

Housing Application Packet

Dear Applicant,

Thank you for your interest in Habitat for Humanity MetroWest/Greater Worcester. Putting faith into action, Habitat for Humanity MetroWest/Greater Worcester partners with families in need and volunteers to transform lives through decent and affordable first time homebuyer homeownership.

Please read the entire application packet and provide necessary documentation (listed below) before turning in your application. It will NOT be accepted if incomplete.

Applicants to the program *must* meet the following four criteria:

1. **Need:** An applicant has a need for the program. The applicant's current housing is overcrowded, structurally/environmentally unsafe, exceeds 50% of the applicant's monthly gross income, is temporary, etc.
2. **Willingness to Partner:** To be considered for a Habitat home, you and your family must be willing to be a long-term partner with Habitat for Humanity. Being a long term partner means completing all partner requirements during the construction of your home, being a good homeowner and neighbor once you move into your home, and continuing to support the Habitat for Humanity mission long after your home is built.
3. **Ability to Pay:** Habitat is a hand up, not a hand out. We sell the homes we build to individuals and families whose gross income falls between 30%-60% of the area median income for their family size. The homes are sold at an affordable mortgage rate. *Applicants cannot have declared bankruptcy in the previous 7 years, or ever had a property that was foreclosed on.* Qualified applicants will fall within the following income guidelines:

	Worcester County	Middlesex County
Family Size	Income Range FY2020	Income Range FY 2020
1	\$20,650—\$41,280	\$26,850—\$53,760
2	\$23,600—\$47,160	\$30,700—\$61,440
3	\$26,550—\$53,040	\$34,500—\$69,120
4	\$29,450—\$58,920	\$38,350—\$76,740
5	\$31,850—\$63,660	\$41,450—\$82,920
6	\$34,200—\$68,400	\$44,500—\$89,040
7	\$36,550—\$73,080	\$47,600—\$95,160
8	\$38,900—\$77,820	\$50,650—\$101,340

4. Residency: An applicant must be a US citizen or legal resident.

Habitat for Humanity MetroWest/ Greater Worcester is an affordable housing organization. Each of our housing developments must follow applicable local and state housing regulations and the application selection process can vary due to these laws. Additionally, Habitat for Humanity International sets affiliate policy and procedure for homeowner selection and support.

Habitat for Humanity MetroWest/Greater Worcester builds homes to fit a family's need at the *current time, not for the possible needs of the future*. We offer homes that fit the family's current size. Many of the properties we develop have been donated, and we are renovating and restructuring an existing building footprint. Our homes are built with volunteer labor and we often receive donated goods from corporations; we must be able to build within the volunteers' ability and the provided materials.

Selection Process:

After applications have been received and reviewed for eligibility, **HOME VISITS** are conducted by Habitat for Humanity MetroWest/Greater Worcester Committee members to meet applicants and verify need for housing. Home Visits are scheduled at a time that is mutually agreed upon, and convenient for both Habitat staff and the qualified applicant.

Eligible Applicants are then reviewed by the family selection committee and recommended for entrance in the lottery or Board of Director Selection, this depends on the town/ city that the property is located in.

Habitat for Humanity MetroWest/Greater Worcester follows the housing lottery procedure set forth by the Massachusetts Department of Housing and Community Development. If the property falls under the lottery procedure eligible applicants are issued a unique lottery identification number, and notified of that number (and the date/time of the lottery) by mail. The lottery will be held in an accessible location and is open to the public for attendance. You are not required to be in attendance to be chosen. This family selection will be by lottery.

Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing. Habitat for Humanity MetroWest Greater Worcester provides accessibility to facilities and services for persons with Special Needs (includes physical, visual, speech, & hearing impairments, and limited English proficiency)

The entire application process can take up to 3 months.

Habitat for Humanity MetroWest/Greater Worcester reserves the right to change the details of the opportunity at any time.

UNIT SALE PRICE:

The Unit will be sold as a single family home with a DHCD (Department of Housing and Urban Development) generated deed rider recorded to preserve affordability.

Sale price will be a function of the buyers' income—not building costs—and is to be determined after a buyer is identified by multiplying annual principal payment by 30 (representing the term of the mortgage.)

Annual principal payment is calculated by assessing 30% of the household annual gross income, and by deducting from that the calculated costs of homeowner's insurance premium and property taxes at the time of estimation.

Our program goal is to set the maximum purchase price at a price affordable for a household earning 30-60% of AMI. No profit from the sale is permitted under Habitat for Humanity MetroWest/Greater Worcester Policy.

TERMS OF FINANCING:

Financing will be low interest and the term will be 20-30 years. During the life of the mortgage, Habitat for Humanity MetroWest/Greater Worcester or the mortgage, if different, will act as escrow agent for the buyer, collecting regular monthly payments calculated to accumulate adequate sums to pay for insurance and property taxes and adjust as needed.

The entire application process can take up to 3 months.

Habitat for Humanity MetroWest/Greater Worcester reserves the right to change the details of the opportunity at any time.

Due to COVID –19, please mail in your application along with your supporting documents to:

**Habitat for Humanity MetroWest Greater Worcester
Family Services/ Tanya Clark
640 Lincoln Street Suite 100
Worcester, MA 01605**

If you are unable to mail in your application you may drop off your paperwork by appointment only — call 508.799.9259 ext. 109 to schedule.

You will receive notification via email that your application was received.

Application Deadline is no later than 5:00 PM on November 2, 2020

PLEASE NOTE: Your application WILL NOT be accepted without the following documentation. Please review carefully.

In order to process the your application, all applicable items from the above list must be dropped off, mailed, emailed or faxed to the Habitat office as soon as possible with the application. Our office hours are 9:00 am to 5:00 pm Monday thru Friday You may schedule an appointment to bring your documents at any time during regular business hours, however you must schedule in advance*. No unscheduled drop offs are allowed at this time.

PLEASE PROVIDE COPIES NOT ORIGINALS

- ☐ Complete all information honestly and accurately, including information about a co-applicant, if applicable.
- ☐ Sign and date the application.
- ☐ Copy of photo identification : drivers license/passport/resident card
- ☐ Include a copy of your lease or evidence of your monthly rent payment (i.e., copy of a cancelled rent check or money order receipt)
- ☐ Include copies of any income received for 6 months:
 - weekly / by-weekly / monthly pay stubs or payroll register
 - other income such as AFDC / TANF, food stamps, social security, SSI, disability. Alimony and child support figures are optional.
- ☐ Include copies of monthly bills / debts for preceding 3 months :
 - utilities: heat, electricity, water, cable TV
 - child care: day care, school lunch, child support you pay
 - insurance: health insurance, car insurance, renters insurance
 - debts such as car payments, all credit card statements, student loans, alimony you pay
- ☐ A copy of the last two years' 1040 Federal tax returns.
- ☐ All Checking Account Statements for past 3 months
- ☐ All Savings account Statements (CDs, IRAs, Bonds, Stocks, etc) for past 3 months
- ☐ Evidence of legal residency (i.e, birth certificate, unexpired U.S passport, naturalization certificate, or an original statement from a U.S consular officer verifying that you are U.S citizen with a valid passport. If born outside the U.S, original Certificate of Citizenship or FS-240 Form)
- ☐ We strongly encourage you to attach a letter of statement explaining your interest and need to become a Habitat homeowner. Please account for any special circumstances or information not already included in the application statements.

As part of the application process, Habitat for Humanity MetroWest/Greater Worcester will do a criminal background check, SORI (Sexual Offender Registry Information) and Credit Check. This criminal background check will not necessarily disqualify you from our homeownership program.

You can mail or *schedule an in person appointment to drop off the application by calling 508.799.9259 ext. 109 - **Application Deadline: November 2, 2020**

Mailing address:

**Habitat for Humanity MetroWest Greater Worcester
Tanya Clark, Family Services Coordinator
640 Lincoln Street Suite 100
Worcester, MA 01605**

*** Due to COVID-19**

Application

FOR HOUSING



Habitat for Humanity®
MetroWest/Greater Worcester



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.

640 Lincoln Street
Suite 100
Worcester, MA 01605

*24 Hitching
Post Road
Northborough*

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity House. Please fill out this application as completely and accurately as possible. All information you include on this application will be kept confidential. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing. Your application and all supporting documentation you provide will become the property of Habitat for Humanity MetroWest/Greater Worcester, therefore, we ask that you please provide us copies and not originals documents.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																																																
Applicant's Name:	Co-applicants Name:																																																
Date of Birth:	Date of Birth:																																																
Social Security Number:	Social Security Number:																																																
Home Phone:	Home Phone:																																																
Cell Phone:	Cell Phone:																																																
E-mail:	E-mail:																																																
Dependents and others who live with you (not listed by co-applicant)	Dependents and others who live with you (not listed by co-applicant)																																																
<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Age	Male	Female																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
Name	Age	Male	Female																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
_____	_____	_____	_____																																														
Present Address (street, city, state, ZIP code) Own Rent <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div>	Present Address (street, city, state, ZIP code) Own Rent <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div>																																																
How long have you been living at this address? _____	How long have you been living at this address? _____																																																
If Living at Present Address for Less Than Two Years, Complete the Following																																																	
Last Address (street, city, state, ZIP code) Own Rent <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div>	Last Address (street, city, state, ZIP code) Own Rent <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div>																																																
How long have you been living at this address? _____	How long have you been living at this address? _____																																																

2. FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE

Date Received: _____

Date Letter Sent: _____

More Information Requested? Yes No

Date of Home Visit: _____

Date Application Completed: _____

Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to be a long-term partner with Habitat for Humanity. Being a long term partner means completing all partner requirements during the construction of your home, being a good homeowner and neighbor once you move into your home, and continuing to support the Habitat for Humanity mission long after your home is built.

During the partner phase of your relationship with Habitat, you and your family must complete a mandatory number of “sweat-equity” hours. “Sweat equity” is earned by you when you help to build your home and the homes of others, and it may include clearing a lot, painting, helping with home construction, attending homeowner education courses, working in the Habitat ReStore or main office, helping with special events or other approved activities. (If you or a family member has a physical disability, Habitat will work with you to help you successfully complete your required “sweat equity” hours.)

Please sign below indicating that you and your family are willing to partner with Habitat for Humanity MetroWest/Greater Worcester while your home is being built and after construction, for as long as you own your Habitat home. By signing below you are also indicating that you are willing to complete all “sweat equity” requirements.

Date

4. PRESENT HOUSING CONDITIONS / SITUATION

Number of Bedrooms: _____ Number of Bathrooms: _____ Describe Laundry Facilities: _____

Other rooms in the home in which you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Family Room ☐ Finished Basement ☐ Finished Attic

☐ Other Rooms: _____

Please Provide the contact information for your *current landlord* in the space provided below:

Phone:

If you have lived at your current address for less than one year, please provide the contact information for your previous landlord:

Phone:

In the space below, please describe your current housing situation and/or the house condition. Why do you feel you need a Habitat Home? Feel free to attach your response to the application, or carry over your response to a separate piece of paper and attach to the application.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

5. PROPERTY INFORMATION

Have you ever owned a home before? ☐ Yes ☐ No

If yes, why do you no longer own _____

Date of Ownership: _____ to _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

Have you applied for a Habitat Home before? ☐ Yes ☐ No If yes, when _____

How did you hear about Habitat for Humanity? _____

6. APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer:			Business Phone:
Date of Hire:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer:			Business Phone:
Employed From:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
To:			
Job Title or Description:			

7. CO-APPLICANT EMPLOYMENT INFORMATION

Name and Address of Current Employer:			Business Phone:
Date of Hire:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
Job Title or Description:			

If you have been employed at your current job less than one year, please provide your previous employment information

Name and Address of Previous Employer:			Business Phone:
Employed From:	Hourly Wage / Hours per week:	Average Monthly Income:	Type of Business:
To:			
Job Title or Description:			

8. COMBINED MONTHLY EXPENSES

Monthly Expenses	COMPANY *	Monthly Payment	Past Due?/ Amount Owed
Misc. Household Expenses			
Rent			
Gas/Electric			
Trash/Water/ Sewer			
Cable/Satellite TV/Internet			
Home Telephone			
Furniture			
Groceries			
Other:			
Loans			
Auto			
Student			
Personal / Other:			
Medical/ Dental			
Doctor			
Hospital			
Dental			
Prescriptions			
Other:			
Insurance			
Renter's			
Auto			
Medical/ Health			
Dental			
Life			
Other:			
Misc. Personal Care			
Cell Phones			
Hair Care/Salon Services			
Clothing			
Entertainment			
Other:			
Ex-Family Expenses			
Child Support			
Alimony			
Other Expenses			
Car Repair			
Car Gas			
Credit Card 1:			
Credit Card 2:			
Children School Expenses			
Childcare			
Other:			

* Please attach copies of the last three (3) months worth of bills.

09.2020

Total Monthly Expenses

\$

9. GROSS MONTHLY INCOME— APPLICANT/ CO- APPLICANT

Monthly Income Source	Monthly Applicant Income *	Monthly Co-Applicant Income*	Others in Household Income*
Base Employment Income			
Second Job Income			
AFDC / TANF			
Social Security (SSA)			
Social Security (SSI)			
Disability			
Alimony			
Child Support			
Other:			
Other:			
Please see cover sheet for required documentation.		Combined Gross Monthly Income	\$

SELF EMPLOYMENT: Are either you the Applicant or the Co-Applicant self-employed? ☒ Yes ☐ No If yes please explain: _____

Are there additional members of your household over the age of 18 who are earning income? ☐ Yes ☐ No

If yes, please list below:

Name	Age	Monthly Income	Name	Age	Monthly Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. ASSETS

Please list all Checking and Saving Accounts below (2 Months Banks Statements for ALL accounts required):

Name and Address of Bank, Savings & Loan or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____
Name and Address of Bank, Savings & Loan or Credit Union:	Name and Address of Bank, Savings & Loan or Credit Union:
Account Number: _____ Balance: \$ _____	Account Number: _____ Balance: \$ _____

Please list all other monetary assets below, including Money Market Accounts, CD's, Stocks, Saving Bonds, etc.:

Source	Value	Source	Value
_____	_____	_____	_____
_____	_____	_____	_____

11. ASSETS CONT.

Do you own a:	Yes	No	Do you have a car:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
			Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
			Make and Year _____		

12. OVERALL DEBT RECAPTURE

	Loan Name and Address of Company	Monthly Payment	Unpaid Balance	Months Remaining
Car (#1)		\$	\$	
Car (#2)		\$	\$	
Furniture, Appliances and Televisions		\$	\$	
Credit Card		\$	\$	
Medical		\$	\$	
Cell Phone Contracts		\$	\$	
Alimony/Child Support		\$	\$	
Job-Related Expenses		\$	\$	
Child Care, Union Dues, etc.		\$	\$	
Other:		\$	\$	
Other:		\$	\$	

Total Monthly Payment:
\$

Total Unpaid Balance:
\$

13. SOURCES OF PRE-OWNERSHIP PAYMENT

If you are approved for a Habitat home, where will you get the money to make the pre-ownership payment (for example, savings or parents?) If you borrow the money, who will you borrow it from, and how will you pay it back?

14. DECLARATIONS

Please circle "yes" or "no" for the following questions:

	Applicant		Co-Applicant	
	Yes	No	Yes	No
A.. Do you have debt because of a court decision against you?				
B.. Are you presently delinquent or in default on any federal debt or any loans?				
C.. Are you a co-signer on any other loans or mortgages?				
D.. Are there any outstanding judgments or liens against you?				
E.. Have you declared bankruptcy the past seven years?				
F. Have you had any property foreclosed upon in the past?				
G. Have you had anything repossessed within the last three years?				
H. Have any of your accounts been placed into collections in the past three years?				
I. Are you paying alimony or child support?				
J. Are you a U.S citizen or permanent resident?				

If you have answered *yes* to any questions "A" through "H," or *no* to question "J," please attach on a separate piece of paper a detailed explanation.

14. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the low interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, CORI (Criminal Offender Records Information) SORI check (Sexual Offender Registry Information) 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. The original 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 potential staff (whether paid or unpaid), board members and applicant families on the sex-offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry.

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

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.

If this application was completed by someone other than the applicant/co-applicant please provide the following information:

This information was taken: ☐ Face to Face Interview ☐ Telephone

☐ Mail ☐ Internet ☐ Other: _____

☐ Mail ☐ Internet ☐ Other:

Interviewer's Name	Organization (if applicable)	Phone
--------------------	------------------------------	-------

Interviewer's Signature _____ Date: _____/_____/_____ (mm/dd/yyyy)

15. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please read this statement before completing the information below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor 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 a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. 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 observations or surname. If you do not wish to furnish the information below, please check the box indicating so. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for).

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black/African American AND White <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Not listed (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify) _____ Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other (specify) _____ Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorces, widowed)

Applicant's Name : (Print) _____ (Sign) _____

Co-Applicant's Name: (Print) _____ (Sign) _____

If this section was completed by someone other than the applicant/co-applicant please provide the following information:	
This information was taken: <input type="checkbox"/> Face to Face Interview <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____	Interviewer's Phone Number _____

_____ X _____
 Interviewer's Name Signature Date



CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI) ACKNOWLEDGEMENT FORM

Habitat for Humanity MetroWest/Greater Worcester is registered under the provisions of M.G.L. c. 6, § 172 to receive a Criminal Offender Record Information (CORI) check and a Sex Offender Registry Information (SORI) check for the purpose of screening current and otherwise qualified prospective employees, board members and volunteers. As a prospective or current employee, board member or volunteer I understand that a CORI/SORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to Habitat for Humanity MetroWest/Greater Worcester to submit a CORI/SORI check for my information to the DCJIS. This authorization is valid for three years from the date of my signature. I may withdraw this authorization at any time by providing Humanity MetroWest/Greater Worcester with written notice of my intent to withdraw consent to a CORI/SORI check.

Humanity MetroWest/Greater Worcester may conduct subsequent CORI/SORI checks within three years of the date this form was signed by me provided, however, that Humanity MetroWest/Greater Worcester must first provide me with written notice of this check. By signing below, I provide my consent to a CORI/SORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Both applicant and co-applicants sign below

SIGNATURE DATE

**Please make sure to bring a valid driver's license or
passport.**

**CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI)
ACKNOWLEDGEMENT FORM**

APPLICANT

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known): _____

Date of Birth: _____ Place of Birth: _____

Last Six Digits of your Social Security Number: ____ --- _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Maiden Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification: _____

SUBMITTED BY: _____
Signature / Date

VERIFIED BY: _____
Name of Verifying Employee (please print)

Signature of Verifying Employee

**CRIMINAL AND SEXUAL OFFENDER RECORD INFORMATION (CORI/SORI)
ACKNOWLEDGEMENT FORM**

CO-APPLICANT

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known): _____

Date of Birth: _____ Place of Birth: _____

Last Six Digits of your Social Security Number: ____ --- _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Maiden Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification: _____

SUBMITTED BY: _____
Signature / Date

VERIFIED BY: _____
Name of Verifying Employee (please print)

Signature of Verifying Employee