



STAFF USE: SS entry _____ (initial when complete)
Notes:

Updated 8-19-22 sn

Customer Intake Form

I am interested in housing in: Bend Redmond Either

I have watched the Informational Videos on the website:

Video Code 1: _____ Video Code 2: _____ (verification of review)

This form is **NOT** considered an application for the housing program

Along with this form please turn in 1 recent paystub copy or verification of income for each customer

PRIMARY CUSTOMER INFORMATION

Please Print Clearly

Name:

First **MI** **Last**

Street

City **State** **Zip Code**

Phone: (____) _____ - _____ Email: _____

Social Security Number (for soft pull) _____ - _____ - _____

Ethnicity (please check one): Hispanic/Latino Non-Hispanic/Latino

Race (please check one): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 2 or more races

Nationality (please select one):

You are a Citizen or National of the United States

You are foreign born and a U.S. Resident (green card holder)

You are a Noncitizen with eligible status as evidenced by one of the documents listed below

- *Form I551-Alien Registration Receipt Card (for permanent resident aliens)*
- *Form I-94, Arrival-departure record*
- *A final court decision or DHS letter granting asylum*

None of the above – *Not contending eligible immigration status, no further information required and the person named above understands they are not eligible for program selection but agrees to start housing counseling while immigration status changes.*

Marital Status (please select one): Single Married Divorced Separate Widowed

Gender (please select one): Male Female Other Gender Identity: (Optional) _____

Education (please check one):

Below High School Diploma High School Diploma or Equivalent Two-Year College
 Bachelors Degree Masters Degree Above Masters Degree

Do any of the following apply to you? *Optional for data collection*

- Hearing difficulty (deaf or having serious difficulty hearing)
- Vision Difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- Cognitive difficulty (Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions)
- Ambulatory (movement) difficulty (Having serious difficulty walking or climbing stairs)
- Self-care difficulty (Having difficulty bathing or dressing on own)
- Victim of Domestic Violence
- Recovery from Substance Abuse

Are you a Veteran? Yes No

Current Housing Arrangement (please check one):

Rent Homeless Living with family member/friend and not paying rent Living with friends or roommates, sharing rent

Health Insurance

Do you currently have health insurance? If no, what prohibits you? Yes No

First time Buyer

Do you currently own a home, or have owned a home in the past three years? Yes No

Household Type (please select the most accurate)?

Female headed single parent household Male headed single parent household Single adult
 Two or more unrelated adults Married with children Married without children Other

Family/Household Size: _____ (include those that will be living in the home for more than 6 months of the year)

Dependent Name	Date of Birth	Gender	Ethnicity: Hispanic/Latino Non-Hispanic/Latino	Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, 2 or More Races

Do all dependents have healthcare insurance? Yes No

If no, please explain: _____

Are there non-dependents who will be living in the home? Yes No

If yes, list below:

Relationship	Age	Relationship	Age
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Note: All adults over 18 years old, living in the household must submit financial documents so that we can calculate household income levels.

Referred to by (please check all that apply):

Print Ad / Newspaper Bank Other Agency Realtor: _____ Social Media
 TV/Radio Employer Staff/Board member Walk-In Family/Friend
 Other: _____

PRIMARY CUSTOMER EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____ **Work Phone:** (____) _____ - _____

Title *Hire Date*

Work Address Street *City* *State* *Zip Code*

Employment Status (*Please check one*): Part-Time Full-Time **Hours per pay period** _____

Gross monthly income (*before taxes*): \$ _____

Are you paid (*please check one*) Hourly: Amount per hour: _____
 Salary: Amount p/month _____

Is your hourly amount paid (*please mark*) weekly every two weeks twice a month monthly

If applicable:

Second Employer: _____ **Work Phone:** (____) _____ - _____

Title _____ (years, months)
Length of Employment

Street *City* *State* *Zip Code*

Employment Status (*Please check one*): Part-Time Full-Time **Hours per pay period** _____

Gross monthly income (*before taxes*): \$ _____

Are you paid (*please check one*) Hourly: Amount per hour: _____
 Salary: Amount p/month _____

Is your hourly amount paid (*please mark*) weekly every two weeks twice a month monthly

PREVIOUS EMPLOYER _____ **Work Phone:** (____) _____ - _____

Length of Employment (dates) _____

Title _____

Street _____

City _____

State _____

Zip Code _____

Employment Status was (Please check one): Part-Time Full-Time **Hours per pay period** _____

Gross monthly Income (before taxes): \$ _____

Were you paid (please check one) Hourly: Amount per hour: _____

Salary: Amount p/month _____

Was your hourly amount paid (please mark) weekly every two weeks twice a month monthly

CO-Customer INFORMATION

Name:

First _____

MI _____

Last _____

Street _____

City _____

State _____

Zip Code _____

Phone: (____) _____ - _____ Email: _____

Social Security Number (for soft pull) _____ - _____ - _____

Ethnicity (please check one): Hispanic/Latino Non-Hispanic/Latino

Race (please check one): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 2 or more races

Citizenship (please select one): You are a Citizen or National of the United States You are foreign born and a U.S. Resident (*green card holder*) You are a Noncitizen with eligible status as evidenced by one of the documents listed below

- *Form I551-Alien Registration Receipt Card (for permanent resident aliens)*
- *Form I-94, Arrival-departure record*
- *A final court decision or DHS letter granting asylum*

 None of the above – *Not contending eligible immigration status, no further information required and the person named above understands they are not eligible for program selection but agrees to start housing counseling while immigration status changes.***Marital Status** (please select one): Single Married Divorced Separate Widowed**Gender** (please select one): Male Female Other **Gender Identity:** (Optional) _____**Education** (please check one): Below High School Diploma High School Diploma or Equivalent Two-Year College Bachelors Degree Masters Degree Above Masters Degree**Do any of the following apply to you?** *Optional for data collection* Hearing difficulty (deaf or having serious difficulty hearing) Vision Difficulty (blind or having serious difficulty seeing, even when wearing glasses) Cognitive difficulty (Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions) Ambulatory difficulty (Having serious difficulty walking or climbing stairs) Self-care difficulty (Having difficulty bathing or dressing) Victim of Domestic Violence Recovery from Substance Abuse**Are you a Veteran?** Yes No**Relationship to Customer** (please check one): Spouse/Partner Daughter/Son Sister/Brother Girlfriend/Boyfriend Mother/Father Other: _____

Co-Customer EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____ **Work Phone:** (____) _____ - _____

Title

Hire Date

Work Address Street City State Zip Code

Employment Status (Please check one): Part-Time Full-Time **Hours per pay period** _____

Gross monthly Income (before taxes): \$ _____

Are you paid (please check one) Hourly: Amount per hour: _____
 Salary: Amount p/month _____

Is your hourly amount paid (please mark) weekly every two weeks twice a month monthly

If applicable:

Second Employer: _____ **Work Phone:** (____) _____ - _____

Title

_____ (years, months)

Length of Employment

Street City State Zip Code

Employment Status (Please check one): Part-Time Full-Time **Hours per pay period** _____

Gross monthly Income (before taxes): \$ _____

Are you paid (please check one) Hourly: Amount per hour: _____
 Salary: Amount p/month _____

Is your hourly amount paid (please mark) weekly every two weeks twice a month monthly

Co-Customer**PREVIOUS EMPLOYER** _____ **Work Phone:** (____) _____ - __________ **Length of Employment (dates)** _____

Title _____

Street _____

City _____

State _____

Zip Code _____

Employment Status was (Please check one): Part-Time Full-Time **Hours per pay period** _____**Gross monthly Income** (before taxes): \$ _____**Were you paid** (please check one) Hourly: Amount per hour: _____ Salary: Amount p/month _____**Was your hourly amount paid** (please mark) weekly every two weeks twice a month monthly**HOUSEHOLD INCOME****Please Print Clearly****Estimated Gross Monthly Family or Household Income:** \$ _____ (include income from all adults – 18 and older – living in the household)

Type of Income (List ALL sources of income)	Primary Customer Monthly Amount	CO-Customer(s) Monthly Amount	Other Adult in Household Monthly Amount
Salary, Wages (including Tips)			
Alimony/Child Support (children 16 and younger only)			
Rental Income			
Social Security SSI / SSDI (children 16 and younger and/or permanent disability only)			
Pension/ Retirement Income			
Public Assistance (SNAP, Housing Voucher, etc)			
Self-employment Income			
Dependent SSI Income (children 16 and younger and/or permanent disability only)			
Other Employment (if employed for 2+ years)			
Other:			

LIQUID FUNDS/SAVINGS/INVESTMENTS *Please Print Clearly*

<i>Please list the approximate value/current balance of the following:</i>	Primary Customer	Co-Customer	Other Adult in Household
Checking account			
Savings account			
Cash			
CDs			
Securities (stocks, bonds, etc.)			
Retirement account			
Other Liquid Funds			

HOUSING EXPENSES

	Primary Customer	Co-Customer	Other Adult in Household
Current monthly rent			
Utilities: Electric/Gas/Solid Waste			
Internet/Cable			
Other Living Expenses (ie. Storage)			

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I authorize the Housing Counseling Staff of Bend-Redmond Habitat for Humanity to:

- (a) pull my/our credit report (soft pull; will not affect your score) to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report (soft pull) and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I/We purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

Co-Customer

Date

Thank you!
Please return this form to: homeownership@brhabitat.org or
224 NE Thurston Ave, Bend, OR 97701