



Redmond Critical Repair Application Form 2

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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.

Applicant
 Name _____
 Address _____

 Social Security Number ____-____-____
 Date of Birth ____/____/____
 Marital Status (circle one)
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____

Co-Applicant
 Name _____
 Address _____

 Social Security Number ____-____-____
 Date of Birth ____/____/____
 Relationship to Applicant _____
 Phone Number
 (home) _____
 (cell) _____

Special Needs
 Is Applicant, Co-Applicant or anyone in the home disabled? Yes No
 If yes, indicate the type of disability below (check all that apply, please describe if "other"):
 Uses a Walker, Cane or Crutches Wheelchair Bound Blind Hearing Impaired
 Loss of Limb Mentally Disabled Other _____
 Is translation needed? Yes No if yes, what language: _____

All Members Living in Household

Name	Date of Birth
_____	_____
_____	_____
_____	_____

Veteran Status
 Is the Applicant, Co-Applicant, or anyone residing in the home a United States Veteran? Yes No

Home Repairs Needed (If necessary, use an additional page)

Monthly Bills**Combined Household income must be 50% or less than median income for Deschutes County**

Mortgage	
Utilities	
Car Payment	
Insurance	
Child Care	
School Lunch	
Student Loans	
Alimony/Child Support	
Average Credit Card Payment	
Other	
Other	
TOTAL	

Applicant Employment Information

Employer's Name _____
 Employer's Address _____

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

Co-Applicant Employment Information

Employer's Name _____
 Employer's Address _____

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

Combined Assets

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

 Account Number _____
 Balance \$ _____

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 Address _____

 Account Number _____
 Balance \$ _____

Applicant Monthly Income

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

Co-Applicant Monthly Income

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

Outstanding Debt**(If more space needed attach separate paper)**

Name of Company _____
 Address of Company _____

 Unpaid Balance \$ _____
 Monthly Payment \$ _____

Name of Company _____
 Address of Company _____

 Unpaid Balance \$ _____
 Monthly Payment \$ _____

Months Left to Pay _____

Months Left to Pay _____

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a Habitat home repair and my ability to pay the no-interest loan. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all application questions 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 repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Application Received ____/____/____ Accepted Denied; Reason _____

Date of Home Visit ____/____/____