



## Homewnership Application Packet

### The NUTS and BOLTS of HABITAT for HUMANITY



#### As a Habitat Homeowner, you will;

- Build and buy your own home!
- Take classes on how to be a responsible and successful homeowner.
- Make a monthly payment You can afford; a payment based on your income.

### To apply, follow these 3 steps

#### ① Determine Your Qualification

##### • To begin eligibility for homeownership through Habitat for Humanity, the following must apply:

- You live or work in Berthoud/Campion(1 year) or the surrounding rural areas.
- Your current shelter is inadequate, substandard, subsidized, rent burdened, temporary, transitional, etc.
- You are willing to work 250 "sweat-equity" hours per adult applicant toward the building of your home and other Habitat homes. Work is done on Saturday and partner family is expected to be there.
- You will save \$1,500 toward closing costs.
- Your household's total monthly **GROSS** income meets the following guidelines:

Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,987 - \$2,980	5	\$3,067 - \$4,600
2	\$2,270 - \$3,405	6	\$3,293- \$4,940
3	\$2,553 - \$3,830	7	\$3,520 - \$5,280
4	\$2,920 - \$4,255	8	\$3,747 - \$5,620

**Your income must have been at this level for the past 2 years with steady work/income. No gaps in employment**

#### • **2 Pick up and Return Application to Berthoud Habitat Restore at 157 Mountain Avenue**

- Applications should be returned within a month of being given to applicants.
- All documentation should accompany the application or an explanation why it is not turned in.
- Applications are accepted year round. You will be asked for updated information when we are ready to make a selection of new partner family.
- ReStore located at 157 Mountain Avenue, Berthoud, CO 80513

#### • **3 Meet with Family Selection committee**

- Attend Applicant Orientation with the Committee after Your Application has been reviewed
- Karen Parks will call you to set an appointment after your completed application is turned in.
- You may call Karen with questions 970-663-7320

**BHfH Requires a Credit report for all applicants be turned in with the application.**

All about credit reports!

**Getting your credit reports**

You can get a free report once every 12 months from each of the three nationwide consumer credit reporting companies through AnnualCreditReport.com. You can request all three of your reports at once, or you can space them out over the course of the year. That means if you order a report from one of the companies on March 1, you can't get another free annual credit report from the same company until March 2 next year.

Please note, that there may be situations where you can obtain additional copies of your credit report for free such as the application of

certain state laws, when you have been denied credit or in certain situations involving fraud.

You can visit the Consumer Financial Protection Bureau's website for more information on how you can obtain your credit report for free.

**How do I request my free annual credit report?**

You may request your free annual credit report online, via phone or by mail. You do not need to order your credit report from each

credit reporting company at the same time and may decide to request the three credit reports at different times throughout the year.

**Online:**

You can ask for your free annual credit report from <https://www.AnnualCreditReport.com>. Make sure you are on this site before ordering

your report. This is the official site, authorized by the Federal government, for you to get your free reports. You usually can get your

report immediately by ordering it online after you have verified your identity through an authentication process.

**Phone:**

🕒 Call 1-877-322-8228

🕒 You will go through a verification process over the phone.

🕒 Your credit report will be mailed to you within 15 days

**Mail:**

🕒 Download the request form (You need an Adobe viewer to view the requested form. Download the free Adobe viewer)

🕒 Print and complete the form

🕒 Mail the completed form to:

🕒 Annual Credit Report Request Service

🕒 P.O. Box 105281

🕒 Atlanta, GA 30348-5281

🕒 Your credit report will be mailed to you within 15 days

The Consumer Financial Protection Bureau's website has additional information on how to obtain your free annual credit report.



*Building Hope and Homes... One Family at a Time.*

## **Notice to Applicant of Right to Receive Copy of Appraisal Report**

Dear Applicant:

This disclosure is provided to you pursuant to 15 U.S.C. 1691(e) and Fannie Mae's and Freddie Mac's Appraiser Independence Requirements.

*In the event you are selected to purchase a Habitat for Humanity home, you will be provided a copy of any appraisal report or valuation concerning this property promptly upon completion of the appraisal, and in any event, no less than three (3) business days prior to the closing of the loan.*

Thank you for your interest in Berthoud Habitat for Humanity. Please do not hesitate to contact us with additional questions.

Berthoud Habitat for Humanity



## My Habitat Checklist

All requested information applies to both applicant and co-applicant (unless otherwise stated)

For Habitat Use  
Co-applicant  
Applicant

### 1. Residency, Identification, and Citizenship (for every household member over 18)

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Proof of Identity:</b> COPY of Driver's License, Colorado ID card, or U.S. Passport                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Proof of Citizenship:</b> COPY of U.S. Passport, Green Card, Certificate of Naturalization, or U.S. birth certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPY of Social Security Cards  |

### 2. Financial Information

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPIES of the most recent 3 years of <b>Federal Tax Returns SIGNED (1040 and Schedule C)</b>                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPIES of the most recent 3 years of <b>W-2s or 1099 from ALL sources (Last 3 years of Returns filed)</b>                  |
|                          |                          |                          | <b>DOCUMENTATION OF ALL NON-EMPLOYMENT INCOME:</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Proof of <b>alimony</b> and <b>child support</b> (please include Child Support Orders and Family Support Registry Report)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Statement of <b>Disability Income</b> (if applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Statement of <b>Social Security Income</b> (if applicable)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Verification of Deposit</b> for each account listed on application - <b>to be completed by bank</b> (page 15 in packet) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPIES of <b>complete bank account statements (ALL pages)</b> for ALL accounts for the last 6 months                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPIES of <b>all current credit card, automobile, and loan statements (including student loans)</b>                        |

### 3. Employment Information

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPIES of last <b>6 months of paystubs</b> (for every household member over 18)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Verification of Employment</b> for each employed applicant <b>to be completed by employer</b> (page 13 in packet) |

### 4. Rental Information

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Verification of Rental History</b> to be completed by landlord (page 14 in packet) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPY of current <b>Lease Agreement (Must live or work in Berthoud for 1Year)</b>      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPIES of <b>utility bills</b> for the last 4 months                                  |

### 5. Other

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPY of <b>Divorce Decree</b> (if applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • COPY of <b>Bankruptcy</b> papers with dated discharge letter and/or <b>Foreclosure</b> documents (if applicable)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Affidavit and Release for Information</b> , completed and signed (page 16 in packet)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Authorization for SSA to Release SSN Verification</b> - one per applicant (page 18 in packet)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>Program Application</b> , completed and signed All adults over 18 must be included in the (pages 4-9 in packet) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Copy of a credit report pulled by you--Instructions Attached on How to Obtain Credit Report) <b>Page 1A</b>        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • <b>My Habitat Checklist (this form)</b> , completed and signed.  |

Please sign and date

Applicant

Date

Co-applicant

Date

THANK YOU FOR APPLYING WITH BERTHOUD HABITAT FOR HUMANITY.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 970-663-7320 TO SPEAK WITH KAREN PARKS FAMILY SELECTION.



**Equal Housing Opportunity Statement:** 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.





## Application

Habitat Homeownership Program

## Berthoud Habitat for Humanity

157 Mountain Ave, Berthoud CO 80513



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 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.

### 1. APPLICANT INFORMATION

Applicant				Co-applicant			
Applicant's name				Co-applicant's name			
Phone number	Birth Date	Age		Phone number	Birth Date	Age	
Are you a lawful resident of the United States and Berthoud? Yes No				Are you a lawful resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a permanent resident of the United States? Yes No				Are you a permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you work in Berthoud for 1 year or more? Yes No				Are you a permanent resident of the United States? <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 (not listed by co-applicant)				Dependents and others who will live with you (not listed by applicant)			
Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<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"/>
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of Years _____				Number of Years _____			
If living in 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 _____			
Have you applied with Habitat before? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____							
Were you impacted by the 2013 Colorado flooding? <input type="checkbox"/> No <input type="checkbox"/> Yes							

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

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

Orientation Attended: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for the Habitat program, you and your household must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat-equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office or ReStore, attending homeownership classes, or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle)    1    2    3    4    5

Other rooms in the place where you are currently living:

☐ Kitchen    ☐ Bathroom    ☐ Living Room    ☐ Dining Room    ☐ Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ / month

Name, address and phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live.

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ / month      Unpaid balance \$ \_\_\_\_\_

Do you own land? ☐ No    ☐ Yes      Monthly payment \$ \_\_\_\_\_      Unpaid balance \$ \_\_\_\_\_

### 6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

### 7. MONTHLY INCOME

Income Source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**PLEASE NOTE:**

Self-employed applicants will be required to provide additional documentation such as profit and loss statements and financial statements.

### Household members whose income is listed above

Name	Income source	Monthly income	Date of birth

### 8. SOURCE OF CLOSING COSTS

How do you plan to save your \$1,500 in closing costs?

### 9. ASSETS

Name of bank, savings and loan, credit union etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
Cars, boats, RV owned List year and value	Year	\$ Value			\$
					\$
					\$
					\$



**10. DEBT**

	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
Automobile	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, televisions (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Student loans	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>	

Monthly expenses			
Expense	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phones	\$	\$	\$
Land line	\$	\$	\$
Business expense	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**11. SPECIAL ACCOMMODATIONS**

Does anyone in your household have a disability or handicap? ☐ Yes ☐ No

If yes, can this person use all parts of the house? ☐ Yes ☐ No

If no, please explain.

Does any part of your home affect a household member's health? Please explain.

## 12. DECLARATIONS

Please check the box that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on 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. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. 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
g. Have you ever been convicted of a felony?	<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 e, or "no" to question f, please explain on a separate piece of paper.

### By signing this form, I (we) testify to the following:

- ☐ I (we) currently live or work in the Berthoud/Campion area and have for more than 1 year.
- ☐ I (we) meet the income requirements as stated on page 1.
- ☐ I (we) have not filed bankruptcy in the past two years and any bankruptcy has been discharged at least 2 years prior to application.
- ☐ I (we) have not owned a home within the past three years (this does not include mobile homes).
- ☐ I (we) understand that I (we) will be required to save \$1,500 toward closing costs.
- ☐ I (we) understand the sweat-equity requirements as explained at the Applicant Orientation.
- ☐ I (we) understand that I (we) will be subjected to a credit history check and a credit report is required with this application.
- ☐ I (we) understand that I (we) will be subjected to a criminal background check and a sex offender registry check.
- ☐ I (we) will attend the mandatory Applicant Orientation when contacted.

## 13. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a partner through sweat-equity. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or 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 applicant households on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant Signature

Date

Co-applicant Signature

Date

X \_\_\_\_\_

X \_\_\_\_\_

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.

Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**14. 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 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 observation or surname.** If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Is <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	<b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islai <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Birthday:</b> ____/____/____	<b>Birthday:</b> ____/____/____
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

## ADDITIONAL APPLICATION QUESTIONS

### Tax Returns

1. How does your name appear on your last 2 years of tax returns?

Borrower: \_\_\_\_\_

Co-borrower: \_\_\_\_\_

What names have you used in the past 7 years (maiden/former/alias other) \_\_\_\_\_

\_\_\_\_\_

2. What is the address on your most recently filed tax returns?

Borrower: \_\_\_\_\_

Co-borrower: \_\_\_\_\_

What addresses have you used in the past 7 years? Indicate B (borrower) or C (co-borrower)

\_\_\_\_\_

\_\_\_\_\_

3. How did you file on your last 2 years of tax returns?

Jointly

Separately

4. Did you write off un-reimbursed business expenses (Form 2106) on your last 2 years of tax returns?

Borrower:    Yes      No      Co-borrower:    Yes      No

5. Does your last year's tax return have any additional business income or loss other than what you have already disclosed (Sole Proprietorship, LLC Partnership, Sub Chapter or Corporation)?

Borrower:    Yes      No      Co-borrower:    Yes      No

If yes, explain: \_\_\_\_\_

### Employment

6. Do you have an ownership interest in your place of employment?

Borrower:    Yes      No      Co-Borrower:    Yes      No

If yes, indicate percentage of ownership: \_\_\_\_\_ %

7. Are you related to your employer?

Borrower:    Yes      No      Co-borrower:    Yes      No

## Assets

8. Do you have any other assets you have not disclosed on your application?

Borrower:	Yes	No	Co-Borrower:	Yes	No
If yes, indicate:	401K		Trust Funds		
	IRA		Valuable Personal Property		
	Savings		Mobile home		

Other: (explain) \_\_\_\_\_

## Liabilities

9. Do you have any loans or debts being deducted from your paycheck?

Borrower:	Yes	No	Co-Borrower:	Yes	No
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If yes, explain: \_\_\_\_\_

10. Have you acquired any new debt within the last 30 days?

Borrower:	Yes	No	Co-borrower:	Yes	No
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If yes, explain: \_\_\_\_\_

11. Do you have any additional loans or debts not reported on your credit report?

Borrower:	Yes	No	Co-borrower:	Yes	No
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If yes, explain: \_\_\_\_\_

## Real Estate

12. Do you own vacant land or any other real estate property?

Borrower:	Yes	No	Co-borrower:	Yes	No
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If yes, explain: \_\_\_\_\_

13. Do you own a timeshare?

Borrower:	Yes	No	Co-borrower:	Yes	No
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If yes, explain: \_\_\_\_\_

14. Are you on title to any property with or without another person regardless of financial liability?  
(Trust, Partnership, LLC, Inheritance, etc.?)

Borrower:      Yes      No

Co-borrower:    Yes      No

If yes, explain: \_\_\_\_\_

15. Have you co-signed on a mortgage?

Borrower:      Yes      No

Co-borrower:    Yes      No

If yes, explain: \_\_\_\_\_

### Signatures:

Borrower \_\_\_\_\_

Date \_\_\_\_\_

Co-borrower \_\_\_\_\_

Date \_\_\_\_\_



**HABITAT FOR HUMANITY BERTHOUD CO**  
**SUBJECT RELEASE AND AUTHORIZATION**

Transparent Information Services, LLC (TIS) is hereby authorized to conduct a background investigation on me in the course of consideration for possible employment or volunteer work by Habitat For Humanity of Berthoud. I voluntarily and knowingly authorize, without reservation, any duly authorized agent of TIS to obtain from any law enforcement agency, drug screening firm state, county or federal agency, present employer or supervisor, landlord, past employer or supervisor, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the National Personnel Records Center, personal reference and/or other persons, and voluntarily and knowingly authorize the same to give, records or information that they may have concerning my criminal history, motor vehicle history, earnings history, credit history, character, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I voluntarily, knowingly and unconditionally release all such persons, including any named or unnamed informant, from any and all liability resulting from the furnishing of this information. A photographic, faxed or e-mailed copy of this authorization shall be as valid as the original.

**Transparent Information Services, LLC is only an information provider and does not make hiring decisions**

**PROVIDE THE FOLLOWING INFORMATION / PLEASE WRITE LEGIBLY AND IN BLACK INK**

**FULL NAME:** \_\_\_\_\_

**FORMER/MAIDEN/ALIAS/OTHER NAMES USED:** \_\_\_\_\_

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_ Homeownership \_\_\_\_\_

**ADDRESS HISTORY FOR THE MOST RECENT 7 YEAR PERIOD (USE AN ADDITIONAL SHEET IF NEEDED):**

ADDRESS	CITY/STATE/ZIP CODE	COUNTY	DATES OF RESIDENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**NAME AS IT APPEARS ON LICENSE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH (MANDATORY):** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**\*\*THE INFORMATION PROVIDED ABOVE IS FOR THE PURPOSES OF INITIATING A BACKGROUND CHECK AND WILL NOT BE USED BY THE PROSPECTIVE EMPLOYER IN THE HIRING DECISION\*\***

I understand that the information that I have provided is for the purposes of a background check only and that TIS, LLC is not the Employer but a background screening company, not owned or operated by the Employer. I further acknowledge that my date of birth, sex and race are to be used for investigative purposes by TIS, LLC where this search criteria may be required by certain agencies listed in the top paragraph of this form and shall not be used for the purpose of making a hiring decision.

☐ **CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Report, please check the box. This report may include character and reputation information obtained through personal interviews.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**INFORMATION REQUESTED BY:**  
Berthoud Habitat for Humanity  
157 Mountain Avenue  
Berthoud, CO 80513  
**Contact Person: Marilyn Cook**  
Phone: 970-217-2638  
Email: **MICHAEL MARILYN COOK**  
<mmmcook@msn.com>

## Employment Verification

### Agreement to Release Information

I, \_\_\_\_\_ authorize the release of the following information to Berthoud Habitat for Humanity for use in determining eligibility for the Habitat for Humanity homeownership program.

\_\_\_\_\_  
**Applicant/Employee Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date**

To whom it may concern:

The person named below is applying for housing through the Berthoud Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Thank you for your assistance.

Sincerely,

Berthoud Habitat for Humanity

### TO BE COMPLETED BY EMPLOYER

Company/Employer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

1. Employee's Current Position/Title: \_\_\_\_\_

2. Date Employment Began: \_\_\_\_\_

3. Current base pay

Amount: \$ \_\_\_\_\_ Annually \_\_\_\_\_ Per hour \_\_\_\_\_

Scheduled hours per week: \_\_\_\_\_

4. Earnings: Calendar year to date \$ \_\_\_\_\_ Last calendar year \$ \_\_\_\_\_

5. Does this person regularly receive overtime or bonuses? Yes \_\_\_\_\_ No \_\_\_\_\_

If ye, average number of overtime hours per month: \_\_\_\_\_

If yes, bonus type, payment schedule and average amount: \_\_\_\_\_

6. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

**The above information was completed by:**

x \_\_\_\_\_  
Signature of Employer/Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date





**INFORMATION REQUESTED BY:**  
Berthoud Habitat for Humanity  
P.O. Box 1227  
157 Mountain Avenue  
Berthoud, CO 80513  
**Contact Person: Marilyn Cook** Phone:  
970-217-2638  
Email: **MICHAEL MARILYN COOK**  
<mmmkcook@msn.com>

## Rental History Verification

**Regarding:** Tenant(s) name \_\_\_\_\_ Date of request \_\_\_\_\_  
Property Address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

I (we) authorize the release of the following information to Berthoud Habitat for Humanity, Inc. for use in determining eligibility for the Habitat homeownership program.

\_\_\_\_\_  
**Tenant signature**

\_\_\_\_\_  
**Tenant signature**

\_\_\_\_\_  
**Date**

To whom it may concern:

The above-named person(s) has applied for housing through Berthoud Habitat for Humanity. By signing above and personally requesting this information, they consent to its release and its use in determining their qualification for our program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. We would appreciate your help in answering the following questions. Thank you for your assistance.

Sincerely,

Berthoud Habitat for Humanity

### TO BE COMPLETED BY LANDLORD

Landlord/management company name: \_\_\_\_\_

Company address: \_\_\_\_\_ City, state, ZIP: \_\_\_\_\_

1. Rental period (give dates): From \_\_\_\_\_ to \_\_\_\_\_
2. Monthly rent: \$ \_\_\_\_\_
3. Was rent paid on time? \_\_\_\_\_ Number of times late in last 12 months: \_\_\_\_\_
4. Complaints by others? Please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Any damage to their unit? \_\_\_\_\_
6. Overall rating as tenant (excellent, satisfactory, unsatisfactory). Please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Would you rent to them again? \_\_\_\_\_
8. If former tenant, did you return full security deposit? \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Berthoud Habitat for Humanity  
P. O. Box 1227, 157 Mountain Ave.,  
Berthoud, CO 80513

(970) 532-2870 (phone) [www.berthoudhabitat.org](http://www.berthoudhabitat.org)



**INFORMATION REQUESTED BY:**  
 Berthoud Habitat for Humanity  
 P.O. Box 1227  
 157 Mountain Avenue  
 Berthoud, CO 80513  
 Contact Person: Marilyn Cook  
 Phone: 970-217-2638  
 Email: MICHAEL MARILYN COOK  
 <mmmkcook@msn.com>

## Verification of Deposit

### Regarding:

Applicant Name: \_\_\_\_\_ Co-applicant name: \_\_\_\_\_

Applicant address: \_\_\_\_\_ City, state, ZIP: \_\_\_\_\_

I (we) authorize the release of the following information to Berthoud Habitat for Humanity for use in determining eligibility for the Habitat for Humanity homeownership program.

\_\_\_\_\_  
**Applicant signature**                      **Date**                      **Co-applicant signature**                      **Date**

Account Type	Date opened	Current balance	Average balance (3 months)	Number of overdrafts	Dates of overdrafts
Checking		\$	\$		
Checking		\$	\$		
Savings		\$	\$		
Savings		\$	\$		
Money Market		\$	\$		
Other		\$	\$		

Loan type	Date opened	Loan balance	Scheduled monthly payments	Past-due balance
Home		\$	\$	
Other real estate		\$	\$	
Car		\$	\$	
Car		\$	\$	
Other		\$	\$	
Other		\$	\$	

Please include any additional information that might help us determine the creditworthiness of this applicant:

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

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_



*Building Hope and Homes... One Family at a Time.*

## Affidavit and Release of Information

**\*\*\* PLEASE READ CAREFULLY – INITIAL AND SIGN ON BACK \*\*\***

### **Fair Credit Reporting Act Disclosure and Authorization**

As an applicant for housing through Fort Collins Habitat for Humanity, you are a consumer with rights under the Fair Credit Reporting Act. For the purpose of determining your qualification for this housing program, Berthoud Habitat For Humanity may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you.

### **Disclosure Regarding Background Report**

Berthoud Habitat for Humanity may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your program application. If you are selected, to the extent permitted by law, Berthoud Habitat for Humanity may obtain from STERLING further reports without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

### **Authorization to Obtain Background Report**

I have read the Disclosure Regarding Background Report provided by Berthoud Habitat for Humanity and this Authorization to Obtain Background Report. By my signature on the next page, and the subsequent SSA Release, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), of background reports regarding me and the release of such reports to Berthoud Habitat for Humanity and its designated representatives, to assist Berthoud Habitat for Humanity in making a decision involving me at any time after receipt of this authorization to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the COMPANY itself, and authorize STERLING to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.



*Building Hope and Homes... One Family at a Time.*

## Affidavit and Release of Information

### PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALING AND SIGNING

\_\_\_\_\_ I (we) acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

\_\_\_\_\_ I (we) authorize Berthoud Habitat for Humanity to conduct a **CREDIT HISTORY CHECK** for both Applicant and Co-Applicant. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize Berthoud Habitat for Humanity to conduct an extensive and thorough **BACKGROUND HISTORY CHECK** for every household member 18 and older. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize Berthoud Habitat for Humanity to conduct a search on the **SEX OFFENDER REGISTRY** for every household member 18 years of age and older. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize any **person, school, CURRENT AND PAST EMPLOYERS, CURRENT AND PAST LANDLORDS, law enforcement authorities, and organizations** named in this application to provide and release any information and opinions concerning our background. I (we) release such persons and organizations from any legal liability for any damage whatsoever for making such statements.

\_\_\_\_\_ I (we) authorize Berthoud Habitat for Humanity and/or any of its agents to verify and investigate any or all statements contained in this application.

\_\_\_\_\_ I (we) understand that this application does not create a contract for housing.

\_\_\_\_\_ I (we) further certify that I (we) have read and understand the instructions, conditions and other information provided in this document.

### Applicant Authorization

By signing below, I \_\_\_\_\_, hereby voluntarily agree to the statements above and authorize **Berthoud Habitat For Humanity** to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with **Berthoud Habitat For Humanity**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Co-Applicant (or household member 18 or older) Authorization

By signing below, I \_\_\_\_\_, hereby voluntarily agree to the statements above and authorize **Berthoud Habitat For Humanity** to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with **Berthoud Habitat For Humanity**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please copy and fill out this form for any additional household members 18 years of age and older.)

**Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification**

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service     |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input checked="" type="checkbox"/> Credit Check     | <input type="checkbox"/> Other               |

with the following company ("the Company"):

Company Name: **STERLING INFOSYSTEMS, INC.**Company Address: **PO BOX 1048, BOTHELL, WA 98041**

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

**COMPUTER INFORMATION DEVELOPMENT LLC, 713 W. DUARTE RD. #106, ARCADIA, CA 91007**

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for N/A days from the date signed. N/A (Please initial.)**

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Privacy Act Statement**

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U. S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

**TEAR OFF****NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>

# Please detach and keep for your records

## Summary of rights under FCRA

The federal Fair Credit Reporting Act (**FCRA**) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](#), 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

**You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051