



ORIENTATION:

- Follow-up Workshops Assistance:
- Part 1 Applications due:
- Notification of denial or acceptance for part 2:
- Part 2 Applications due:
- Home Visits:
- Board Recommendation:
- Acceptance/Notification:

Application Due Date:

**Return to--
In Redmond:**
Family Services Team
Redmond Habitat for Humanity
Restore
1242 South Hwy 97
PO Box 692
Redmond, OR 97756

Application for Housing, *part one*

Application Instructions

Attached is the Redmond Habitat for Humanity Housing application form that needs to be filled out clearly and accurately in order for you to be considered as a Habitat Family. In addition to the completed application, a **COPY** of the following documents need to be submitted for **EACH** person who is **18 YEARS OR OLDER**, living in the household.

The most current years tax return, including all schedules

W-2 (s) from same year as tax return

If self-employed, the last 2 years tax returns and year to date profit and loss

The last 6 months of all bank statements

Income verification for the last 3 months

SSI award letter, if receiving SSI income

6 months utility statements

Social Security card

Divorce decree with proof of child support or alimony

Copy of valid Oregon Driver's License or other identification if no driver's license

If you own a car, proof of valid automobile insurance

Copy of Bankruptcy papers, if applicable

Proof of US residency- if not a current US Citizen (VISA, SS card, etc.)

12 months rent receipts (or letter from landlord stating payment history)

If you are attending any Neighbor Impact or Housing Works classes; copy of enrollment form(s) or certification(s).

Your application will not be processed nor considered unless all items have been submitted along with your application.

Questions? Please contact the Redmond Habitat Family Services Team, Name Scott Brown
Email hfhredmond@gmail.com Phone 541-548-1406 Thank you.

Mission Statement: Redmond Habitat for Humanity, with God's guidance, works in partnership with deserving families and the community to build quality, affordable homes.



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: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant				Co-applicant			
Applicant's Name				Co-applicant's Name			
Social Security Number	Phone	Age		Social Security Number	Phone	Age	
Married	Separated	Unmarried (single, divorced, widowed)		Married	Separated	Unmarried (single, divorced, widowed)	
Applicant Contact Information				Co-Applicant Contact Information			
Phone Number:				Phone Number:			
Alternate Phone Number:				Alternate Phone Number:			
Email:				Email:			
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
_____	_____			_____	_____		
_____	_____			_____	_____		
_____	_____			_____	_____		
_____	_____			_____	_____		
_____	_____			_____	_____		
Present Address (street, city, state, zip code)	Own	Rent		Present Address (street, city, state, zip code)	Own	Rent	
Number of years _____				Number of years _____			
If living at present address for less than two years, complete the following							
Present Address (street, city, state, zip code)	Own	Rent		Present Address (street, city, state, zip code)	Own	Rent	
Number of years _____				Number of years _____			

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

Orientation Date: _____	Date Received/By: _____
More Information requested? Yes No	Date letter sent: _____
Date Application Completed/Returned: _____	Date of home visit: _____
Accepted Denied	Date letter sent: _____

3. Willingness To Partner

To be considered for a Habitat home, you and your family 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, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Yes No

Applicant:

Co-applicant:

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? \$ _____ /mo.
(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. Property Information

If you own your residence, what is your monthly mortgage payment? \$ _____ /mo. Unpaid Balance \$ _____

Do you own land? No Yes (If yes, please describe, including location)

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

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

6. Employment Information

6. Employment Information			
Applicant		Co-applicant	
Name and Address of Current Employer	Years on this job	Name and Address of Current 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 1 year, complete the following information			
Name and Address of Last Employer	Years on this job	Name and Address of Last Employer	Years on this job
	Monthly Gross Wages \$		Monthly Gross Wages \$
Type of business	Business Phone	Type of business	Business Phone

7. Monthly Income and Combined Monthly Bills

Gross Monthly Income	Applicant	Co-applicant	² Others in Household	Monthly Bills	Monthly Amount												
¹ Base Employment Income	\$ _____	\$ _____	\$ _____	Rent	\$ _____												
Bonus/Overtime/Interest Income/Other				Utilities (water, sewer)													
TANF				Utilities (electricity or gas)													
Food Stamps				Cable, Internet,													
Social Security				Cell Phone/telephone													
SSI				Renters Insurance													
Disability				Child Care													
Alimony				School lunches													
Child Support				Average Credit Card Payments													
Other (explain)				Student Loans													
Total	\$ _____	\$ _____	\$ _____	Alimony/Child Support													
¹ Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.				Groceries													
				Entertainment/Eating out													
				Personal (haircuts, etc.)													
				Clothing													
				Pets													
² List additional household members over 18 who receive income: <table border="0"> <tr> <td>Name</td> <td>Age</td> <td>Monthly Income</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </table> Net Income: \$ _____ (Income less Expenses)				Name	Age	Monthly Income	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	Gifts/Donations	
				Name	Age	Monthly Income											
				_____	_____	\$ _____											
				_____	_____	\$ _____											
				_____	_____	\$ _____											
				Car Payments													
				Car Insurance													
				Gas													
				Healthcare (medical, dental, vision incl. insurance)													
				Insurance co-pays/prescriptions													
Savings																	
Misc. Expense																	
Total		\$ _____															

8. Savings For Closing Costs

Will you be able to save a minimum of \$25 per month for 6-12 months towards the closing costs of your home purchase? Yes No

9. Assets

List Checking and Savings Accounts below

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 \$
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 \$
Do you own a: Yes No Boat Mobile Home Washer Dryer	Do you own a: Yes No Car #1 Make and year _____ Car #2 Make and year _____

10. Debt

To whom do you and the co-applicant owe money?

COLUMN 1			COLUMN 2		
Car	Mo. Payment \$	Unpaid balance \$	Cell phone contract	Mo. Payment \$	Unpaid balance \$
	Mos. Left to pay:			Mos. Left to pay:	
Furniture, Appliances, Televisions	Mo. Payment \$	Unpaid balance \$	Car	Mo. Payment \$	Unpaid balance \$
	Mos. Left to pay:			Mos. Left to pay:	
Credit Card #1	Mo. Payment \$	Unpaid balance \$	Other money you owe: Name/Address	Mo. Payment \$	Unpaid balance \$
	Mos. Left to pay:			Mos. Left to pay:	
Credit Card #2	Mo. Payment \$	Unpaid balance \$	Alimony/Child Support	\$	/month
	Mos. Left to pay:		Job-related expenses	\$	/month
			Child Care, Union dues, etc.	\$	/month
Medical	Mo. Payment \$	Unpaid balance \$	Column 2: Subtotal of payments	\$	/month
	Mos. Left to pay:		Column 1: Subtotal of payments	\$	/month
Column 1: Subtotal of payments	\$ /month		Total Monthly Expenses	\$	/month

Other:

11. Declarations

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

	Applicant		Co-applicant	
	Yes	No	Yes	No
a. Do you have any debt because of a court decision against you?				
b. Have you been declared bankrupt within the past seven years?				
c. Have you had property foreclosed on in the past seven years?				
d. Are you currently involved in a lawsuit?				
e. Are you paying alimony or child support?				
f. Are you or any member of your household required by law to be registered as a sexual offender?				
g. Have you or any member of your household been convicted of a felony drug offense or any other crime in the past 12 months that might lead to the seizure of your property by any law enforcement agency?				
h. Are you a U.S. citizen or permanent resident?				

If you answered "yes" to any question **a** through **g**, or "no" to question **h**, please explain on a separate piece of paper.

12. Authorization and release

I understand that by filing this application, I am authorizing Redmond Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest or 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, 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 a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Redmond Habitat for Humanity screens 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. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background and sex offender registry 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.



13. 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. (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
I do not wish to furnish this information	I do not wish to furnish this information
Race/National Origin: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American Caucasian Asian American Indian or Alaskan Native AND Caucasian Asian AND Caucasian Black/African American AND Caucasian American Indian or Alaskan Native AND Black/African American American Other (specify)	Race/National Origin: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American Caucasian Asian American Indian or Alaskan Native AND Caucasian Asian AND Caucasian Black/African American AND Caucasian American Indian or Alaskan Native AND Black/African American American Other (specify)
Ethnicity: Hispanic Non-Hispanic	Ethnicity: Hispanic Non-Hispanic
Sex: Female Male	Sex: Female Male
Birthdate: / /	Birthdate: / /
Marital Status: Married Separated Unmarried (Incl. single, divorced, widowed)	Marital Status: Married Separated Unmarried (Incl. single, divorced, widowed)

Applicant’s Name _____ **Co-applicant’s Name** _____