



Updated 7-26-18 DJ

RETURN:
Bend Area Habitat for Humanity
224 NE Thurston Ave., Bend, OR 97701
541-385-5387

Partnership Program

Application Checklist

Applicant: \_\_\_\_\_

Did you attend a Housing Information Session?

Yes One-on-One

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

Co-Applicant: \_\_\_\_\_

Please make sure ALL of the following information is included with your application!
Please use the following as a checklist for all applicable items. If an item does not apply to you, please write N/A.
Please DO NOT give us original documents (unless you do not want them returned).
We will not be able to assist you with making copies.

- ALL sections of the Application have been completed.
Application is signed (including initials on page 2)

CHECKLIST:

- Copies of the six most recent pay stubs for each of the current jobs held by all working adults in the household.
Copies of last two years' income tax statements for each person in the household age 18 or older.
Copies of all W-2s for last 2 years for each working adult.
If there has been any gap in employment history longer than ONE MONTH, please explain each gap in Section 6 of the Application or attach a letter of explanation to your application.
If you are self-employed, please provide a Profit/Loss from business tax sheet (Schedule C) for the last 3 years and a profit/loss statement and supporting documents for the current year.
Documentation of other types of income (SSI, Social Security, Army Income, etc.).
Copies of three months of bank statements for each bank account held by the Applicant and/or Co-Applicant
Copies of three months of all utility statements.
Written explanation of any outstanding debt obligations, or large debts recently paid off that may still show up on a credit report (if necessary).
Current Resume of each adult in household
Completed Landlord, Neighbor, and Personal Reference Forms. Must be returned in sealed envelope with reference's signature across the seal.
Copy of current driver's license or government issued ID for the Applicant and Co-Applicant.
Copy of Birth Certificate (if U.S. Citizen), green card, passport issued by the United States, or permanent work visa for the Applicant and Co-Applicant.
If you are attending any NeighborImpact or Housing Works classes, please include a copy of enrollment form(s) or certificate(s) of completion.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date application received:
Notices sent:
Notice of Incomplete/Action Letter
Notice of Application Received
Date of Adverse Action Letter

Notice of 2nd Incomplete/Action Letter
Date of selection committee approval:
Date of board approval:

Record all notice dates in spreadsheet



## **Bend Area Habitat for Humanity** **Privacy Statement and Notice**



At Bend Area Habitat for Humanity, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications, and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications or other forms, such as your name, social security number, address, assets, bank account information, income and tax information;
- Information about your transactions with our affiliates such as your loan balance and payment history; and
- Information we receive from a consumer reporting agency such as your credit worthiness, credit scores, and credit history.

Bend Area Habitat for Humanity employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations or governments; and
- Agencies such as NeighborImpact or Housing Works.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call Bend Area Habitat for Humanity at (541)385-5387.

Please initial that you have read and understand \_\_\_\_\_

## EQUAL CREDIT OPPORTUNITY ACT (ECOA) NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at [FTC Regional Office for the Northwest Region: Federal Trade Commission, 915 Second Ave. Room 2896, Seattle WA 98174 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Applicant(s):

X \_\_\_\_\_

X \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

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

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

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### Mortgage Fraud

If you fail to provide honest and accurate information you could be face a mortgage fraud investigation and prosecution. Mortgage Fraud is punishable by up to 30 years in federal prison or \$1,000,000 fine, or both. It is illegal for a person to make any false statement regarding income, assets, debt, or matters of identification, or to willfully overvalue any land or property, in a loan or credit application for the purpose of influencing in any way the action f a financial institution.

Mortgage fraud in loan and credit applications includes, but is not limited to:

- Intentionally providing false financial information, including fake bank statements and bank deposit verifications
- Lying about income
- Proving false tax returns
- Fake employment verification

Please return this copy with your application

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Applicant(s):

X \_\_\_\_\_

X \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

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

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

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- Fake employment verification

**Please keep this copy for your records**

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Bend Area Habitat for Humanity  
 224 NE Thurston Ave., Bend, OR 97701  
 541-385-5387

**Partnership Program**

# Application



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.

## For the Habitat Homeownership Program

**Dear Applicant:** Please complete this application to determine if you qualify for the Habitat for Humanity homeownership 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			
1a. Applicant			
_____ <b>Applicant's Name</b>	_____ <b>Social Security Number</b>	_____ <b>Birth Date</b>	_____ <b>Age</b>
_____ <b>Cell Phone Number</b>	_____ <b>Email Address</b>		
<b>Marital Status:</b> <input type="checkbox"/> Married (incl. common-law) <input type="checkbox"/> Unmarried (single, widow, other) <input type="checkbox"/> Separated	<b>Residency Status:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident		
1b. Co-Applicant			
_____ <b>Co-Applicant's Name</b>	_____ <b>Social Security Number</b>	_____ <b>Birth Date</b>	_____ <b>Age</b>
_____ <b>Cell Phone Number</b>	_____ <b>Email Address</b>		
<b>Marital Status:</b> <input type="checkbox"/> Married (incl. common-law) <input type="checkbox"/> Unmarried (single, widow, other) <input type="checkbox"/> Separated	<b>Residency Status:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident		
1c. Mailing Address	1d. Current Address (If Different from Mailing Address)		
_____ <b>Street Address</b>	_____ <b>Street Address</b>		
_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip Code</b>	
_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip Code</b>	

**1e. Other Household Members – People who currently live with you and who will live in the Habitat home with you if approved**

Name	Relationship	Male	Female	Age	Date of Birth	Employed	Student	Disabled
_____	_____	<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"/>
_____	_____	<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"/>

**2. CURRENT HOUSING**

**2a. Current Housing Information**

How long have you resided at your address?  
 Years \_\_\_\_\_ Months \_\_\_\_\_

Do you own or rent your home?  Own  Rent

What is your monthly rent payment? \$ \_\_\_\_\_

Please check if you have rented a room(s), lived with family/friends, or in a vehicle, or shelter over the last 12 months

Please check if you have had 2 or more moves in last 60 days

**Your landlord MUST complete the Landlord Reference Form. If you have been at your current home for THREE MONTHS or LESS, your past landlord MUST complete ANOTHER Landlord Reference Form.**

If the Co-Applicant or any of the other household members listed in Section 1 live at a different address more than 50% of the time, please **attach a description of why they live at a different address and include the complete address.**

**2b. Housing Information Continued –**

If you have been residing in your current home **LESS than TWO YEARS** please complete the following section.

Street Address of PREVIOUS Residence  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Did you own or rent your last residence/home?  Own  Rent

How long did you reside there? Years \_\_\_\_\_ Months \_\_\_\_\_

**2c. Housing Utility Expenses**

Average Monthly Utilities:  Water: \$ \_\_\_\_\_  Electricity: \$ \_\_\_\_\_  Gas: \$ \_\_\_\_\_  
 Garbage: \$ \_\_\_\_\_  None – all utilities are included in rent  Other: \$ \_\_\_\_\_

**2d. Condition of Current Housing**

Current Housing is:  Single Family House  Townhouse  Duplex  Apartment  Shared Housing

Current Number of bedrooms in which your family resides (please circle): 1 2 3 4 5 6

Other rooms in your home:  Kitchen  Bathroom  Living Room  Dining Room  Other: \_\_\_\_\_



### 2e. Current Housing Situation

You must include a response to the following:

1. Please DESCRIBE IN DETAIL in the space below the condition of the house or apartment where you live. Examples of what to include: plumbing problems, electrical problems, mildew, inadequate heat, overcrowding, leaky windows, broken doors and windows, structural defects, housing not meeting disability needs, security concerns, high rent, etc.
2. WHY do you need a Habitat home?

**This is a very important section** Please use extra paper if the space below is not adequate to explain your housing situation.

1.

2.

### 3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete 500 “sweat equity” hours (200 hours for each adult in the household). “Sweat equity” hours are hours you volunteer with Bend Area Habitat for Humanity and may include: construction on your own home and the homes of others, participating in homeownership classes, working in the Habitat Office or ReStore, or other approved activities.

*If you are unable to do physical labor, we will accommodate you.*

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

Applicant:  Yes  No

Co-Applicant:  Yes  No

### 4. SAVINGS FOR CLOSING COSTS

**You will be required to save \$2,000 toward the closing costs on your home.**

If accepted, will you be able to save a minimum of \$50+/month for the 12-18 months you are in the program? **PLEASE NOTE:** In order to reach the savings goal in 12 months, you will need to save approximately \$84/month. In order to reach the savings goal in 18 months, you will need to save approximately \$56/month. Savings progress will affect lot placement and time spent in the Habitat program.

**I AM ABLE TO SAVE THE REQUIRED \$2,000 FOR CLOSING COSTS:**

Applicant:  Yes  No

Co-Applicant:  Yes  No

## 5. ASSETS AND DECLARATIONS

	Applicant	Co-Applicant
Are you a Veteran or currently serving in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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
Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any past or pending criminal convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title, or deed in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying on alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own land or any other real estate property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any additional assets? (Savings and investment accounts, jewelry, stocks, bonds, money market funds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **YES** to any of these questions, please attach documentation and descriptions (below).

Answering yes to any of these questions does NOT automatically disqualify you from our program.

Please note, some assets may be considered part of your income. It is important that you include all assets so that we can determine your appropriate income.

Description of declarations and assets:

## 6. EMPLOYMENT INFORMATION

Please provide the Applicant and Co-Applicant's employment histories for the last TWO YEARS.  
Please use extra paper if the space below is not adequate to list all the Applicant or Co-Applicant's employment.

### 6a. Applicant Employment Information

#### Applicant – CURRENT Employer #1

Name of <b>Current</b> Employer		Job Title	
Street		Supervisor's Name	
City	State	Zip	Supervisor's Phone Number
\$ _____	Hire Date (mm/dd/yyyy)		
Monthly Gross Income			

#### Applicant –Employer #2

Name of Employer		Job Title	
Street		Supervisor's Name	
City	State	Zip	Supervisor's Phone Number
\$ _____	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	<input type="checkbox"/> I still work here
Monthly Gross Income			

#### Applicant –Employer #3

Name of Employer		Job Title	
Street		Supervisor's Name	
City	State	Zip	Supervisor's Phone Number
\$ _____	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	<input type="checkbox"/> I still work here
Monthly Gross Income			

**6b. Gaps in Employment** – If you have gaps of **more than ONE MONTH** in your employment history over the last TWO YEARS, please provide an explanation for each gap. *Please use extra paper if the space below is not adequate to explain the gaps in employment.*

**6c. Co-Applicant Employment Information**

**Co-Applicant – CURRENT Employer #1**

Name of <b>Current</b> Employer		Job Title	
Street		Supervisor's Name	
City	State	Zip	Supervisor's Phone Number
\$ _____	Hire Date (mm/dd/yyyy)		
Monthly Gross Income			

**Co-Applicant –Employer #2**

Name of Employer		Job Title	
Street		Supervisor's Name	
City	State	Zip	Supervisor's Phone Number
\$ _____	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	<input type="checkbox"/> I still work here
Monthly Gross Income			

**Co-Applicant –Employer #3**

Name of Employer		Job Title	
Street		Supervisor's Name	
City	State	Zip	Supervisor's Phone Number
\$ _____	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	<input type="checkbox"/> I still work here
Monthly Gross Income			

**6d. Gaps in Employment** – If you have gaps of **more than ONE MONTH** in your employment history over the last TWO YEARS, please provide an explanation for each gap. *Please use extra paper if the space below is not adequate to explain the gaps in employment.*

## 7. MONTHLY INCOME

**You must provide documentation for all sources of income from all applicants** (examples: paystubs, SSI or Disability documentation, etc.). – **Please attach to application!**

*Bend Area Habitat for Humanity does not consider TANF, SNAP, alimony, or child support to be qualifying sources of income. The applicant and co-applicant may choose not to reveal these types of income if they wish.*

Income Source	Applicant	Co-Applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF (does not count as income)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing (Voucher)	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$

## 8. DEBT

### 8a. To whom do you and the co-applicant owe money?

Account	Monthly payment	Unpaid balance	Months left to pay
Car	\$	\$	
Credit card #1: _____	\$	\$	
Credit card #2: _____	\$	\$	
Credit card #3: _____	\$	\$	
Total Medical	\$	\$	
Alimony	\$	\$	
Child Support	\$	\$	
Other Car	\$	\$	
Furniture, appliance, televisions	\$	\$	
Other: _____	\$	\$	
Other: _____	\$	\$	
<b>Total</b>	\$	\$	

8b. Monthly Expenses			
Account	Applicant	Co-Applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Tithe	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$
<b>Total</b>	\$	\$	\$

**9. HABITAT MEETINGS AND HISTORY**

Did you attend any pre-counseling sessions with BAHFH?     Yes     No    If yes, Date: \_\_\_\_\_  
 \_\_\_\_\_

Have you applied for a Habitat for Humanity home before?     Yes     No    What year(s) did you apply? \_\_\_\_\_

**10. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Bend Area Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the 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 a copy of this application will be retained for 25 months and 1 day by Bend Area Habitat for Humanity even if the application is not approved.

I also understand that Bend Area Habitat for Humanity screens all applicant families 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**

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



## 11. 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 ethnicity, 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  <b>Race</b> (applicant may select more than one racial designation): <input type="checkbox"/> Asian / Asian American / South Asian / Southeast Asian <input type="checkbox"/> Black / African / African American <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Biracial <input type="checkbox"/> Middle Eastern / Arab American / North African <input type="checkbox"/> Other (please specify) _____  <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 <input type="checkbox"/> Other; please specify _____  <b>Birthdate:</b> ____/____/____  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information  <b>Race</b> (co-applicant may select more than one racial designation): <input type="checkbox"/> Asian / Asian American / South Asian / Southeast Asian <input type="checkbox"/> Black / African / African American <input type="checkbox"/> Hispanic / Latino / Latina <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Biracial <input type="checkbox"/> Middle Eastern / Arab American / North African <input type="checkbox"/> Other (please specify) _____  <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 <input type="checkbox"/> Other; please specify _____  <b>Birthdate:</b> ____/____/____  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
<b>Child 1</b> <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Bi-Racial: _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<b>Child 2</b> <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Bi-Racial: _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
<b>Child 3</b> <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Bi-Racial: _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<b>Child 4</b> <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Bi-Racial: _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino



## 12. ESSAY QUESTIONS

Please answer each question carefully. False, misleading or incomplete information may disqualify your family from consideration for Habitat housing. **Please print legibly.** You may attach a separate sheet if you prefer.

### ***Family Story***

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Please use the space below to describe why you are applying to Bend Area Habitat for Humanity. Please tell us anything about yourself and your situation which will help us understand your need for housing as well as your willingness and desire to work with us.

What do you think makes a successful homeowner?

Ask yourself the question: Why is homeownership important to me (and my family)? Then mark any/all statements that apply to you/your family.

- Home ownership is still considered to be a financial investment.
- Home ownership provides financial benefits such as equity and an improved credit rating.
- Home ownership is perceived as being wiser than renting.
- Home ownership is cheaper than renting in many markets.
- Home ownership provides financial security and stability.
- I (We) believe in home ownership as a positive step for well-being.
- Renting is not as desirable as owning a home.
- Home ownership is a better family situation.
- Home ownership allows more personal freedoms.
- Pride of ownership.
- Home ownership provides job stability.
- Other:
- Other:

Please feel free to elaborate on anything that is most important to you.

# Ability to Partner: *Sweat Equity- Applicant*

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Sweat equity is Bend Habitat’s most valuable tool in building the partnership between partner families and affiliate stakeholders. It represents a partner family’s physical and emotional investment in the mission of Habitat and is designed to meet three important goals: Partnership, Pride in Ownership, and Development of Skills and Knowledge. Think about whether you have support from family members, friends, co-workers, neighbors, etc., who can provide babysitting or donated hours. Partnering with BAHFH is a big commitment and you will need a plan on accomplishing your sweat equity. Sweat equity includes working in Bend at the construction site, the ReStore, the Office, attending meetings, classes, and more. You must be able to complete a minimum of 8 hours per month.

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Each household is required to provide 500 hours of sweat equity; 200 of the hours are provided by each adult in the household. If you are one adult household, 300 hours can be donated by family, friends or volunteers you meet while in the program. If you are a two adult household, each adult must provide 200 hours of sweat equity, leaving 100 to be donated.

---

Do you have adequate transportation?

Will the sweat equity be too demanding, considering your other commitments, work schedule, school, children activities, etc.? Are you at a point in your life where you can take on this challenge?

While many of us would prefer to spend our time elsewhere, keeping up on general maintenance of the home is one of the most fundamental ways to keep us from being forced to spend MUCH more time and money when something goes wrong. Because Habitat’s Right of First Offer and because donors feel invested in your future home, discuss how you will care for your home when:

1. You feel or are unable to personally attend to any maintenance issues as such: Keeping up a healthy landscape and clutter-free exterior, shovel side-walks or long term street parking.
2. You must do annual maintenance or repair on your home ( paint, siding, roof, other property concerns)
3. How would you rate your cleanliness on a scale of 1 to 10; 1 (messy/unorganized) to 10 (very clean/organized):

Explain what it means to you to be a “good neighbor”

# Ability to Partner: *Sweat Equity- Co-Applicant*

Sweat equity is Bend Habitat’s most valuable tool in building the partnership between partner families and affiliate stakeholders. It represents a partner family’s physical and emotional investment in the mission of Habitat and is designed to meet three important goals: Partnership, Pride in Ownership, and Development of Skills and Knowledge. Think about whether you have support from family members, friends, co-workers, neighbors, etc., who can provide babysitting or donated hours. Partnering with BAHFH is a big commitment and you will need a plan on accomplishing your sweat equity. Sweat equity includes working in Bend at the construction site, the ReStore, the Office, attending meetings, classes, and more. You must be able to complete a minimum of 8 hours per month.

---

Each household is required to provide 500 hours of sweat equity; 200 of the hours are provided by each adult in the household. If you are one adult household, 300 hours can be donated by family, friends or volunteers you meet while in the program. If you are a two adult household, each adult must provide 200 hours of sweat equity, leaving 100 to be donated.

---

Do you have adequate transportation?

Will the sweat equity be too demanding, considering your other commitments, work schedule, school, children activities, etc.? Are you at a point in your life where you can take on this challenge?

While many of us would prefer to spend our time elsewhere, keeping up on general maintenance of the home is one of the most fundamental ways to keep us from being forced to spend MUCH more time and money when something goes wrong. Because Habitat’s Right of First Offer and because donors feel invested in your future home, discuss how you will care for your home when:

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1. You feel or are unable to personally attend to any maintenance issues as such: Keeping up a healthy landscape and clutter-free exterior, shovel side-walks or long term street parking.
2. You must do annual maintenance or repair on your home ( paint, siding, roof, other property concerns)
3. How would you rate your cleanliness on a scale of 1-10; 1 (messy/unorganized) to 10 (very clean/organized):

Explain what it means to you to be a “good neighbor”

# ***Paying the Mortgage - Applicant***

---

If you are the applicant, please describe how you will maintain the necessary income level to pay the mortgage.

Please discuss how you would adjust your finances or use other resources should you have a significant decrease in your income (such as sudden job loss or unexpected medical bills).

Please describe your ability to maintain a savings account for home maintenance and repair emergencies.

What would you rate your level of financial self-sufficiency as: low, medium, or high, and why?

## ***Paying the Mortgage – Co-Applicant***

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If you are applying as the co-applicant, please describe how you would be in a position to pay the mortgage if the applicant did not finish the program, due to divorce, death, or other circumstances.

If this were the case, are you prepared to pay the mortgage by yourself?

If you do not currently have the job skills you need, are you seeking education and training to obtain necessary skills?

Do you have financial resources, like a separate savings or checking account, which you can use in a financial emergency?

Do you have good credit or are you working on repairing and improving your credit?

How would you rate your level of financial self-sufficiency: low, medium, or high, and why?

## 13. FORMS

FORMS included in this application include:

A total of **three (3)** reference forms should be submitted with this application.

- **Landlord Reference Form:** This form should be completed by your current landlord. **PLEASE NOTE**, if you have been at your current home for **THREE MONTHS or LESS**, your past landlord **MUST** complete **ANOTHER** Landlord Reference Form.
- **Personal Reference Form:** This form should be completed by a friend, co-worker, supervisor, teacher, minister, or other person loosely connected with your family. Letters from relatives are **NOT** acceptable. For applications with co-applicants, this letter should be from someone who knows both of you.
- **Neighbor Reference Form:** This form should be completed by a current neighbor.

Please remove each form from the application packet and give it to each of your references. Your reference should complete the form, **seal it in an envelope**, and **sign his or her name across the seal** on the outside of the envelope, and return it to you to include with your application. Unfortunately, these forms will remain confidential and we cannot give you copies.

- In addition, you will find a **Verification of Employment Form**. If you have regular working wages please complete items 1-2, and 7-8, then return to Bend Area Habitat for Humanity.
- **Supplementary Household Income** (for those over 18 years of age)



# Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** Applicant: Complete items 1-2, and 7-8. Return to Bend Area Habitat for Humanity

**Employer:** Please complete part II and IV or III and IV, then return to Bend Area Habitat for Humanity directly (not through a third party) 224 NE Thurston Ave., Bend, OR 97701 or homeownership@bendhabitat.org

## Part I - Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Habitat Staff Signature	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for the Bend Area Habitat for Humanity partnership program and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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## Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current <b>Gross Base Pay</b> (Enter Amount and Check Period)				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly				Pay Grade		
\$ _____				Type	Monthly Amount	15. If paid hourly - average hours per week
12B. <b>Gross Earnings</b>				Base Pay	\$ _____	
Type	Year To Date	Past Year	Past Year	Rations	\$ _____	16. Date of applicant's next pay increase
Base Pay	Thru _____ \$ _____	\$ _____	\$ _____	Flight or Hazard	\$ _____	
Overtime	\$ _____	\$ _____	\$ _____	Clothing	\$ _____	17. Projected amount of next pay increase
Commissions	\$ _____	\$ _____	\$ _____	Quarters	\$ _____	
Bonus	\$ _____	\$ _____	\$ _____	Pro Pay	\$ _____	18. Date of applicant's last pay increase
Total	\$ 0.00	\$ 0.00	\$ 0.00	Overseas or Combat	\$ _____	
				Variable Housing Allowance	\$ _____	19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III – Verification of Previous Employment

21. Date Hired	22. Salary/Wage at Termination Per (Year) (Month) (Week)				
23. Date Terminated	Base	Overtime	Commissions	Bonus _____	
24. Reason for Leaving	25. Position Held				

**Part IV - Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

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**Supplementary Household Income**

**Each household member over 18 must complete this questionnaire and submit supporting information.**

*Make copies as needed*

**Household Member's Name:** \_\_\_\_\_

Are you employed at this time: Yes      No

If "yes" then you need to provide: 1 month paystubs, W-2 and tax return

Provide name and address of employer: \_\_\_\_\_

Date of most recent employment: \_\_\_\_\_

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Do you receive disability benefits? (Social Security or VA)                      Yes      No

If yes, please provide award letter and copy of your Check or bank statement

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Do you receive unemployment?              Yes              No

If yes, please provide award letter and copy of check

---

Have you received unemployment any time in the past year?      Yes              No

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Do you receive public assistance?              Yes      No

If yes, please provide award letter and copy of check (TANIF, food stamps, or any other Regular check from the government)

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Do you receive court-ordered Child support?      Yes      No      If yes, please a provide copy of court order

If yes, do you receive it?              Yes      No

---

Do you receive ANY OTHER Income from ANY SOURCE?      Yes      No

Documentation of explanation

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I certify that the information provided above is true and correct as of the date set forth opposite my signature on this form.

\_\_\_\_\_  
*Signature*

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

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## LANDLORD REFERENCE FORM

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

Tenant Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Apartment/Complex Name (if applicable): \_\_\_\_\_

Length of Time at Address: \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

Monthly Rent Amount: \_\_\_\_\_ Tenant Pays on Time: YES or No  
*(Please circle)*

Number of Late Payments: 0 1 2 3 4 5 6+  
*(within the past 12 months) (Please circle one)*

Number of Returned Checks: 0 1 2 3 4 5 6+  
*(within the past 12 months) (Please circle one)*

Number of Eviction Notices: 0 1 2 3 4 5 6+  
*(within the past 12 months) (Please circle one)*

Tenant takes care of property: YES NO Comment: \_\_\_\_\_  
*(Please circle)*

Please make comments below that you believe would be of interest to the Habitat for Humanity Homeownership Program.

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

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord Signature: X \_\_\_\_\_

**PLEASE RETURN THIS FORM IN AN ENVELOPE SIGNED ACROSS THE CLOSED SEAL,**

**DIRECTLY TO THE APPLICANT/CO-APPLICANT.**

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## PERSONAL REFERENCE FORM

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

Applicant/Co-Applicant Name(s): \_\_\_\_\_

**TO THE PERSONAL REFERENCE:** The person named above is applying to Bend Area Habitat for Humanity's Homeownership Program. The applicant/co-applicant have indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Organization/Institution: \_\_\_\_\_

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

How long have you known the applicant/co-applicant? \_\_\_\_\_

What is/was your relationship to the applicant/co-applicant? \_\_\_\_\_

Please comment on such qualities as the applicant/co-applicant's level of dependability.

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

Why do you recommend this applicant/co-applicant to us as a good partner family? Specific examples are always more helpful to us rather than general statements. *(Please attach a separate sheet if additional space is needed).*

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

Your Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM IN AN ENVELOPE SIGNED ACROSS THE CLOSED SEAL,  
DIRECTLY TO THE APPLICANT/CO-APPLICANT.**

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## NEIGHBOR REFERENCE FORM

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

Applicant/Co-Applicant Name(s): \_\_\_\_\_

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**TO THE NEIGHBOR REFERENCE:** The person named above is applying to Bend Area Habitat for Humanity's Homeownership Program. The applicant/co-applicant have indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

---

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been a neighbor of the applicant/co-applicant?

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

Please comment on such qualities as the applicant/co-applicant's level of dependability, tidiness of dwelling, yard, or common space.

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Why do you recommend this applicant/co-applicant to us as a good partner family? Specific examples are always more helpful to us rather than general statements. Has the applicant/co-applicant been a courteous neighbor, considerate of noise level, privacy, or space? *(Please attach a separate sheet if additional space is needed).*

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Your Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM IN AN ENVELOPE SIGNED ACROSS THE CLOSED SEAL,  
DIRECTLY TO THE APPLICANT/CO-APPLICANT.**

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## 14. CERTIFICATION

### ***Certification***

I/We certify that the information provided in this application is true and correct, as of the date set forth below, and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in de-selection from the Housing Program.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Co-Applicant's Signature**

Is the continuing policy of Bend Area Habitat for Humanity to provide equal-opportunity employment to all employees and applicants, without regard to race, color gender, sexual orientation, national origin, age, religious, disability or any other characteristic protected by law. This policy relates to all employment decisions, family selection and volunteers to our organization. Bend Area Habitat for Humanity strives to ensure that all of our policies are in accordance with our provincial Human Rights Code.

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## 15. RIGHT TO RECEIVE COPY OF APPRAISAL

KEEP THIS PAGE FOR YOUR RECORDS

Dear Applicant,

Should you be selected for the Habitat for Humanity Homeownership Program, this letter is to notify you that we may order an appraisal or other property valuation in connection with your loan and we may charge you for this appraisal or property valuation. Upon completion of the appraisal or property valuation, we will promptly provide a copy to you, even if the loan does not close.

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

Sincerely,

Scott Rohrer, Executive Director

**Questions?** Please contact:

**DeeDee Johnson**, Director of Homeowner Services

541-385-5387 x103

[djohnson@bendhabitat.org](mailto:djohnson@bendhabitat.org)

**Catalina Frank**, (Spanish Speaking) Homeowner Services Program Manager

541-385-5387 x104

[cfrank@bendhabitat.org](mailto:cfrank@bendhabitat.org)