



# PARTNERSHIP PROGRAM APPLICATION FOR HOUSING (Part 1)

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

APPLICATION FOR HOUSING IN: (mark one, or both) \_\_\_\_\_ BEND \_\_\_\_\_ REDMOND

**Dear Applicant:** Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

If you need additional application support, see the "Application Tips" video on our website:

<https://bendredmondhabitat.org/habitat-homeownership/> or email questions to [homeownership@brhabitat.org](mailto:homeownership@brhabitat.org)

**VERY IMPORTANT: Did you view the Housing Informational Videos online?**

If so, Verification Code for Information Video 1: \_\_\_\_\_ Verification Code for Information Video 2: \_\_\_\_\_  
*If you do not see the code for video 2, please mark that you watched the video. It is VERY important you watch both videos*

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.

SECTION 1		
APPLICANT INFORMATION		
Applicant First Name:	Middle:	Last:
Date of Birth:	Social Security Number: - -	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____ <input type="checkbox"/> I do not wish to self-identify Gender identity (Optional):
<b>***Require at least one of the following***</b>		
Telephone Number: ( )	Contact/ Text Number: ( )	Email Address:

Check all that apply <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated (legal separation required)	Nationality: <input type="checkbox"/> United States of America <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Other:
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Present Address: Street	City	State	ZIP
Mailing Address (if different): Street	City	State	ZIP

**SPOUSE / CO-APPLICANT INFORMATION**

Spouse/Co-Applicant First Name:	Middle:	Last:
Date of Birth:	Social Security Number: - -	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____ <input type="checkbox"/> I do not wish to self-identify Gender identity ( <i>Optional</i> ):

**\*\*\*Require at least one of the following\*\*\***

Telephone Number: ( )	Contact/Message Number: ( )	Email Address:
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Check all that apply <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated (legal separation required)	Nationality: <input type="checkbox"/> United States of America <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Other:	Education: <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Other
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Present Address: Street	City	State	ZIP
Mailing Address (if different): Street	City	State	ZIP



**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	Nonbinary	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"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 2 CURRENT HOUSING**

**Current Housing Information**

<p>How long have you resided at your current address?          Years _____ Months _____</p> <p>What is your monthly rent payment?          \$ _____</p> <p><input type="checkbox"/> Please check if you receive a Housing Voucher from HousingWorks' Family Self-sufficiency Program</p>	<p><input type="checkbox"/> Please check if you have rented a room(s), lived with family/friends, or in a vehicle, or shelter over the last 12 months</p> <p><input type="checkbox"/> Please check if you have had 2 or more moves in last 60 days</p> <p><b>If you receive housing assistance towards rent from HousingWorks, please initial _____ to authorize Bend-Redmond Habitat to contact your counselor and verify voucher amount. Note: Housing Voucher can be counted as a qualifying source of income</b></p>
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Has ANY member of the applying household ever owned a house before?  Yes  No

If yes, when: \_\_\_\_\_ where \_\_\_\_\_

**NOTE: If you have owned a house in the past three years we will not be able to process this application. Bend-Redmond Habitat for Humanity partners with the State of Oregon, which utilizes funds from periodically issued tax exempt bonds to assist first-time homebuyers in securing a below market interest rate loan**



**SECTION 3**

**EMPLOYMENT INFORMATION**

**Please provide the Applicant and Co-Applicant's employment histories for the last TWO YEARS.**

Bi-weekly = paid every 2 weeks      Semi-monthly = paid 2 times per/month

**Applicant Employment Information**

\_\_\_\_\_  
Name of **Current** Employer

\_\_\_\_\_  
Job Title / Occupation

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Supervisor's name

\_\_\_\_\_  
Supervisor's Phone Number

\$ \_\_\_\_\_  
Monthly Gross Income

\_\_\_\_\_  
Hire Date (mm/dd/yyyy)

**Pay Period:**  
(Circle One)

Weekly

Biweekly

Semi-Monthly

Monthly

**Applicant -Employer #2**

\_\_\_\_\_  
Name of **Current** Employer

\_\_\_\_\_  
Job Title / Occupation

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Supervisor's name

\_\_\_\_\_  
Supervisor's Phone Number

\$ \_\_\_\_\_  
Monthly Gross Income

\_\_\_\_\_  
Hire Date (mm/dd/yyyy)

**Pay Period:**  
(Circle One)

Weekly

Biweekly

Semi-Monthly

Monthly

**Do you have more than 2 employers?**     Yes     No

If yes, please provide list the information requested above on an additional sheet of paper and submit with this application



**Applicant – PREVIOUS Employer**

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

**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.

**Spouse/Co-Applicant Employment Information**

Name of <b>Current</b> Employer		Job Title / Occupation		
Street		City	State	Zip Code
Supervisor's name		Supervisor's Phone Number		
\$	Monthly Gross Income	Hire Date (mm/dd/yyyy)	<b>Pay Period:</b> (Circle One)	Weekly   Biweekly   Semi-Monthly   Monthly

**Spouse/Co-Applicant – Employer #2**

Name of <b>Current</b> Employer		Job Title / Occupation		
Street		City	State	Zip Code
Supervisor's name		Supervisor's Phone Number		
\$	Monthly Gross Income	Hire Date (mm/dd/yyyy)	<b>Pay Period:)</b> (Circle One)	Weekly   Biweekly   Semi-Monthly   Monthly

**Do you have more than 2 employers?**    **Yes**    **No**

If yes, please provide list the information requested above on an additional sheet of paper and submit with this application



Spouse /Co-Applicant – PREVIOUS Employer

Name of Previous Employer

Job Title / Occupation

Street

City

State

Zip Code

Supervisor's name

Supervisor's Phone Number

\$ Monthly Gross Income

Hire Date (mm/dd/yyyy)

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.

SECTION 4

MONTHLY INCOME

You must provide documentation for all sources of income from all applicants (examples: paystubs, SSI or Disability documentation, etc.).

\*Bend-Redmond Habitat for Humanity does not consider TANF, SNAP, or gifts in cash to be qualifying sources of income.

It is important that you include all assets so that we can determine your appropriate income.

Income Source	Applicant	Co-Applicant	Others in household (18 and over)	Total
Wages	\$	\$	\$	\$
TANF and SNAP*	\$	\$	\$	\$
Alimony support	\$	\$	\$	\$
Social Security (SS)	\$	\$	\$	\$
Supplemental SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing (Voucher)	\$	\$	\$	\$

Veteran Benefits	\$	\$	\$	\$
Pensions, Retirement	\$	\$	\$	\$
Moneys received on behalf of a child (child support*/ SSI)	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
<b>Grand Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**\*Child support and Alimony:** applicant and co-applicant may choose not to reveal these types of income if they wish. Lender Guidelines (Fannie Mae) – Verify that alimony or child support will continue to be paid for at least three years after the date of the mortgage application, as verified by one of the following: Copy of divorce decree or separation agreement if divorce is not final, stating the amount of the reward and the period of time over which it will be received. **Note:** If copy of separation agreement is not available, the lender will not consider proposed or voluntary payments as income.

<b>SECTION 5</b>							
<b>DEBT</b>							
<b>To whom do you owe money</b>							
<b>APPLICANT Account</b>	<b>Monthly payment</b>	<b>Unpaid balance</b>	<b>Months left to pay</b>	<b>Co-APPLICANT Account</b>	<b>Monthly Payment</b>	<b>Unpaid balance</b>	<b>Months Left to Pay</b>
Car Payment Auto Loan or Lease	\$	\$		Car Payment Auto Loan or Lease	\$	\$	
Credit card #1:	\$	\$		Credit card #1:	\$	\$	
Credit card #2:	\$	\$		Credit card #2:	\$	\$	
Credit card #3:	\$	\$		Credit card #3:	\$	\$	
Total Medical Debt	\$	\$		Total Medical Debt	\$	\$	
Alimony	\$	\$		Alimony	\$	\$	
Child Support	\$	\$		Child Support	\$	\$	
Other Car	\$	\$		Other Car	\$	\$	
Student Loans	\$	\$		Student Loans	\$	\$	
Other:	\$	\$		Other:	\$	\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>			<b>\$</b>	<b>\$</b>	

**SECTION 6**

**ASSETS**

If you have \$20,000 or more in liquid assets, did you watch the on-line assets, closing costs and down payment video?

<https://bendredmondhabitat.org/habitat-homeownership/>

- Yes, write verification code \_\_\_\_\_  N/A, I do not have more than \$20,000 in liquid assets

Please complete the Assets Information on the next page

**SECTION 7**

**Additional Income Verification Form (for other Household members)**

**For any household member 18 and older (other than applicant or co-applicant): Please complete this questionnaire and submit supporting information.**

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  
  
 If yes, Provide name and address of current employer: \_\_\_\_\_  
 Date of most recent employment: \_\_\_\_\_
- Do you receive disability benefits: (Social Security or VA)  Yes  No  
 If yes, please provide ward letter and copy of your award check or bank statement
- Do you receive unemployment:  Yes  No  
 If yes, please provide award letter or verification of payments.
- Have you received unemployment in the past year?  Yes  No
- Do you receive public assistance (such as TANF)?  Yes  No
- Do you receive court-ordered Child Support?  Yes  No  
 If yes, do you receive it?  Yes  No
- Do you receive **ANY OTHER Income** from **ANY SOURCE**?  Yes  No  
 If yes, please explain:

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date





Assets Definition (1) cash, (2) non-cash items that can be converted to cash, and/or (3) income from an asset. For ALL household members, including minors, put an "x" next to the type of assets that your household owns and write the current dollar value of those assets.

Table with 5 columns: Check (X), Type of Asset, Applicant, Co-Applicant, Other household members (18 and older), and TOTAL(S). Rows include various asset types like Checking Account, Savings Account, Revocable Trusts, etc.

I/WE CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF MATERIAL FACT WILL BE GROUNDS FOR DISQUALIFICATION. PENALTY FOR FALSE OR FRAUDULENT STATEMENT.

U.S.C. Title 18, Sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 8**

**AUTHORIZATION TO OBTAIN CREDIT REPORT**

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

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

I/We authorize Bend-Redmond Habitat for Humanity (Habitat) to obtain a tri-merged consumer credit report. I/We understand that Habitat intends to use the credit report for the purposes of confirming my/our residency address, verifying other credit information, including past and present mortgages, and evaluating whether my/our income is eligible to support the application for the Habitat Partnership Program. I/We understand that in conjunction with the tri-merged credit report that may ask me/us to verify past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process the mortgage loan application. I/We understand that credit report obtained is to be used solely in the processing of Habitat Housing Program application and that this information may only be shared other agencies that have a direct connection with the processing of the application. I/We understand that credit inquiries have the potential to impact my/our credit score. It is understood understand that this tri-merged credit report will be retained on file by along with all other loan application documents. This authorization expires 120 days from the date indicated below. By signing below, I/We acknowledge that was authorized to obtain my/our tri-merged consumer credit.

**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.

All Applicant(s):

X \_\_\_\_\_

X \_\_\_\_\_

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

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

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

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

**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 of 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

## Privacy Statement and Notice

At Bend-Redmond 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 the consistent 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 to organizations necessary to review your underwriting and application:

- 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-Redmond 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-Redmond Habitat for Humanity at (541)385-5387.

Please sign and date, agreeing that you have read and understand,

\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_

Co-Applicant Signature Date



**SECTION 9**

**CERTIFICATION**

The undersigned hereby certify and verify that this application form has been completed and filled out truthfully and accurately. I/We understand that Habitat will be relying on answers and statements in this application in considering your household selection for the Habitat Program. Lying or not including facts can be grounds for denial.

**Applicant Signature:**

**Signature Date:**

*Application must be dated to be entered in current application cycle.*

**Spouse/Co-Applicant Signature:**

**Signature Date:**

*Application must be dated to be entered in current application cycle*

**Section 10**

**CHECKLIST:**

In order for your application to be evaluated, you must;

- submit COPIES of ALL of the following supporting documentation, as applicable.
- Indicate which documents have been provided by checking YES, NO, or NA (Not Applicable)
- Make and keep a copy of everything that you include in your application packet.

**Please provide photocopies, not original documents.**

**In addition to this application, please submit the following documents:**

	Applicant	Co-Applicant	Other Household members
<b>If Income from Wages:</b>  <b>Include copies of the 6 most recent pay stubs</b> for each of the current jobs held by all working adults (18 and older) in the household.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>If you are self-employed</b> , please provide a <b>Profit/Loss Statement</b> the last 3 years  Need a sample? <a href="https://wise.com/us/income-statement/profit-loss-statement#download-template">https://wise.com/us/income-statement/profit-loss-statement#download-template</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA



I have uploaded or provided copies of <b>Federal Tax Returns</b> (from 18 or older) for the last two years. Need to order a copy? <a href="https://www.irs.gov/individuals/get-transcript">https://www.irs.gov/individuals/get-transcript</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
W-2 forms for the last 2 years	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
If self-employed, we will need the last 3 years of tax returns (that include your schedule C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
If applicable, Upload or provide a copy of <b>Proof of pension, social security, disability income and/or HUD Voucher</b> (most recent statement for all benefits received)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
If applicable, Upload or provide a copy of <b>Proof of alimony, and if divorced provide divorce decree, and child support income (court decree)</b> and at least six months of consecutive payments received	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
How did you hear about us?			

**If returning application or required documents in-person, return to:**

- Bend-Redmond Habitat for Humanity 224 NE Thurston Ave, Bend OR 97701
- There is also a secure (locking) mailbox on the sidewalk leading in to the Administration office or
- Scan and email to: [homeownership@brhabitat.org](mailto:homeownership@brhabitat.org)

**DO NOT DROP OFF AT RESTORE** (there is no guarantee that they will get to us)

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date application received \_\_\_\_\_

**Notices sent:**

- Notice of Incomplete/Action Letter \_\_\_\_\_
- Notice of 2<sup>nd</sup> Incomplete/Action Letter \_\_\_\_\_
- Notice of Application Received \_\_\_\_\_
- Date of Adverse Action Letter \_\_\_\_\_
- Record all notice dates in SS