



QUALIFYING APPLICATION FOR HOMEOWNERSHIP

Please return the completed Questionnaire to: Bend Area Habitat for Humanity, 1860 NE 4th Street, Bend, OR 97701. Or fax to: (541)383-1789. You will receive a response within two weeks. You may call 541.385.5387 x227 and ask to speak with the Family Services Manager if you have any questions. Please review the Homeowner Qualification Guide (with income guidelines) for your county.

APPLICANT	CO-APPLICANT (if you have one)																												
<p>Applicant Name _____</p> <p>Address _____</p> <p>How long have you lived at this address? _____</p> <p>DOB _____</p> <p>Social Security Number _____ - _____ - _____</p> <p>Phone</p> <p>Home _____</p> <p>Work _____</p> <p>Cell _____</p> <p>Email _____</p> <p>Marital Status (Check One)</p> <p><input type="checkbox"/> Unmarried (includes Single, Divorced or Widowed)</p> <p><input type="checkbox"/> Married (includes Separated)</p> <p><input type="checkbox"/> Separated</p> <p>Are you a citizen of the U.S.? _____ If not, when did you come to the U.S.?</p> <p>Are you a lawful Permanent Resident? _____</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO if YES, please explain _____</p>	<p>Co-Applicant Name _____</p> <p>Address _____</p> <p>How long have you lived at this address? _____</p> <p>DOB _____</p> <p>Social Security Number _____ - _____ - _____</p> <p>Phone</p> <p>Home _____</p> <p>Work _____</p> <p>Cell _____</p> <p>Email _____</p> <p>Marital Status (Check One)</p> <p><input type="checkbox"/> Unmarried (includes Single, Divorced or Widowed)</p> <p><input type="checkbox"/> Married (includes Separated)</p> <p><input type="checkbox"/> Separated</p> <p>Are you a citizen of the U.S.? _____ If not, when did you come to the U.S.?</p> <p>Are you a lawful Permanent Resident? _____</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO if YES, please explain _____</p>																												
<p>Applicants Employer _____</p> <p>How long have you worked here? _____</p> <p>If paid hourly: What is your hourly rate? _____</p> <p style="padding-left: 40px;">How many hours do you work per week? _____</p> <p>If <u>not</u> hourly: How much do you get paid? \$ _____ (before taxes and deductions)</p> <p>How often do you get paid this amount? (Check one):</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times per month <input type="checkbox"/> Monthly</p> <p>Do you receive child support? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have a court order for your child support? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, how much is the court order per month? \$ _____</p> <p>On average, how much child support do you actually receive monthly, court ordered or otherwise? \$ _____</p>	<p>Applicants Employer _____</p> <p>How long have you worked here? _____</p> <p>If paid hourly: What is your hourly rate? _____</p> <p style="padding-left: 40px;">How many hours do you work per week? _____</p> <p>If <u>not</u> hourly: How much do you get paid? \$ _____ (before taxes and deductions)</p> <p>How often do you get paid this amount? (Check one):</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times per month <input type="checkbox"/> Monthly</p> <p>Do you receive child support? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have a court order for your child support? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, how much is the court order per month? \$ _____</p> <p>On average, how much child support do you actually receive monthly, court ordered or otherwise? \$ _____</p>																												
<p>Please list below monthly income the <i>applicant</i> receives other than their main job and child support.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Supplemental Social Security Income</td><td style="text-align: right;">\$</td></tr> <tr><td>Social Security</td><td style="text-align: right;">\$</td></tr> <tr><td>Disability</td><td style="text-align: right;">\$</td></tr> <tr><td>TANF (Temporary Assistance to Needy Families)</td><td style="text-align: right;">\$</td></tr> <tr><td>Second Job</td><td style="text-align: right;">\$</td></tr> <tr><td>Food Stamps</td><td style="text-align: right;">\$</td></tr> <tr><td>Other</td><td style="text-align: right;">\$</td></tr> </table>	Supplemental Social Security Income	\$	Social Security	\$	Disability	\$	TANF (Temporary Assistance to Needy Families)	\$	Second Job	\$	Food Stamps	\$	Other	\$	<p>Please list below monthly income the <i>co-applicant</i> receives other than their main job and child support.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Supplemental Social Security Income</td><td style="text-align: right;">\$</td></tr> <tr><td>Social Security</td><td style="text-align: right;">\$</td></tr> <tr><td>Disability</td><td style="text-align: right;">\$</td></tr> <tr><td>TANF (Temporary Assistance to Needy Families)</td><td style="text-align: right;">\$</td></tr> <tr><td>Second Job</td><td style="text-align: right;">\$</td></tr> <tr><td>Food Stamps</td><td style="text-align: right;">\$</td></tr> <tr><td>Other</td><td style="text-align: right;">\$</td></tr> </table>	Supplemental Social Security Income	\$	Social Security	\$	Disability	\$	TANF (Temporary Assistance to Needy Families)	\$	Second Job	\$	Food Stamps	\$	Other	\$
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List all other persons who will be living in the home with you, including children.

Name	Date of Birth	Relationship to Applicant	Do they receive income?	If so, how much?	Source of income (ie: job, SSI, etc)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Please answer the following questions.

General Eligibility	Applicant	Co-Applicant
Have you lived or worked in Deschutes or Crook County for at least one year? (Please circle Deschutes or Crook)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a Habitat home before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or someone you were married to owned a home in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a bankruptcy that has not been discharged/dismissed for at least one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had steady income in the U.S. for the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have deferred student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you PAY child support to someone else, please list the monthly payment	\$	\$
If you have a car payment please list the monthly payment	\$	\$
Please list the monthly total of any other loan payments	\$	\$
Housing Need		
Do you live in public housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive Section 8 rental assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or does anyone in your home have a special need, including physical, mental, or developmental disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you living with friends, relatives, or another family unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have more than two people per bedroom (counting the living room as a bedroom)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you homeless or facing the loss of your home due to condemnation or eviction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your current monthly rent payment?	\$	
Willingness to Partner		
Are you willing to contribute up to 400-600 "sweat equity" hours by attending homeownership classes and volunteering to build your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to save at least \$900 (of your own earnings) for the closing costs on your home within 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to take a home in any location Habitat has available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about the Habitat for Humanity program?

- Friend or Family Member
- Habitat Homeowner - Who? _____
- Another Agency - Who? _____
- Internet
- TV, Newspaper, Magazine
- Other - Where? _____

Please tell us anything else important to know about your current living or financial situation.

By signing and submitting this preliminary application, I/we request consideration for Bend Area Habitat for Humanity's homeownership program. I understand that my credit report will be used by Bend Area Habitat for Humanity to help determine my eligibility.

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

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, gender, physical or mental limitations, familial status, or national origin.