

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

updated 5-12-23 dj

Date application received _____

Notices sent:

Notice of Incomplete _____

Verification of application Received/Part 2 _____

2nd Notice of Incomplete _____

Adverse Action Notice _____

All notices recorded in SS

PARTNERSHIP PROGRAM APPLICATION, Part 1 (of 3)

Date: _____

APPLICATION FOR HOUSING IN: (mark one, or both) _____ BEND _____ REDMOND _____ EITHER

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. Please let us know if you need assistance reading and/or filling out this application.

VERY IMPORTANT: Did you view the Housing Informational Video?

<https://bendredmondhabitat.org/habitat-homeownership/> If not, please watch before completing application.

Verification Code for Information Video: _____ (Required)



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):



Require at least one method of contact			
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:	
Present Address: Street	City	State	ZIP
Mailing Address (if different): Street	City	State	ZIP
<input type="checkbox"/> Are you a Veteran? If yes, please provide a copy of your DD214? (Discharge or Release from Service Form). Need to get a copy? https://www.va.gov/records/get-military-service-records/			

CO-APPLICANT INFORMATION

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 (Optional):	
Require at least one method of contact			
Telephone Number: ()	Contact/Message 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	
Present Address: Street	City	State	ZIP



Mailing Address (if different): Street	City	State	ZIP
---	------	-------	-----

Are you a **Full time College Student**? Yes No

Are you a Veteran?
 If yes, please provide a copy of your DD214? (Discharge or Release from Service Form).
 Need to get a copy? <https://www.va.gov/records/get-military-service-records/>

Other Household Members
 People *who currently live with you* and who will live in the Habitat home with you, if approved

Name	Relationship	Male	Nonbinary	Female	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

How long have you resided at your current address? Years _____ Months _____ What is your monthly rent payment? \$ _____	<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 <input type="checkbox"/> Please check if you have had 2 or more moves in last 60 days
<input type="checkbox"/> Please check if you receive a Housing Voucher from Housing Works' Family Self-sufficiency Program	<p>If you receive housing assistance towards rent from Housing Works, 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</p>



Are you a First-Time Homebuyer? (you or co-applicant have not owned a home in the last 3 years)

YES **NO**

NOTE: If you have owned a house in the past three years, you are not considered a first-time homebuyer and **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

Are you a First-Generation Homebuyer? (Parents or guardians and/or spouse or domestic partner have not ever owned a home) **YES** **NO**

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: Weekly Biweekly Semi-Monthly Monthly (Circle One)

Applicant -Employer #2

Name of Current Employer	Job Title / Occupation
Street	City State Zip Code

Employer #2 Continued

 Supervisor's name

 Supervisor's Phone Number

\$ _____
 Monthly Gross Income

 Hire Date (mm/dd/yyyy)

Pay Period: Weekly Biweekly Semi-Monthly Monthly
 (Circle One)

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*

*Only needed if above does not cover 2 years

 Name of **Previous** Employer

 Job Title / Occupation

 Street

 City

 State

 Zip Code

 Supervisor's name

 Supervisor's Phone Number

\$ _____
 Monthly Gross Income

_____ to _____
 Employment Dates (From mm/dd/yyyy to 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.

Co-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: Weekly Biweekly Semi-Monthly Monthly
 (Circle One)

Co-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:) Weekly Biweekly Semi-Monthly Monthly
 (Circle One)

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

Co-Applicant – PREVIOUS Employer*

*Only needed if above does not cover 2 years

 Name of **Previous** Employer

 Job Title / Occupation

 Street

 City

 State

 Zip Code

 Supervisor's name

 Supervisor's Phone Number

\$ _____
 Monthly Gross Income

_____ to _____
 Employment Dates (From mm/dd/yyyy to 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.). It is important that you include all assets so that we can determine your qualifying 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 _____	\$	\$	\$	\$
Grand Total	\$	\$	\$	\$

***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.



SECTION 5

ASSETS

Please list the amounts for the following accounts:

Type of Account	Applicant	Co-Applicant	Other Adult in household
Checking Account			
Saving Account (s)			
401k or retirement (list type)			
Other:			
Other:			

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

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

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

*Cash or can be quickly converted to cash

SECTION 6

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.

Check if no other adult in household

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 award 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:

SECTION 7

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: _____



Section 8

Mortgage Fraud

Failing to provide honest and accurate information could lead to 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
- Providing 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 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.

SECTION 9	
CERTIFICATION	
<p>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.</p>	
<p>Applicant Signature:</p>	<p>Signature Date:</p> <p><i>Application must be dated to be entered in current application cycle.</i></p>
<p>Co-Applicant Signature:</p>	<p>Signature Date:</p> <p><i>Application must be dated to be entered in current application cycle</i></p>

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-Redmond Habitat for Humanity

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

Part I - Request

1. To (Name and address of employer)	2. From (Name and address of lender) Bend-Redmond Habitat for Humanity 224 NE Thurston Ave., Bend, OR 97702
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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-Redmond 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
---	---------------------------

Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment																																										
12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly		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																																										
12B. Gross Earnings <table border="1"> <thead> <tr> <th>Type</th> <th>Year To Date</th> <th>Past Year</th> <th>Past Year</th> <th>Rations</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Base Pay</td> <td>Thru _____ \$</td> <td>\$</td> <td>\$</td> <td>Flight or Hazard</td> <td>\$</td> </tr> <tr> <td>Overtime</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>Clothing</td> <td>\$</td> </tr> <tr> <td>Commissions</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>Quarters</td> <td>\$</td> </tr> <tr> <td>Bonus</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>Pro Pay</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>Overseas or Combat</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Variable Housing Allowance</td> <td>\$</td> </tr> </tbody> </table>			Type	Year To Date	Past Year	Past Year	Rations	\$	Base Pay	Thru _____ \$	\$	\$	Flight or Hazard	\$	Overtime	\$	\$	\$	Clothing	\$	Commissions	\$	\$	\$	Quarters	\$	Bonus	\$	\$	\$	Pro Pay	\$	Total	\$ 0.00	\$ 0.00	\$ 0.00	Overseas or Combat	\$					Variable Housing Allowance	\$
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Total	\$ 0.00	\$ 0.00	\$ 0.00	Overseas or Combat	\$																																							
				Variable Housing Allowance	\$																																							

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

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)			
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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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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)

Please provide photocopies, not original documents.

In addition to this application, please submit the following documents:	Applicant	Co-Applicant	Other Household members
If Income from Wages: Include copies of the 6 most recent pay stubs 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
If you are self-employed , please provide a Profit/Loss Statement the last 3 years. Need a sample? https://wise.com/us/income-statement/profit-loss-statement#download-template	<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 Federal Tax Returns (from 18 or older) for the last two years. Need to order a copy? https://www.irs.gov/individuals/get-transcript	<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 Proof of pension, social security, disability income and/or HUD Voucher (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
Upload or provide the Verification of Employment Form for <u>all current jobs after completing only sections 1,7, and 8</u> (we will take care of the rest) If employed at current job less than two years , complete an additional employment verification form for your previous employer.	<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 Proof of alimony, and if divorced provide divorce decree, and child support income (court decree) 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
Include 3 months most recent Checking Account Statements (include for all accounts)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Include 1 month most recent Savings Account Statement	<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 into the Administration office or**

Scan and email to: homeownership@brhabitat.org

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