

## 9 Townhomes

- **Five** 1,400-1,600 sq. ft, 4 bed, 3 bath homes
- **Four** 750 sq. ft, 1 bed, 1 bath homes
  - Attached garage & driveway parking
- Available for households earning under 80% AMI
- Goal net zero homes (produces all energy needs)
- Walkable to Pettigrew Park
- Estimated Completion Fall 2025

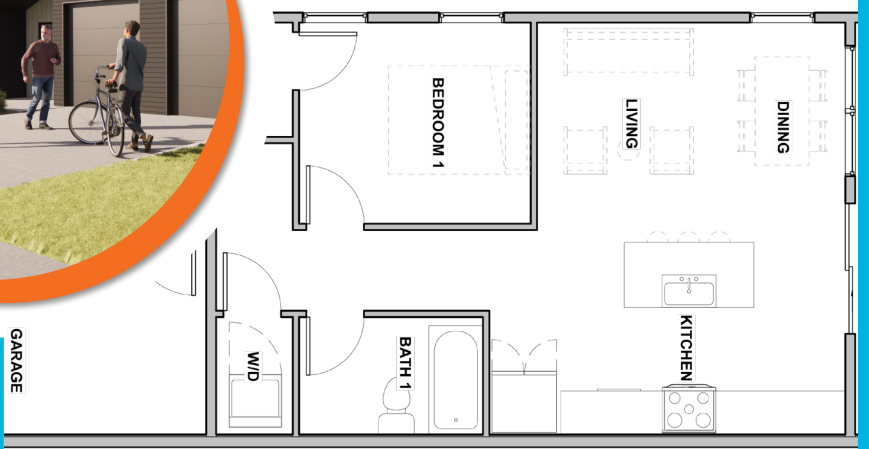


NW Bend

**DALY** estates



Bend-Redmond  
**Habitat for Humanity®**



Drawings & 3D rendering of SE Bend, Daily Estates

Applications **OPEN**  
for Daly estates &  
Timber cottages  
**April 1<sup>st</sup> - 19<sup>th</sup>**



Scan here to apply online & to find out more about  
Daly Estates and Timber Cottages



Or pick up an application in person:  
All applications must be completed online or  
dropped off to Homeowner Services.  
**224 NE Thurston Ave Bend, OR 97701**

## 13 Single Family, Cottage-style homes

- **Nine** 2 bed, 2 bath homes
- **Four** 3 bed, 2 bath homes
- 760-1,200 sq. ft, homes
- Fenced back yard
- Available for households earning under 80% AMI
- Goal net zero homes (produces all energy needs)
- Walkable to Dry Canyon
- Estimated Completion Fall 2025

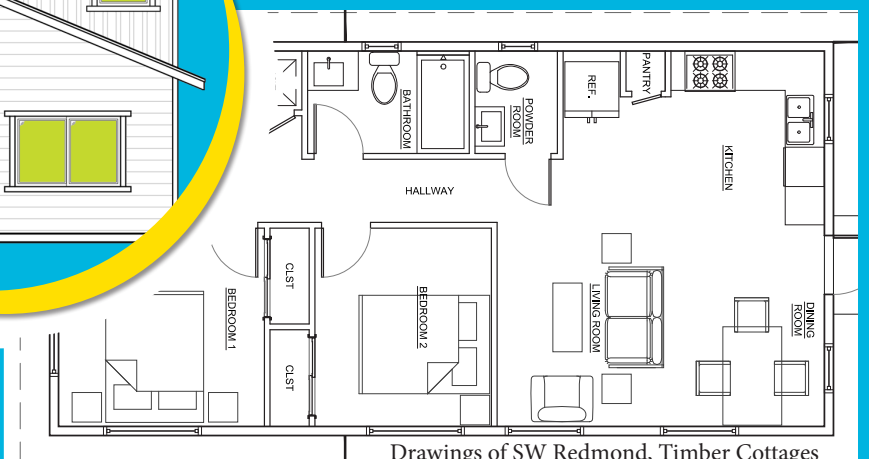


SW Redmond

**TIMBER** cottages



Bend-Redmond  
**Habitat for Humanity®**



Drawings of SW Redmond, Timber Cottages



# AFFORDABLE HOMEOWNERSHIP in Bend & Redmond



Scan here for more information about homeownership

## QUALIFICATIONS

### NEED

- Priced out of market
- First-time Homebuyer (or haven't owned in the last 3 years)

### ABILITY TO PAY

- Meet income guidelines (see table)
- If housing voucher, might be able to be used as income.
- 2 years consistent income, 3 years if self-employed (as declared on tax returns)
  - Monthly debt-to-income ratio at or below 7% (including deferred school loans)
  - Minimum FICO credit score of 625
  - If bankruptcy; 4 or more years from discharge, 5 years from short sale, 7 years from foreclosure
  - Contribute \$2,000 to closing costs
  - If liquid assets are over \$20,000, contribute percentage toward down payment
  - Legal residency (for primary applicant)

### WILLINGNESS TO PARTNER

- Each household adult to contribute 150 hours of "sweat equity" (volunteer hours)
- Secure 100 donated volunteer hours per household
- Accept home location (in Bend or Redmond) and home type
- Commit to budgeting, monthly classes and training
- Participate in financial coaching
- Pledge to maintain your home post-purchase
- Promote Habitat in the community

## 2023-2024 INCOME

HOUSE-HOLD SIZE	MINIMUM HOUSEHOLD INCOME		MAXIMUM HOUSEHOLD INCOME (80% AMI)*	
	Monthly	Annual	Monthly	Annual
1	\$2,750	\$33,000	\$4,446	\$53,350
2	\$2,750	\$33,000	\$5,079	\$60,950
3	\$2,750	\$33,000	\$5,713	\$68,550
4	\$3,173	\$38,080	\$6,346	\$76,150
5	\$3,439	\$41,160	\$6,854	\$82,250
6	\$3,683	\$44,200	\$7,363	\$88,350
7	\$3,937	\$47,240	\$7,871	\$94,450
8	\$4,190	\$50,280	\$8,379	\$100,550

Income based on total household gross income (before taxes).  
Guidelines subject to annual revision by HUD and Habitat.

\*Household income to be at or below 75% Area Median Income (AMI) at time of application.

224 NE Thurston Ave  
Bend, OR 97701

homeownership@brhabitat.org



**FOR OFFICE USE ONLY:** Date Application Received: \_\_\_\_\_ Updated in Client Tracking: \_\_Yes \_\_No  
Application Due Date: **Friday, April 19<sup>th</sup>** Processed by: \_\_\_\_\_

Notices Sent: \_\_ Notice of Incomplete \_\_ Verification of Application Received \_\_ Adverse Action Notice

Please email [homeownership@brhabitat.org](mailto:homeownership@brhabitat.org) if you need this application in an alternative format or if you require any assistance filling out the application.

## PARTNERSHIP PROGRAM APPLICATION

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

Did you watch the housing information session? \_\_Yes \_\_No Video Code: \_\_\_\_\_

If you answered "no", please do so before continuing. Find it at [bendredmondhabitat.org/habitat-homeownership/](http://bendredmondhabitat.org/habitat-homeownership/)

Referred by (please check all that apply): \_\_ Print Ad/Newspaper \_\_ Bank/Credit Union \_\_ Other Agency (list below)

\_\_ Social Media \_\_ TV/Radio \_\_ Employer \_\_ Staff/Board member \_\_ Walk-In \_\_ Family/Friend

\_\_ Realtor/Lender: \_\_\_\_\_ OR \_\_ Other: \_\_\_\_\_

I am applying for\*: (Check all that apply. Indicate first and second preferences below)

\_\_\_\_\_ A 1-bedroom home in **Bend** in the Daly Estates Drive development (4 homes for sale)

\_\_\_\_\_ A 4-bedroom home in **Bend** in the Daly Estates Drive development (5 homes for sale)

\_\_\_\_\_ A 2-bedroom home **Redmond** in the Timber Avenue development (4 homes for sale)

\_\_\_\_\_ A 3-bedroom home **Redmond** in the Timber Avenue development (9 homes for sale)

**\*\*My/our first preference is:** \_\_\_\_\_ **My/our second preference is:** \_\_\_\_\_

\*Review floorplans and flyer

\*\*Habitat will make the final decisions for lot placement according to your household size and our bedroom policy. See page 17 for more information on Home Assignment policy.

**Dear Applicant:** Please complete this application and provide all requested documentation according to the checklist below to determine if you qualify for the Habitat for Humanity homeownership program. All information you include in this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.



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.

**CHECKLIST:** For your application to be evaluated please submit this application and all the supporting documentation below via email (scanned or electronically filled out) or in-person to our offices. Indicate which items have been provided by checking Yes, No, or N/A (not applicable) on the checklist to the right of each item.

In addition to the application, please submit the following <b>REQUIRED</b> (photocopies, electronic documents, or scans, <u>not original documents</u> )	Applicant	Co-Applicant	Other Household Member
<b>Wages:</b> Include copies of the <b>6 most recent pay stubs</b> for each of the current jobs held by all working adults (18 and older) in the household. OR <b>Self-Employed:</b> Provide a <b>Profit/Loss Statement for the last 3 years.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Upload or provide copies of <b>Federal Tax Returns for the last 2 years</b> for each working adult (18 or older). 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"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Upload or provide copies of all <b>W-2 forms for the last 2 years</b> for each working adult (18 or older).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Upload or provide <b>3 months most recent Checking Account Statements</b> (include for all accounts)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Upload or provide <b>1 month most recent Savings Account Statement</b> (include for all accounts)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Upload or provide the <b>Verification of Employment Form*</b> for all current jobs after completing only sections 1, 7, and 8 (we submit the forms to your employers) – <b>PAGE 25 and 27</b> <i>*If employed at current job less than two years, complete an additional employment verification form for your previous employer.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Complete the <b>Nationality/Citizenship Declaration</b> (for applicant and co-applicant on the loan) – <b>PAGE 29-30</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Upload or provide a copy of <b>driver's license and/or State Issued ID</b> for applicant and co-applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Upload or provide copies of one of the following: <b>Birth certificates, Passports, or naturalization papers</b> for all household members	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**CHECKLIST** Continued:

Provide the following only <b>IF APPLICABLE</b> to you	Applicant	Co-Applicant	Other Household Members
Complete the Reasonable Accommodation Form - <b>PAGE 31</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Upload or provide a copy of <b>Proof of alimony</b> , and if divorced provide <b>Divorce Decree</b> , and <b>Child Support Income</b> (court decree) and at least <b>six months of consecutive payments received</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Upload or provide a copy of <b>Proof of pension, social security income, 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"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>OPTIONAL</b> Documentation to Provide ( <i>only if you have it available</i> )			
Upload copy of <b>NeighborImpact/FrameWorks Homebuyer Course</b> if you have completed course and/or Copy of <b>any other NeighborImpact or Housing Works enrollment forms or certificate of attendance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please upload a copy of your Home Loan Pre-qualification letter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**SECTION 1: HOUSEHOLD INFORMATION****APPLICANT INFORMATION****Applicant First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_**Sex:** ☐ Male ☐ Female ☐ Non-binary: \_\_\_\_\_ ☐ I do not wish to self-identify**Phone Number:** \_\_\_\_\_ (opt in for text messaging: ☐ yes ☐ no)**Email Address:** \_\_\_\_\_**Current Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_**Mailing Address (if different):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_**Marital Status:** ☐ Unmarried ☐ Married ☐ Separated/Divorced (*divorce decree/legal separation required*)**Nationality:** ☐ U.S.A. ☐ Permanent Resident ☐ Temporary Resident ☐ Other nationality: \_\_\_\_\_**Are you a Veteran\*/Active Duty/Reserves:** ☐ Veteran ☐ Active Duty ☐ Reserves ☐ None*\*If you are a veteran, please provide a copy of your DD214 (Discharge or Release from Service form). Need a copy?*<https://www.va.gov/records/get-military-service-records/>**Education:** ☐ Below High School Diploma ☐ High School Diploma or GED ☐ Associate degree \_\_\_\_\_Bachelor's degree ☐ Master's degree ☐ Other: \_\_\_\_\_

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**CO-APPLICANT INFORMATION****Co-Applicant First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_**Sex:** ☐ Male ☐ Female ☐ Non-binary: \_\_\_\_\_ ☐ I do not wish to self-identify**Phone Number:** \_\_\_\_\_ (opt in for text messaging: ☐ yes ☐ no)**Email Address:** \_\_\_\_\_**Current Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_**Mailing Address (if different):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_**Marital Status:** ☐ Unmarried ☐ Married ☐ Separated/Divorced (*divorce decree/legal separation required*)**Nationality:** ☐ U.S.A. ☐ Permanent Resident ☐ Temporary Resident ☐ Other nationality: \_\_\_\_\_**Are you a Veteran\*/Active Duty/Reserves:** ☐ Veteran ☐ Active Duty ☐ Reserves ☐ None*\*If you are a veteran, please provide a copy of your DD214 (Discharge or Release from Service form). Need a copy?*<https://www.va.gov/records/get-military-service-records/>**Education:** ☐ Below High School Diploma ☐ High School Diploma or GED ☐ Associate degree ☐ Bachelor's degree☐ Master's degree ☐ Current full-time student: \_\_\_\_\_

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**HOUSEHOLD MEMBERS**

People ***who currently live with you*** and who will live in the Habitat home with you, if approved. ***Do not include applicant or co-applicant.***

1. **First and Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Employed:** \_\_ Yes \_\_ No **Student:** \_\_ Yes \_\_ No

**Sex:** \_\_ Male \_\_ Female \_\_ Non-binary **Person with a disability:** \_\_ Yes \_\_ No

2. **First and Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Employed:** \_\_ Yes \_\_ No **Student:** \_\_ Yes \_\_ No

**Sex:** \_\_ Male \_\_ Female \_\_ Non-binary **Person with a disability:** \_\_ Yes \_\_ No

3. **First and Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Employed:** \_\_ Yes \_\_ No **Student:** \_\_ Yes \_\_ No

**Sex:** \_\_ Male \_\_ Female \_\_ Non-binary **Person with a disability:** \_\_ Yes \_\_ No

4. **First and Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Employed:** \_\_ Yes \_\_ No **Student:** \_\_ Yes \_\_ No

**Sex:** \_\_ Male \_\_ Female \_\_ Non-binary **Person with a disability:** \_\_ Yes \_\_ No

5. **First and Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Employed:** \_\_ Yes \_\_ No **Student:** \_\_ Yes \_\_ No

**Sex:** \_\_ Male \_\_ Female \_\_ Non-binary **Person with a disability:** \_\_ Yes \_\_ No

6. **First and Last Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Employed:** \_\_ Yes \_\_ No **Student:** \_\_ Yes \_\_ No

**Sex:** \_\_ Male \_\_ Female \_\_ Non-binary **Person with a disability:** \_\_ Yes \_\_ No

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**HOUSEHOLD HISTORY:** Please check applicant, co-applicant, or other household member if any of the following apply. Enter an 'X' in the boxes below as applicable.

	Applicant	Co-Applicant	Other Household Member
Deaf or Hearing Impaired			
Legally Blind or Visually Impaired			
Cognitive Disability (because of a physical, mental, or emotional disability)			
Mobility Impaired (Use a walker, wheelchair, crutches, or other)			
Self-Care Disability (Need personal assistance w/ activities of daily living)			
On a Fixed Income (i.e. Social Security/SSDI - Disability or other public benefit and not earning income from a job)			
Single-Income Earning Household (Only one person in the household currently earns an income)			
Survivor of Domestic Violence (Physical, sexual, emotional, economic, psychological abuse)			
Recovered from Substance Abuse (Successfully completed a substance abuse recovery program)			
Aged-out of Foster Care as a Youth			

## SECTION 2: CURRENT HOUSING

How long have you resided at your current address? \_\_\_ Years and \_\_\_ Months

What is your monthly rent payment? \$ \_\_\_\_\_

Are you a first-time homebuyer? \_\_\_ Yes \_\_\_ No (You and/or the co-applicant have not owned a home in the last 3 years)

**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.

Check the following line(s) if any of the following apply to you:

\_\_\_ Rented a room(s), lived with family/friends, lived in a vehicle or shelter in the last 12 months

\_\_\_ Currently share a bed or bedroom with a family member that is not your partner/spouse (i.e. child, parent)

\_\_\_ Moved 8 or more times in the last five years

\_\_\_ Receive a Housing Voucher from Housing Works Family Self-Sufficiency Program (Please provide a copy of the HCV-HO Certificate of housing choice voucher with your application)\*

\*If you receive housing assistance towards rent from Housing Works, please initial here \_\_\_\_\_ to authorize Bend-Redmond Habitat to contact your counselor. *Housing Voucher can be counted as a qualifying source of income.*

Are you a first-generation homebuyer? \_\_\_ Yes \_\_\_ No

(Parents or guardians and/or spouse/domestic partner/co-applicant do not **currently** own a home)

**CURRENT HOUSING SELF-EVALUATION FORM:** Please fill out the following information and check all that apply regarding your current housing situation.

### **CURRENT HOUSING**

Number of Bedrooms: \_\_\_\_ Number of Bathrooms: \_\_\_\_

Can every member of the household sleep in a bedroom? \_\_\_\_Yes\_\_\_\_ No

Is it necessary for school age children (age 5+) of the opposite gender to share a bedroom? \_\_\_\_Yes\_\_\_\_ No

Are you living in the home of a family member or friend? \_\_\_\_Yes\_\_\_\_ No

### **STRUCTURAL RELATED**

Is the foundation sinking, caving in or deteriorating? \_\_\_\_Yes\_\_\_\_ No

Is any flooring setting, caving in, or rotting through? \_\_\_\_Yes\_\_\_\_ No

Are any walls shifting or becoming detached? \_\_\_\_Yes\_\_\_\_ No

Is the roof or ceiling sagging or caving in? And/or does the roof leak? \_\_\_\_Yes\_\_\_\_ No

Are the windows rotted or inoperable? \_\_\_\_Yes\_\_\_\_ No

Are there necessary accessibility features for any household members living with a disability? \_\_\_\_Yes\_\_\_\_ No \_\_\_\_N/A

### **CLIMATE**

Is the indoor air quality unhealthy? \_\_\_\_Yes\_\_\_\_ No

Does the floor system, walls or attic lack adequate insulation? \_\_\_\_Yes\_\_\_\_ No

### **SAFETY**

Is the physical, mental, or emotional well-being of anyone in the household in danger from others? \_\_\_\_Yes\_\_\_\_ No

Is the well-being of anyone in the household in danger from hazardous material? \_\_\_\_Yes\_\_\_\_ No

Do you have concerns about the safety of the neighborhood? \_\_\_\_Yes\_\_\_\_ No

### **MECHANICAL AND UTILITY SYSTEMS**

Does the plumbing lack safe water or disposal of waste? \_\_\_\_Yes\_\_\_\_ No

Is the electrical system inadequate or unsafe? \_\_\_\_Yes\_\_\_\_ No

Is the heating system dysfunctional, inefficient, or unsafe? \_\_\_\_Yes\_\_\_\_ No

**Please list any other comments you would like to share:**

### SECTION 3: EMPLOYMENT INFORMATION

Please provide the employment history for applicant and co-applicant (if applicable) for **the last 2 YEARS**

**Pay Period Definitions:** Bi-Weekly = Paid every 2 weeks / Semi-Monthly = Paid 2 times per month

#### APPLICANT EMPLOYMENT INFORMATION

_____ <b>Name of Current Employer</b>		_____ <b>Job Title/Occupation</b>		_____ Full-Time / Part-Time (Check one)
_____ <b>Street Address</b>		_____ <b>City</b>	_____ <b>State</b>	
\$ _____ <b>Monthly Gross Pay</b>		_____ <b>Hire Date (mm/dd/yy)</b>		
<b>Pay Period:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<b>Pay Type:</b> <input type="checkbox"/> Salary <input type="checkbox"/> Hourly: \$ _____ (Amount per hour)	_____ <b>Supervisor's Name</b>		
		_____ <b>Supervisor's Email Address</b>		

#### APPLICANT SECOND EMPLOYER *(Only if currently working two jobs)*

_____ <b>Name of Second Employer</b>		_____ <b>Job Title/Occupation</b>		_____ Full-Time / Part-Time (Check one)
_____ <b>Street Address</b>		_____ <b>City</b>	_____ <b>State</b>	
\$ _____ <b>Monthly Gross Pay</b>		_____ <b>Hire Date (mm/dd/yy)</b>		
<b>Pay Period:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<b>Pay Type:</b> <input type="checkbox"/> Salary <input type="checkbox"/> Hourly: \$ _____ (Amount per hour)	_____ <b>Supervisor's Name</b>		
		_____ <b>Supervisor's Email Address</b>		

**Do you CURRENTLY have more than two employers?** ☐ Yes ☐ No

*If yes, please provide the information requested above on an additional paper and submit with the application.*

#### APPLICANT PREVIOUS EMPLOYER *(only required if you have been working your current job for less than two years)*

_____ <b>Name of Previous Employer</b>		_____ <b>Job Title/Occupation</b>		_____ Full-Time / Part-Time (Check one)
_____ <b>Street Address</b>		_____ <b>City</b>	_____ <b>State</b>	

\$ \_\_\_\_\_

Monthly Gross Pay

Hire Date (mm/dd/yy)

Pay Period:

☐ Weekly  
☐ Bi-Weekly  
☐ Semi-Monthly  
☐ Monthly

Pay Type:

☐ Salary  
☐ Hourly: \$ \_\_\_\_\_  
(Amount per hour)

Supervisor's Name

Supervisor's Email Address

**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 Co-Applicant Current Employer

Job Title/Occupation

Full-Time / Part-Time  
(Check one)

Street Address

City

State

\$ \_\_\_\_\_

Monthly Gross Pay

Hire Date (mm/dd/yy)

Pay Period:

☐ Weekly  
☐ Bi-Weekly  
☐ Semi-Monthly  
☐ Monthly

Pay Type:

☐ Salary  
☐ Hourly: \$ \_\_\_\_\_  
(Amount per hour)

Supervisor's Name

Supervisor's Email Address

### CO-APPLICANT SECOND EMPLOYER *(Only if currently working two jobs)*

Name of Co-Applicant Second Employer

Job Title/Occupation

Full-Time / Part-Time  
(Check one)

Street Address

City

State

\$ \_\_\_\_\_

Monthly Gross Pay

Hire Date (mm/dd/yy)

Pay Period:

☐ Weekly  
☐ Bi-Weekly  
☐ Semi-Monthly  
☐ Monthly

Pay Type:

☐ Salary  
☐ Hourly: \$ \_\_\_\_\_  
(Amount per hour)

Supervisor's Name

Supervisor's Email Address

**Do you CURRENTLY have more than two employers?** ☐ Yes ☐ No

*If yes, please provide the information requested above on an additional paper and submit with the application.*

**CO-APPLICANT PREVIOUS EMPLOYER** (only required if you have been working your current job for less than two years)

<p>_____ <b>Name of Co-Applicant Previous Employer</b></p> <p>_____ <b>Street Address</b></p> <p>\$ _____ <b>Monthly Gross Pay</b></p> <p><b>Pay Period:</b>  <input type="checkbox"/> Weekly  <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Semi-Monthly  <input type="checkbox"/> Monthly         </p> <p><b>Pay Type:</b>  <input type="checkbox"/> Salary  <input type="checkbox"/> Hourly: \$ _____          (Amount per hour)       </p>	<p>_____ <b>Job Title/Occupation</b></p> <p style="text-align: right;">Full-Time / Part-Time (Check one)</p> <p>_____ <b>City</b>                      <b>State</b></p> <p>_____ <b>Hire Date (mm/dd/yy)</b></p> <p>_____ <b>Supervisor's Name</b></p> <p>_____ <b>Supervisor's Email Address</b></p>
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**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: INCOME AND ASSETS

Please provide documentation for all sources of income from all applicants and working household members over 18 that are not full-time students according to the categories below. It is important that you include all sources so that we can accurately determine your qualifying income. **Please list the estimated gross amount (before taxes) earned monthly for each row for all household members.**

Income Source	Applicant	Co-Applicant	Others in Household (18+)	Total
Wages	\$	\$	\$	\$
TANF and SNAP	\$	\$	\$	\$
Alimony Support*	\$	\$	\$	\$
Social Security (SS)	\$	\$	\$	\$
Supplemental Social Security (SSI)	\$	\$	\$	\$
Disability (SSDI)	\$	\$	\$	\$
Section 8 Housing (Voucher)	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$
Moneys received on behalf of a child (child support*/SSI)	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Grand Total:	\$	\$	\$	\$

**\*Child support and Alimony:** applicants 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 3 years after the date of the loan 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 over which it will be received. Note: If copy of separation agreement is not available, the lender will not consider proposed/voluntary payments as income.

Please list the TOTAL amounts shown on your current bank statements for each of the following accounts:

Type of Account	Applicant	Co-Applicant	Other Household Member (18+)
Checking Account(s)	\$	\$	\$
Savings Account(s)	\$	\$	\$
401k or Retirement (list type & amount in column)	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$

**Assets Policy:** If you have more than \$20,000 in liquid assets\* please [watch the video](#) on the bottom of the Homeownership webpage on assets regarding a possible contribution to down payment/closing costs.

Video Verification Code (required if you have \$20,000+ in assets): \_\_\_\_\_

I do not have more than \$20,000 in liquid assets (initial here): \_\_\_\_\_

*\*Cash or can be quickly converted to cash. Liquid assets are NOT retirement accounts like 401k or IRA.*

**ADDITIONAL INCOME VERIFICATION FORM***If no additional household members check here: \_\_\_\_\_*

For any household member 18 and older (other than applicant or co-applicant) that is NOT a full- time student: Please complete this questionnaire and submit supporting information. *(Make copies as needed)*

**Check here if no other adult in household: \_\_\_\_\_****Household Member's Name:** \_\_\_\_\_**Are you currently employed?** \_\_\_ Yes \_\_\_ No

If "yes" then you need to provide: One month paystubs, W-2, and most recent tax return

Provide name and address of current employer: \_\_\_\_\_

Start date of employment: \_\_\_\_\_

**Do you receive disability benefits? (Social Security or VA)** \_\_\_ Yes \_\_\_ No

If "yes" please provide award letter or verification of payments

**Have you received unemployment in the last year?** \_\_\_ Yes \_\_\_ No**Do you receive public assistance (such as TANF)?** \_\_\_ Yes \_\_\_ No**Do you have court-ordered Child Support?** \_\_\_ Yes \_\_\_ No

If "yes" do you receive it? \_\_\_ Yes \_\_\_ No

**Do you receive any other income from another source?** \_\_\_ Yes \_\_\_ NoIf "yes" please describe:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

## SECTION 5: HABITAT AND COMMUNITY ENGAGEMENT

**Did you attend a Mortgage Readiness Counseling Session with Bend-Redmond Habitat for Humanity?**

Applicant: \_\_\_ Yes \_\_\_ No

Co-Applicant: \_\_\_ Yes \_\_\_ No

If "yes" when? \_\_\_\_\_ (month/year)

If "yes" when? \_\_\_\_\_ (month/year)

I did not have a chance because I just heard about the application: \_\_\_ Yes \_\_\_ No

**Have you applied for a Habitat home before?** \_\_\_ Yes \_\_\_ No If "yes" what year? \_\_\_\_\_

**Have you applied to another homeownership program? (i.e. RootedHomes, Thistle and Nest, First Story)** \_\_\_ Yes \_\_\_ No

If "yes" what program(s): \_\_\_\_\_  
(This does not affect your application with Habitat.)

**Have you worked with or received services from any other community organizations? Check all that apply.**

\_\_\_ Housing Works

\_\_\_ NeighborImpact

\_\_\_ Thrive

\_\_\_ Latino Community Association

\_\_\_ Father's Group

\_\_\_ Central Oregon Disability Support Network (CODSN)

\_\_\_ Other (list all that apply): \_\_\_\_\_

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## SECTION 6: PARTNERSHIP AGREEMENTS

### SWEAT EQUITY

Sweat Equity is Bend-Redmond Habitat's most helpful tool in building the partnership between you and Habitat volunteers, donors, partners, mentors, and staff. It is your way of investing physically and emotionally in the mission of Habitat and is designed to meet three important goals: Partnership, Pride in Ownership, and Development of Skills and Knowledge.

To be considered for a Habitat home, you and each adult member (18 years and older) of your household must be willing to participate in/complete 150 "sweat equity" hours: **40 hours at the ReStore, 35 hours in Construction, 25 Events/Flex Hours, 50 hours in classes and assignments.** You must also secure 100 volunteer hours donated by family and friends. You must be able to complete a minimum of 8 hours per month.

If you are unable to do physical labor, please include a doctor's note explaining your physical limitations in order to accommodate the activities to suit your physical abilities.

**Are you willing to complete the sweat equity requirements should you be selected into the partnership program?**

\_\_\_ Yes \_\_\_ I have the following concerns: \_\_\_\_\_

**MONTHLY INCOME VERIFICATION AND BUDGET**

Your future mortgage payment with Bend-Redmond Habitat for Humanity is set at 33% of your monthly gross income at the time of your home loan application. Our goal is to set you up for success in your ability to pay your mortgage in addition to other living expenses as a homeowner. We require our partner families to complete a monthly budget, submit income verification (paystubs or profit/loss statements if self-employed), and submit bank statements monthly.

**Are you willing to commit to submitting monthly income verification and budget?**

\_\_\_ Yes \_\_\_ I have the following concerns: \_\_\_\_\_

**Do you currently track your monthly spending?** \_\_\_ Yes \_\_\_ No

**Partner Families are matched with a Financial Coach while in the program. Are you willing to commit to a monthly meeting with a Financial Coach?**

\_\_\_ Yes \_\_\_ I have the following concerns: \_\_\_\_\_

---

**REPRESENTATIVE OF HABITAT**

We are proud of partner families and Habitat homeowners, and eager to share the story about the difference we are making in our community. What our volunteers and donors see when they drive by your home, or volunteer on our job sites affects our reputation and brand. In addition to making your mortgage payment on time each month, you will be expected to keep your house (interior and exterior) well maintained.

**Are you willing to be a representative of Habitat? This might include**

- Attending fundraising and community events when able
- Supporting media functions (provide a personal statement, photo use, etc.)
- Sharing your experience
- Maintaining your home (interior and exterior)
- Representing Habitat in a positive way in the community

\_\_\_ Yes \_\_\_ I have the following concerns: \_\_\_\_\_

---

**FINANCIAL COMMITMENT**

We are committed to building and selling a home that you can afford. As a part of your commitment to prepare for homeownership, you must show that you are able to afford your monthly payment based on 33% of your income (demonstrated in a monthly budget), maintain a debt-to-income ratio below 7%, and show your ability and willingness to save towards closing costs. Bend-Redmond Habitat for Humanity requires partner families to save \$2,000 towards the closing costs of their home. These are the costs associated with the title company and lender fees that you do not receive back if you sell your home. Habitat will supplement the remainder of your closing costs once your contribution has been made.

**Are you willing and able to save the required \$2000 towards closing costs?**

\_\_\_ Yes \_\_\_ I have the following concerns: \_\_\_\_\_

**Are you willing and able to stay below 7% debt-to-income?**

\_\_\_ Yes \_\_\_ I have the following concerns: \_\_\_\_\_

---

**HOME/BEDROOM SIZE POLICY**

Habitat's current home assignment policy (including number of bedrooms) has a few parameters, including, but not limited to:

- Mortgage Readiness for the home loan as outlined in the Financial Commitment section above
- The general location of a Habitat home will be designated to Bend-Redmond Habitat for Humanity families at the time of selection, but the family's individual home site will be assigned sometime after the family completes their first 75% of sweat equity and program requirements.
- The timeframe on home assignment is somewhat variable, but generally home purchase will be within 12 months of starting the Partnership Program.
- Each build is based on home sponsorships, land currently in inventory, fiscal obligations, construction schedules and other factors to be considered by Bend-Redmond Habitat for Humanity.
- Bend-Redmond Habitat for Humanity is unable to accommodate a family's specific home location or modification requests.

The placement of a family into a specific home also includes evaluating the number of bedrooms needed for the household. The number of bedrooms is based on who is living in the household at the time of selection, including adult children. Habitat will not include family members who want to move into the Habitat home in the future. Families need to notify BRHFH of any "permanent" demographic changes while in the program in order to adjust or modify a home design.

- Adult partners are expected to share a bedroom with their spouse or partner.
- Two children/youth of the same gender are expected to share one bedroom with limited exceptions (usually evaluated at an age difference of 5 years).
- If a family member is expecting at the time of selection the child will be included in the household size.

**Are you willing to accept the above policies regarding home placement and size?**

☐ Yes ☐ I have the following concerns: \_\_\_\_\_

---

**Are you planning to move in with a pet/pets\*? ☐ Yes ☐ No**

**Note:** Habitat has a set limit of 2 domestic animals per household (does not include service animals).

**Optional Comments:** \_\_\_\_\_

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**Do you have any concerns about the program or homeownership that you would like to share and/or discuss further with a Homeownership Department staff?**

If so, please list them here: \_\_\_\_\_

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**SECTION 7: INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BELOW:** The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for “Ethnicity” and one or more designations for “Race”.

The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity and race on the basis of visual observation or surname. **If you do not wish to provide some or all of this information please check below.**

**APPLICANT:**

☐ I do not wish to provide this information

**Ethnicity:**

☐ Hispanic/Latino/a      Please include origin (i.e. Mexican, Cuban, etc): \_\_\_\_\_

☐ Non-Hispanic or Latino

**Race:** (check one or more)

☐ American Indian/Alaskan Native, name of enrolled or principal tribe: \_\_\_\_\_

☐ Asian, print race (i.e. Indian, Chinese, Japanese): \_\_\_\_\_

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander, print race (i.e. Samoan): \_\_\_\_\_

☐ White

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**CO-APPLICANT:**

☐ I do not wish to provide this information

**Ethnicity:**

☐ Hispanic/Latino/a      Please include origin (i.e. Mexican, Cuban, etc): \_\_\_\_\_

☐ Non-Hispanic or Latino

**Race:** (check one or more)

☐ American Indian/Alaskan Native, name of enrolled or principal tribe: \_\_\_\_\_

☐ Asian, print race (i.e. Indian, Chinese, Japanese): \_\_\_\_\_

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander, print race (i.e. Samoan): \_\_\_\_\_

☐ White

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**CHILD ONE:**

☐ I do not wish to provide this information

**Ethnicity:**

☐ Hispanic/Latino/a      Please include origin (i.e. Mexican, Cuban, etc): \_\_\_\_\_

☐ Non-Hispanic or Latino

**Race:** (check one or more)

☐ American Indian/Alaskan Native, name of enrolled or principal tribe: \_\_\_\_\_

☐ Asian, print race (i.e. Indian, Chinese, Japanese): \_\_\_\_\_

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander, print race (i.e. Samoan): \_\_\_\_\_

☐ White

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**CHILD TWO:**

☐ I do not wish to provide this information

**Ethnicity:**

☐ Hispanic/Latino/a      Please include origin (i.e. Mexican, Cuban, etc): \_\_\_\_\_

☐ Non-Hispanic or Latino

**Race:** (check one or more)

☐ American Indian/Alaskan Native, name of enrolled or principal tribe: \_\_\_\_\_

☐ Asian, print race (i.e. Indian, Chinese, Japanese): \_\_\_\_\_

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander, print race (i.e. Samoan): \_\_\_\_\_

☐ White

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**CHILD THREE:**

☐ I do not wish to provide this information

**Ethnicity:**

☐ Hispanic/Latino/a      Please include origin (i.e. Mexican, Cuban, etc): \_\_\_\_\_

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☐ Non-Hispanic or Latino

**Race:** (check one or more)

☐ American Indian/Alaskan Native, name of enrolled or principal tribe: \_\_\_\_\_

☐ Asian, print race (i.e. Indian, Chinese, Japanese): \_\_\_\_\_

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander, print race (i.e. Samoan): \_\_\_\_\_

☐ White

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**CHILD FOUR:**

☐ I do not wish to provide this information

**Ethnicity:**

☐ Hispanic/Latino/a      Please include origin (i.e. Mexican, Cuban, etc): \_\_\_\_\_

☐ Non-Hispanic or Latino

**Race:** (check one or more)

☐ American Indian/Alaskan Native, name of enrolled or principal tribe: \_\_\_\_\_

☐ Asian, print race (i.e. Indian, Chinese, Japanese): \_\_\_\_\_

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander, print race (i.e. Samoan): \_\_\_\_\_

☐ White

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**Was the above information completed by Habitat staff?** ☐ Yes ☐ No

**FOR HABITAT STAFF ONLY**

**Was the ethnicity of the applicant, co-applicant, and children collected on the basis of visual observation or surname?** ☐ Yes ☐ No

**Was the race of the applicant, co-applicant, and children collected on the basis of visual observation or surname?** ☐ Yes ☐ No

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**SECTION 8: BACKGROUND AND LEGAL INFORMATION**

Are ANY members of the applying household subject to a lifetime sex offender registration? \_\_Yes \_\_No

Have you or any member of your household been convicted of a felony drug offense or any other crime within the past 12 months that might lead to the seizure of your property by any law enforcement agency? \_\_Yes \_\_No

Comments: \_\_\_\_\_

To participate in the Bend-Redmond Habitat for Humanity Partnership Program toward home purchase, you will be required to complete a background check\*. Please initial that you understand and agree: \_\_\_\_\_

Comments regarding past criminal convictions (note: criminal Convictions do not automatically disqualify you for the program):

\_\_\_\_\_  
\_\_\_\_\_

*\*Bend-Redmond Habitat for Humanity requires that criminal background checks and sex offender registry checks be conducted for all board members, employees, partner families and individual volunteers prior to service or partnership, particularly those who may have unsupervised contact with a child, the elderly or persons with disabilities. Bend-Redmond Habitat for Humanity reserves the right to recheck criminal backgrounds and sex offender registries at any time during the homebuilding process, course of employment and/or volunteer service. Any person who does not consent to a criminal background check and sex offender registry check will not be permitted to work, volunteer and/or participate as a partner family with Bend-Redmond Habitat for Humanity. Background checks are run through "Sterling Volunteers"*

Do you work with a Power of Attorney (POA) who has the authority to assist with housing-related matters?

\_\_Yes \_\_No If "yes" please include:

POA Name: \_\_\_\_\_ POA Phone Number: \_\_\_\_\_

POA Email: \_\_\_\_\_

Do you work with a Representative Payee (the Social Security Representative Payment Program)? \_\_Yes \_\_No

If "yes" please include: **Representative Payee Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

## SECTION 9: DECLARATIONS

**Penalties for providing false information:** Providing false information is fraud. Penalties for those who commit fraud could include disqualification, repayment, fines up to \$10,000, imprisonment for up to 5 years, prohibition from applying for future Habitat assistance and/or state and local government penalties.

If you answer "Yes" to any of the below questions in this section, please provide additional information.

**Note:** Answering "Yes" to any of these questions does NOT automatically disqualify you from our program.

	Applicant	Co-Applicant
<b>Do you have any outstanding judgments because of a court decision against you?</b> If yes, please describe:	___ Yes ___ No	___ Yes ___ No
<b>Have you directly/indirectly been obligated on any loan resulting in foreclosure, transfer of title, or deed in lieu of foreclosure, or judgment?</b> If yes, please describe:	___ Yes ___ No	___ Yes ___ No
<b>Are you currently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation or loan guarantee?</b> If yes, please describe:	___ Yes ___ No	___ Yes ___ No
<b>Are you paying on alimony or child support or separate maintenance?</b> If yes, please describe:	___ Yes ___ No	___ Yes ___ No
<b>Are you a co-signer or endorser on any loan?</b> If yes, please describe:	___ Yes ___ No	___ Yes ___ No
<b>Do you own land or any other real estate property?</b> If yes, please describe:	___ Yes ___ No	___ Yes ___ No

### 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 a \$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

**SECTION 10: AUTHORIZATION TO OBTAIN CREDIT REPORT****Applicant** (print name): \_\_\_\_\_**Co-Applicant** (print name): \_\_\_\_\_

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 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.

**Applicant Signature:** \_\_\_\_\_**Co-Applicant Signature:** \_\_\_\_\_**Print Name:** \_\_\_\_\_**Print Name:** \_\_\_\_\_**Date:** \_\_\_\_\_**Date:** \_\_\_\_\_

## SECTION 11: 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 serve our customers more efficiently, 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 12: 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 purposing withholding relevant information can be grounds for denial.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PLEASE READ:** Now that you have completed the application, please review the checklist on page 1-2 and review the following pages. Please provide all necessary documentation with the application upon submission. Failure to provide all necessary documentation may result in a lower score on the Scoring Matrix.

Please submit your application before the **DUE DATE** of **Friday, April 19<sup>th</sup> at 4:00PM** to:

**In-Person: 224 NE Thurston Ave., Bend OR 97701**

We have a secure (locking) drop box on the sidewalk entrance to the Administration side of the Restore. Please put your application and materials in an envelope labeled "Attention Homeowner Services Dept."

**OR**

**Electronically:** Send completed application and scan copies/add attachments to [homeownerservices@brhabitat.org](mailto:homeownerservices@brhabitat.org)

**Please do not turn in this application to the Restore.**

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## 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:** Please complete number 1, 7, and 8. Return to Habitat and we will reach out to your employer.  
**Employer –** Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
**The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.**

### Part I — Request

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

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. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional) N/A
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I have applied for a mortgage loan 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
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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) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly				13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____		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				15. If paid hourly – average hours per week		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	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____			
22. Date Terminated				
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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## Request for Verification of Employment

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**Instructions:** **Applicant:** Please complete number 1, 7, and 8. Return to Habitat and we will reach out to your employer.  
**Employer –** Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
**The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.**

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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. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional) N/A
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I have applied for a mortgage loan 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
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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				13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____		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				15. If paid hourly – average hours per week		16. Date of applicant's next pay increase	
Type	Year To Date	Past Year	Past Year				
Base Pay	\$ _____	\$ _____	\$ _____				
Overtime	\$ _____	\$ _____	\$ _____			17. Projected amount of next pay increase	
Commissions	\$ _____	\$ _____	\$ _____			18. Date of applicant's last pay increase	
Bonus	\$ _____	\$ _____	\$ _____			19. Amount of last pay increase	
Total	\$ 0.00	\$ 0.00	\$ 0.00				

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	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____			
22. Date Terminated				
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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## NATIONALITY DECLARATION

**(REQUIRED for Applicant and Co-Applicant)**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Relationship to Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ OR Alien Registration No.: \_\_\_\_\_

Admission Number (if applicable): \_\_\_\_\_

*(This is an 11-digit number found on DHS Form I-94, Departure Record)*

Nationality: \_\_\_\_\_

*(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth)*

SAVE Verification No.: \_\_\_\_\_

*(To be entered in by owner if and when received)*

### DECLARATION:

I, \_\_\_\_\_, hereby declare, under penalty of perjury, that I am:  
*(Print or type first name, middle initial, last name)*

#### \_\_\_\_ 1. A citizen or national of the United States.

If you checked this block, please submit copies of birth certificate or passports with your application. Sign and date below and forward this format to the name and address specified in the attached notification.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

#### \_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block you should submit the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens). Form I 94, Arrival Departure Record, with one of the following annotations:

- "Admitted as Refugee Pursuant to section 207";
- "Section 208" or "Asylum";
- "Section 243(h)" of "Deportation stayed by Attorney General"; or
- "Paroled Pursuant to Sec. 212(d)(5) of the INA".

#### 2b. If the Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- A final court decision granting asylum (but only if no appeal is taken);
- A letter from a Department of Homeland Security (DHS) asylum officer granting asylum (if application is filed on or after October 1, 1990) or from a DHS district director granting asylum (if application filed before October 1, 1990);
- A court decision granting withholding or deportation; or
- A letter from an DHS asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).

Form I-688, Temporary Resident Card, which must be annotated “section 245A”; or “section 210”.

Form I-688B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12”.

A receipt issued by the DHS indication that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant’s entitlement to the document has been verified.

Form I-151, Alien Registration Receipt Card.

Sign and date below and forward this form to the management of the project. Be sure to include the required documentation.

If for any reason, the documents listed in subparagraph 2(b) of this form are not currently available, complete the request for extension below.

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(Signature)

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(Date)

☐ **3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If this block is checked, no further information is required and the person named above understands they are not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below:

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(Signature)

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(Date)

#### **REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

---

(Signature)

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(Date)

*If not needed, please check: \_\_\_ Not Applicable*

## REASONABLE ACCOMODATION FORM

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**NATURE OF THE QUALIFYING DISABILITY:** (Please describe the nature, extent, and duration of your disability.)

**REQUESTED/SUGGESTED ACCOMMODATION:** (Please describe the accommodations you believe are needed to enable you to access and have adequate mobility in your home)

**PHYSICIAN CONTACT INFORMATION:** (Please provide name, email address, and telephone number. The physician may receive a call/email from us requesting information on your impairment/disability and recommendations for accommodations.)

**Physician:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Physician's Office:** \_\_\_\_\_

I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed necessary by Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference.

**Signature:** \_\_\_\_\_

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



*Providing accessible housing can help ensure equal housing opportunity for persons with disabilities and is required by law.*