SIGNED TO:
FLATIRONS HABITAT FOR HUMANITY, 1455 DIXON AVE, STE. 210, LAFAYETTE, CO 80026.**

ELIGIBILITY REQUIREMENTS

- A. Property Location** - Property must be located within the Boulder Valley School district or the City and County limits of Broomfield.
- B. Owner-Occupancy** - Property must be owner-occupied and the applicant's sole residence. The home must not be in danger of foreclosure.
- C. Residency** – Owner must be a legal resident of the U.S.
- D. Insurance** - Homeowner **MUST** have homeowner's insurance or construction insurance. The project will not begin until the home is insured by the Family Partner. Family Partner(s) will be required to amend the Homeowner's Insurance policy to state that Habitat must be notified if there are claims made on the policy or if the policy is cancelled for any reason.
- E. Income** - Homeowners must earn below 50% of the Area Median Income, based on household size from the U.S. Department of Housing and Urban Development (HUD). 2010 income limits are below. Income is calculated using HUD's Part V Income Calculation.
- F. Assets** – Assets, including cash, checking accounts, savings accounts, stocks, bonds, mutual funds, money markets, and certificates of deposit (CDs), bank accounts, may not exceed \$50,000.
- G. Credit Report** – A credit report may be obtained.
- H. Declaration of Citizenship** - Must sign a Declaration of U.S. Citizenship attached to the application and provide a copy of valid identification.
- I. Background Check** - A background check will be required of all applicants. No application will be considered where an applicant has a drug related or violent felony conviction within the past five (5) years. No application will be considered if any individual in the household is present on the sexual offender's database.



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LOAN INFORMATION

A. Amount – A maximum of \$20,000 may be borrowed.

B. Loan Terms

A. The assistance is in the form of a 10-year forgivable loan. Ten percent (10%) of the loan amount is forgiven each year. If sold before the end of the 10-year period, the payment for the portion not forgiven is due upon sale, transfer of property or cash-out refinance. (For example, if the property is transferred at the end of year three, 70% of the loan amount must be repaid to the program.)

C. Income Limits:

Household Size	Maximum Income
1	\$27,400
2	\$31,300
3	\$35,200
4	\$39,100
5	\$42,250
6	\$45,400

REHABILITATION WORK

A. Inclusions

General Rehabilitation Work – Repairs to major systems in the home may include, but are not limited to, electrical, plumbing, heating, weatherization, flooring, windows, exterior cladding, concrete flatwork, and roofing. All rehabilitation work will meet the current International Residential Code (IRC) applicable to the City and County of Broomfield.

Accessibility Modifications - Accessibility modifications may include, but are not limited to, ramp installation, doorway widening, grab bars, and kitchen and bathroom modifications. All accessibility modifications will meet American Disabilities Act (ADA) standards.

B. Exclusions - the program will generally not cover:

- a. Remodeling (i.e., remodeling, additions, and purely aesthetic improvements) and yard work/landscaping, and other project deemed ineligible upon consideration.
- b. Homes in the process of being professionally remodeled.
- c. Appliances are generally not included.

C. Priority - The following is the priority of the nature of the work:

- i. First priority will be given to work that will correct code violations, health and safety and accessibility.
- ii. Second priority will be targeted towards energy efficiency to save energy and lower utility costs.
- iii. A priority list of work items will be developed in the assessment process. Lower priority work items may be removed to remain within budget.

D. Repairs exceeding budget. Upon assessment, the consultant may determine repairs, such as major structural issues, exceed the available budget and may not be approved.



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HABITAT'S CONSTRUCTION TEAM

- A. Licensing** – All rehab work will be supervised by Habitat's licensed construction staff.
- B. Warranty** – There is a warranty of a maximum of one year on workmanship from the date of the final inspection. Materials are covered by applicable manufactures' warranties.
- C. Volunteer Labor** – Flatirons Habitat will utilize volunteer labor on your rehab work under the direct supervision of our Rehabilitation Specialists. Utilizing volunteer labor, on average, you will get twice the amount of work done since you will not be paying for the labor.
- D. Safety** - If, at any point in time during the process with Flatirons Habitat, volunteers, staff, or homeowners feel unsafe or cannot continue the project, Flatirons Habitat reserves the right to terminate the project. Homeowners will be required to reapply to the program in order to continue.
- E. Asbestos** – Repair work requiring asbestos abatement will not be considered from the program.
- F. Property Security** - Volunteers will not be permitted within the home, except for the immediate rehab work area. Home owners must secure all valuables within the work area. Pets cannot be allowed in the rehab work area during construction work.

FLATIRONS HABITAT FAMILY PARTNERSHIP

- A. Sweat Equity** – All Family Partners will be required to complete Sweat Equity, the hands on involvement working on your home. Applicants will complete 3 hours of Sweat Equity for one applicant or 4 hours for two applicants, per \$1,000 of materials and subcontractor costs. An exception can be made if the Family Partner is not physically able to do Sweat Equity.
- B. Financial Foundations** – All Applicants will be required to attend 2 of the 4 available Financial Foundations classes offered through Boulder County Housing Authority.

FEDERAL REQUIREMENTS

- A. Environmental Requirements** – All properties will undergo an Environmental Review Record, tracking information such as historic preservation, flood hazards, ambient noise levels, and proximity of explosive hazards and airport clear zones. While this often does not disqualify the project, some activities are more likely to impact the environment than others and therefore, may require a greater, more substantial level of review.
- B. Historic Preservation** – Any property built more than 50 years ago will undergo an architectural inventory, required by the State Housing Preservation Office. This inventory is required to determine whether the property possesses any historical significance, thus altering or disqualifying the housing rehabilitation project.
- C. Lead-Based Paint** – Any property built prior to 1978 will be required to meet HUD's Lead-Based Paint Title IV Regulations. Depending on the type of rehabilitation work to be done, this may include inspections, paint testing, and abatement. These requirements may also increase the cost of the loan.

CONTACTS

For general information about the program requirements - contact Jackie Wood (303-447-3787 x225, jwood@flatironshabitat.org).



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Any application may be disqualified if any of the above guidelines are not met. Once the guidelines are met, the homeowner(s) is welcome to reapply and proceed with the application process. There is no time limit for reapplying.

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.





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CPR - Process Steps

Process

The following is a guide to the CPR rehabilitation program. Please note that processes may vary, depending on the project.

- Step 1:** You will obtain an application online or in person. Fill it out and obtain copies of all requested information and submit to Jackie Wood at Flatirons Habitat for Humanity, 1455 Dixon Ave, Ste. 210, Lafayette, CO 80026.
- Step 2:** You will be contacted by staff of Flatirons Habitat if additional information is needed.
- Step 3:** You will be notified regarding the approval of your application by the Family Selection Department.
- Step 4:** You will be contacted by Flatirons Habitat Rehabilitation Specialists. An initial inspection will be set up at your home to discuss the work you would like completed and to talk with you about other repairs necessary (to meet the building code). The federally required lead based paint (LBP) testing may be initiated and information collected for other federally required information (environmental and historic property).
- Step 5:** The Rehabilitation Specialist will put together a detailed work write-up, outlining the work to be done and included estimated costs. You will have an opportunity to approve the write-up or request changes as necessary. The project will only go forward if and when the write-up meets your and the Rehabilitation Specialist's approval.
- Step 6:** You will sign a contract with Flatirons Habitat and the work will be scheduled.
- Step 7:** You will be required to do 3 hours of Sweat Equity for every \$1,000 of rehab work. You will also be required to complete 2 of the 4 Financial Foundations classes offered through Boulder County Housing Authority.
- Step 6:** Flatirons Habitat for Humanity will utilize volunteer labor on your home under the direct supervision of our Rehabilitation Specialists. You will be asked to host these volunteers and share Habitat with them as they are working on your home.
- Step 10:** There is a warranty of a maximum of one year on workmanship from the date of the final inspection. Materials are covered by applicable manufactures' warranties.
- Step 11:** After the work has been completed you will receive a certificate of completion and the final loan documents will be processed and recorded. Your loan is forgivable over 10 years without any monthly payments.

Applicant Employment Information

Employer's Name _____
 Employer's Address _____

 Employer's Phone _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Co-Applicant Employment Information

Employer's Name _____
 Employer's Address _____

 Employer's Phone _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Combined Assets

Name of Bank/Savings and Loan/Credit Union _____
 Address _____

 Account Number _____
 Balance \$ _____

Name of Bank/Savings and Loan/Credit Union _____
 Address _____

 Account Number _____
 Balance \$ _____

Applicant Monthly Income

Wages \$ _____
 TANF \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
 Total \$ _____

Co-Applicant Monthly Income

Wages \$ _____
 TANF \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
 Total \$ _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:

- Proof of legal U.S. residence (eg, U.S. birth certificate or green card)
- Drivers License (not expired)
- Copy of hazard insurance policy "Declarations Page"
- 2010** federal income tax return and corresponding W2's
- If self employed, current year-to-date profit/loss statement

Previous 3 Months of the following:

- Pay stubs/statements, showing gross/net pay and deductions
- Checking account statements
- Credit card account statements

Previous Month Statements of the following:

- Savings account(s)
- Life insurance statement
- Verification of all benefit payments (social security, pension, worker's comp, etc), gifts and lottery winnings
- Documentation of all other assets valued at over \$5,000 including rental or vacation properties, stocks, etc., excluding vehicles.

All information provided is confidential and will be used only to determine eligibility.

Please read the following carefully before signing:

Each of the undersigned specifically represents to Flatirons Habitat and its potential agents, processors, insurers, successors and assigns and agrees to and acknowledges that: (1) The Applicant/Co-Applicant undersigned does hereby certify ownership and occupancy of the above property; (2) Flatirons Habitat, its successors or assigns may retain the original and/or an electronic record of this application, whether or not the application is approved; (3) Flatirons Habitat and its agents, brokers, insurers, servicers, successors, and assigns may rely on the information contained in the application and Applicant/Co-Applicant is obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing; (4) The undersigned authorizes Flatirons Habitat to verify and make independent investigations to determine ownership, income and financial standing; all holders of any such information are hereby authorized to release any and all such information they may have concerning the undersigned; (5) The undersigned hereby indemnifies Flatirons Habitat for Humanity, its representatives, employees, agents, consultant(s) and any firm or person supplying Flatirons Habitat with information from any liability whatsoever concerning the release or use of information obtained on this application; (6) my transmission of this application may be an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws, or my/our facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

I/We agree to allow Flatirons Habitat, consultant, subcontractors and construction contractors to enter my home as needed to perform assessment, rehabilitation inspection(s) and construction services. I also agree that Flatirons Habitat's employees, consultant and subcontractors will not be held liable for any injury or expense incurred by me while participating in this program. Upon completion of the work, I will permit Flatirons Habitat, consultant, subcontractors, and applicable City and County inspection agencies to inspect said work, and;

I/We as the applicant/co-applicant authorize the staff of Flatirons Habitat to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions, and;

I/We as the applicant/co-applicant certify that the statements made by me are true and correct to the best of applicant/coapplicant knowledge and belief. Intentional misrepresentation made by applicant/co-applicant regarding information contained in the application including attachments may subject applicant/co-applicant to disqualification and/or legal prosecution. Deliberate falsification and/or perjury will require full restitution from the applicant/co-applicant to Flatirons Habitat.

Flatirons Habitat will provide a one year warranty on workmanship. Manufacturer or product warranties are separate from Contractor warranty and shall be supplied to applicant/co-applicant upon completion of construction services.

Acknowledgement. Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Applicant Signature _____ Date _____
Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Application Received ___/___/___ Accepted Denied
Date of Home Visit ___/___/___

Applicant's name: _____ Co-Applicant's name: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes in order to monitor the lender's compliance with 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 the lender may not discriminate on the basis of this information or on whether or not you choose to 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 information below, please check the box below.

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin (check all that apply):</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birth date: ____/____/____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (includes single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National Origin:</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Black, not of Hispanic origin</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Other (specify)</p> <p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Birth date: ____/____/____</p> <p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (includes single, divorced, widowed)</p>

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



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EQUAL CREDIT OPPORTUNITY ACT NOTICE

In accordance with the Equal Credit Opportunity Act (ECOA), Public Law 93-495, you are advised that the “Federal Equal Credit Opportunity Act” prohibits creditors from discrimination against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicants 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 Administers Compliance with this Law concerning this Lender is the Federal Trade Commission (FTC).

I/we the undersigned purchasers/borrowers hereby acknowledge receipt of a copy of the above notification.

Applicant signature

Date

Applicant printed name

Co-Applicant signature

Date

Co-Applicant printed name

If you suspect a creditor has discriminated against you, there are a number of federal agencies which share enforcement responsibility for the Equal Credit Opportunity Act (ECOA). Determining which agency to contact depends on the type of financial institution you dealt with. For retail and department stores; mortgage, small loan and consumer finance companies; oil companies; public utilities; state credit unions; government lending programs; or travel and expense credit card companies are involved, contact:

Federal Trade Commission
Consumer Response Center
Washington, DC 20580
1-877-FTC-HELP (1-877-382-4357)
TDD: 1-866-653-4261

**Flatirons Habitat for Humanity
Borrowers Consent for Information Verification**

To Whom It May Concern:

1. I/We have applied for a home *rehabilitation* and related mortgage loan from Flatirons Habitat for Humanity. As part of the application process, Flatirons Habitat for Humanity or its assigns may verify information contained in my/our application and in other documents required in connection with the application.
2. The information verified includes, but is not limited to, employment history and income; amounts on deposit with banks, credit unions, stock brokers, employers, etc; credit card, charge card, loan and similar account statements and balances; rental history; and copies of income tax returns.
3. I/We further authorize Flatirons Habitat for Humanity or its assigns to order a consumer credit report on me/us. I/We acknowledge the act of obtaining a credit report can adversely affect my/our credit rating for future loan requests.
4. I/We further authorize Flatirons Habitat for Humanity or its assigns to order a criminal background check on me/us. I/We acknowledge the act of obtaining a criminal background check can adversely effect my/our credit rating for future loan requests
5. This information is for the confidential use of Flatirons Habitat for Humanity or its assigns in determining my/our credit worthiness for a mortgage loan and/or to verify information contained in my/our home application and in other documents required in connection with the application.
6. A photocopy or FAX copy of this authorization may be accepted as an original.

(Signature of Applicant)	Date
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(Printed Name of Applicant)	Social Security Number
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(Signature of Co-Applicant)	Date
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(Printed Name of Co-Applicant)	Social Security Number
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AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innovative Credit Solutions (ICS), and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status, a credit report, criminal records (including felony and misdemeanor records), motor vehicle records, employment, education and any other background information needed in connection with a Home Rehabilitation Approval Financing application to:

Flatirons Habitat for Humanity

(NAME OF COMPANY REQUESTING REPORT)

Person reports are requested on:

Print Name: _____ Date: _____

Signature: _____

Social Security: _____ DOB: _____

Present Address: _____

City _____ State: _____ ZIP (required): _____

*A copy of the prospective employee's application may be needed for processing some of the pre -employment reports.

PHONE 1-800-345-2746 FAX 1-888-571-7222

INNOVATIVE CREDIT SOLUTIONS, INC.
1011 HEYWARD STREET
P.O. BOX 1386
COLUMBIA, SC 29202

www.icscredit.com email: ics11@bellsouth.net



Flatirons
Habitat
for Humanity®

**EMPLOYMENT INCOME
VERIFICATION FORM**

SECTION 1: TO BE COMPLETED BY APPLICANT	
Applicant Name (print)	Employer's Name
Address	Address
Social Security No.	Phone: Fax:
<i>I authorize you to release the following information to Flatirons Habitat for Humanity.</i>	
_____	_____
Applicant Signature	Date

SECTION 2: TO BE COMPLETED BY EMPLOYER		
<p>The above-signed applicant has applied for Habitat home rehabilitation. Please return this completed form to: By mail: Flatirons Habitat for Humanity, 1455 Dixon Ave, Ste 210, Lafayette, CO 80026 or By fax: (303) 245-0699 If you have any questions, contact Jackie Wood at the Habitat office at (303) 447-3787.</p>		
Dates of Employment: From: _____ To: _____ Position Held: _____ Type of Work (all that apply) <input type="checkbox"/> Seasonal <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Avg. # paid weeks year _____	If hourly wage: Avg. hours per week _____ Rate of pay _____ Avg. overtime hours _____ Rate for overtime _____ Bonuses per week _____ Commissions per wk _____ Tips per week (est.) _____	If salaried: Annual gross _____ Bonuses _____ Commissions _____ Benefits: <input type="checkbox"/> Paid holidays/vacation <input type="checkbox"/> Medical plan <input type="checkbox"/> Retirement plan
Next pay increase Date: _____ Amount: _____ Last pay increase Date: _____ Amount: _____ Probability of continued employment: _____		
<i>I hereby certify that the statements above are true and complete to the best of my knowledge.</i>		
_____		_____
Authorized Signature of Employer		Date