



**RETURN THIS FORM TO:**  
 West Tuality Habitat for Humanity  
 PO Box 806 Forest Grove OR 97116  
 503-359-8459

**DEADLINE FOR RETURN:**

# Application

## Habitat Homeownership Program



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.

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

### 1. APPLICANT INFORMATION

Applicant				Co - applicant			
Applicant's name		E-Mail		Co-applicant's name		E-Mail	
Social Security number	Home phone	DOB		Social Security number	Home phone	DOB	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)			
<b>Dependents</b> and others who will live with you (not listed by co-applicant)				<b>Dependents</b> and others who will live with you (not listed by applicant)			
Name	DOB	Male	Female	Name	DOB	Male	Female
_____	____	<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"/>
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of years lived at this address _____				Number of years lived at this address _____			
If living at present address for less than two years, complete the following							
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of years lived at this address _____				Number of years lived at this address _____			

### 2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date received: \_\_\_\_\_ Date of selection committee approval: \_\_\_\_\_  
 Date of notice of incomplete application letter: \_\_\_\_\_ Date of board approval: \_\_\_\_\_  
 Date of adverse action letter: \_\_\_\_\_ Date of partnership agreement: \_\_\_\_\_

### 3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity." Other forms of sweat equity may include working in the Habitat store or office, attending homeownership classes or other approved activities. You must also agree to apply for a USDA 502 direct loan.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS AND PARTICIPATE IN THE 502 DIRECT LOAN PROGRAM:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle)      **1   2   3   4   5**

Other rooms in the place where you are currently living:

Kitchen     Bathroom     Living room     Dining room     Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \_\_\_\_\_ \$ / month

\*\*\*\*\*

Name, address and phone number of current landlord: \_\_\_\_\_

Why do you need a Habitat home? *Check all that apply. Explain your answers. Please use additional pages if needed.*

Current accommodations are unaffordable

Current accommodations are unsafe, unsanitary, and/or unsound

Current accommodations are overcrowded

Currently homeless or in unstable living quarters

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ / month    Unpaid balance \$ \_\_\_\_\_

Do you own land?     No     Yes                      Monthly payment \$ \_\_\_\_\_    Unpaid balance \$ \_\_\_\_\_

Do you wish your property to be considered for building your Habitat home? Check here if YES \_\_\_\_\_

### 6. EMPLOYMENT INFORMATION

Applicant		Co - applicant	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information</b>			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone



**10. DEBT**

Account	To whom do you and the co - applicant(s) owe money?					
	Applicant			Co - applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Education Loans	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$

Account	Monthly expenses		
	Applicant	Co - applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Renters Insurance	\$	\$	\$
Child care	\$	\$	\$
Prescriptions and Medical	\$	\$	\$
Medical Insurance	\$	\$	\$
Union Dues	\$	\$	\$
Disability Care / Services	\$	\$	\$
Bankruptcy Settlement	\$	\$	\$
Payments on Judgement	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

## 11. DECLARATIONS

Please circle the word that best answers the following questions for you and the co - applicant

	Applicant	Co - applicant
a. Do you have any pending judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years? Year_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years? Year_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “**yes**” to any question **a** through **f**, or “**no**” to question **g**, please explain on a separate piece of paper.

## 12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check, criminal background check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. I also understand that Habitat for Humanity screens all applicant families on the sex offender registry.

By completing this application, I am authorizing West Tuality Habitat for Humanity to complete a credit check, criminal background check, sex offender registry check, and to verify my income, employment, assets, liabilities and any other information which I have provided in this application.

Applicant signature

Date

Co-applicant signature

Date

X\_\_\_\_\_ X\_\_\_\_\_

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with “A” for applicant or “C” for co-applicant.

What is your level of Educaiton: (Ex: GED, HighSchool Diploma, College Degree, etc.)

Applicant:\_\_\_\_\_ Co-applicant:\_\_\_\_\_

**Return this form to:** West Tuality Habitat for Humanity  
PO Box 806  
Forest Grove, OR 97116

For Questions: 503-359-8459 [executivedirector@westtualityhabitat.org](mailto:executivedirector@westtualityhabitat.org)  
[www.westtualityhabitat.org/how-to-apply](http://www.westtualityhabitat.org/how-to-apply)

**Forms accepted until sufficient number of qualified participants are admitted**

Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**13. APPLICATION ADDENDUM (Any supporting explanation or additional information)**

**PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION INCLUDING WHY YOU NEED A HOUSE**

Applicant's name \_\_\_\_\_

Co-applicant's name \_\_\_\_\_

**14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co - applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race</b> (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino      <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> ____ / ____ / ____</p> <p><b>Marital status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race</b> (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino      <input type="checkbox"/> Non-Hispanic or Latino</p> <p><b>Sex:</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p><b>Birthdate:</b> ____ / ____ / ____</p> <p><b>Marital status:</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)</p>

To be completed only by the person conducting the interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's name (print or type)</p>
	<p>Interviewer's signature _____ Date _____</p>
	<p>Interviewer's phone number _____</p>