



Updated 6-13-16 DJ

Bend Area Habitat for Humanity

1860 NE 4th St. Bend, OR 97701

541-385-5387

**Deadline for Submission: next
application review TBA (Spring 2017)**

Application #: Website

Application Checklist

Applicant: _____

Co-Applicant: _____

Date attended Housing Information Session: _____

Or initial if you viewed/listened to online Information video: _____

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.

____ Copies of the **six** most recent pay stubs for each of the current jobs held by **all working adults in the household**.

If an employer pays once a week, you must submit the **twelve** most recent pay stubs for that employer.

____ Copies of **2014** and **2015 income tax statements** for each person in the household age 18 or older.
(Examples: completed 1040, 1040 EZ, etc.).

____ Copies of all **W-2s** for **2014** and **2015** 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 from **2014 and 2015** and a profit/loss statement and supporting documents for **2016**. Habitat can provide a sample profit/loss statement.

____ 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 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).

____ 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 received: _____

Date of selection committee approval: _____

Date of notice of incomplete action letter: _____

Date of board approval: _____

Date of adverse action letter: _____

Date of partnership agreement: _____



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 _____



Bend Area Habitat for Humanity

1860 NE 4th St. Bend, OR 97701

541-385-5387



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

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

Applicant's Name

Social Security Number

Birth Date

Age

Cell Phone Number

Email Address

Marital Status:

- ☐ Married (incl. common-law)
☐ Unmarried (single, widow, other)
☐ Separated

Residency Status:

- ☐ U.S. Citizen
☐ Permanent Resident
☐ Temporary Resident

1b. Co-Applicant

Applicant's Name

Social Security Number

Birth Date

Age

Cell Phone Number

Email Address

Marital Status:

- ☐ Married (incl. common-law)
☐ Unmarried (single, widow, other)
☐ Separated

Residency Status:

- ☐ U.S. Citizen
☐ Permanent Resident
☐ Temporary Resident

1c. Mailing Address

1d. Current Address (If Different from Mailing Address)

Street Address

Street Address

City

State

Zip Code

City

State

Zip Code

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"/>
_____	_____	<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? \$ _____

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 ExpensesAverage 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 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.

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete 500 "sweat equity" hours. "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 \$1,000 toward the closing costs on your home.

If accepted, will you be able to save a minimum of \$25-50/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 \$1,000 FOR CLOSING COSTS:

Applicant: ☐ Yes ☐ No

Co-Applicant: ☐ Yes ☐ No

5. ASSETS AND DECLARATIONS

Are you a Veteran or currently serving in the U.S. Armed Forces? ☐ Yes ☐ No

Have you been declared bankrupt within the past seven years? ☐ Yes ☐ No

Have you had property foreclosed on in the past seven years? ☐ Yes ☐ No

Are you currently involved in a lawsuit? ☐ Yes ☐ No

Do you have any past or pending criminal convictions? ☐ Yes ☐ No

Do you own land or any other real estate property? ☐ Yes ☐ No

Do you own any additional assets? ☐ Yes ☐ No

(Savings and investment accounts, jewelry, stocks, bonds, money market funds, etc.)

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

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.

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 **Current** Employer

Job Title

Street

Supervisor's Name

City

State

Zip

Supervisor's Phone Number

\$ _____
Monthly Gross Income

_____ Hire Date (mm/dd/yyyy)

Applicant –Employer #2

Name of Employer

Job Title

Street

Supervisor's Name

City

State

Zip

Supervisor's Phone Number

\$ _____
Monthly Gross Income

_____ Start Date (mm/dd/yyyy)

_____ End Date (mm/dd/yyyy)

☐ I still work here

Applicant –Employer #3

Name of Employer

Job Title

Street

Supervisor's Name

City

State

Zip

Supervisor's Phone Number

\$ _____
Monthly Gross Income

_____ Start Date (mm/dd/yyyy)

_____ End Date (mm/dd/yyyy)

☐ I still work here

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 **Current** Employer

Job Title

Street

Supervisor's Name

City

State

Zip

Supervisor's Phone Number

\$

Monthly Gross Income

Hire Date (mm/dd/yyyy)

Co-Applicant –Employer #2

Name of Employer

Job Title

Street

Supervisor's Name

City

State

Zip

Supervisor's Phone Number

\$

Monthly Gross Income

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

☐ I still work here**Co-Applicant –Employer #3**

Name of Employer

Job Title

Street

Supervisor's Name

City

State

Zip

Supervisor's Phone Number

\$

Monthly Gross Income

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

☐ I still work here

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.*

6e. Other Adults Working in Your Household – If other adults, including children over 18, who will be living with you in the Habitat home, are currently employed, you must include their employment information below. Please use extra paper if the space below is not adequate to list all other employed adults and their current jobs. If you have no other employed adults in your household, please skip this section.

Adult's Name

 Name of **Current** Employer

 Job Title

 Street

 Supervisor's Name

 City

 State

 Zip

 Supervisor's Phone Number

\$ _____
 Monthly Gross Income

 Start Date (mm/dd/yyyy)

 End Date (mm/dd/yyyy)

Adult's Name

 Name of **Current** Employer

 Job Title

 Street

 Supervisor's Name

 City

 State

 Zip

 Supervisor's Phone Number

\$ _____
 Monthly Gross Income

 Start Date (mm/dd/yyyy)

 End Date (mm/dd/yyyy)

7. MONTHLY INCOME

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

Bend Area Habitat for Humanity does not consider TANF, 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	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____	\$ _____
Section 8 housing	\$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

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: _____	\$	\$	
Total	\$	\$	

8b. Monthly Expenses

Account	Applicant	Co-Applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$
Total	\$	\$	\$

9. HABITAT MEETINGS AND HISTORY

Did you attend a Habitat Information Session? ☐ Yes ☐ No Date: _____

Did you attend a Habitat Workshop? ☐ Yes ☐ No 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 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 a copy of this application will be retained 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: _____

Applicant's Name: _____ Co-Applicant's Name: _____



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 Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other; please specify _____ Birthdate: ____/____/____ Marital Status: <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 Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other; please specify _____ Birthdate: ____/____/____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Child 1 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Race: <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: _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Child 2 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Race: <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: _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Child 3 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Race: <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: _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Child 4 Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Race: <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: _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino

[This page intentionally left blank]

SAMPLE ONLY

12. FAMILY STORY

Please use the space below to describe why you are applying to Habitat for Humanity. Why do you want to own a home? Why is homeownership important to you and your family? 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. *You may attach a separate sheet if you prefer. **Please print legibly.***

SAMPLE ONLY

Handwriting practice lines with a large diagonal watermark reading "SAMPLE ONLY".

Include a resume, as it also helps tell your story, and allows us to get to know you better.

Each household is required to provide 500 hours of sweat equity; 200 of the hours are provided by each adult in the household. So, 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. 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 at the construction site, the ReStore, the Office, attending meetings, classes, and more. Do you have adequate transportation? Will the sweat equity be too demanding, considering your other commitments? Are you at a point in your life where you can take on this challenge?

SAMPLE ONLY

Each household is required to provide 500 hours of sweat equity; 200 of the hours are provided by each adult in the household. So, 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. 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 at the construction site, the ReStore, the Office, attending meetings, classes, and more. Do you have adequate transportation? Will the sweat equity be too demanding, considering your other commitments? Are you at a point in your life where you can take on this challenge?

SAMPLE ONLY

If you are the applicant, please describe how you will maintain the necessary income level to pay the mortgage. If you are applying with a co-applicant, please take a moment to consider the possibility that the co-applicant may not finish the program, or continue to contribute to the mortgage, due to divorce, death, or other circumstances. 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? What is the level of financial self-sufficiency, for the applicant: low, medium, or high?

SAMPLE ONLY

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? What is the level of financial self-sufficiency, for the co-applicant: low, medium, or high?

SAMPLE ONLY

13. REFERENCE FORMS

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.

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.

[This page intentionally left blank]

SAMPLE ONLY

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.**

[This page intentionally left blank]

SAMPLE ONLY



NEIGHBOR REFERENCE FORM

Date: _____

Applicant/Co-Applicant Name(s): _____

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.

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).*

Your Signature: X _____ Date: _____

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

[This page intentionally left blank]

SAMPLE ONLY

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.

Applicant's Signature

Date: ____/____/____

Co-Applicant's Signature

Date: ____/____/____

It 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.

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, Homeowner Services Manager

541-385-5387 x103

djohnson@bendhabitat.org