McMinnville Area
Habitat for Humanity®

APPLICATION CHECKLIST

Your application packet **must** include **all** of the following application materials.

- ☐ Completed signed application, with all questions answered.
  - Note that you are **not** required to furnish the information requested on the final page (Section 13), but are encouraged to do so. It is illegal for MacHabitat to discriminate on the basis of this information or on whether you choose to provide it or not.
- ☐ Photocopy of government issued IDs and/or documentation:
  - One document to show you are a US citizen or permanent resident (birth certificate, citizenship papers, passport, or permanent resident card); and
  - One additional document of personal ID (driver's license, DMV card, or Social Security card).
- ☐ Copy of your lease or a copy of a money order receipt or cancelled rent check.
- ☐ One page letter explaining why you want to partner with Habitat. Please include a description of the house or apartment where you currently live.
- ☐ Copy of paystubs for the last two months.
- ☐ If you have income in addition to your job (for example, child support, a second job, etc.): Copy of two months of receipts, paystubs, or other printed material indicating amount of your additional income.
- ☐ Copies of your bills for the last two months.
- ☐ Copy of bank statements of all accounts for the last two months.
- ☐ Copy of the most recent two years of federal and state tax returns. This must include copies of your W-2 forms and/or any other income documents you used to prepare your returns.
- ☐ Completed Criminal Background Check form.
- ☐ Completed Credit Check Authorization form.

For your application to be considered complete, you must attend an informational meeting. MacHabitat will notify you of the date and time of the next meeting.

☐ Attendance at informational meeting on _____, 20___. _____(Staff Initials)

If you have questions or need help completing your application, contact Britt MacDonald at **(503) 687-1414** or **britt@machabitat.org** to make an appointment. After you submit your application, MacHabitat will keep you informed every 30 days of the status of your eligibility to be a partner family.

McMinnville Area **Habitat for Humanity®**

McMinnville Area Habitat for Humanity
1040 SE 1st Street, PO Box 301 McMinnville, OR 97128
503-472-9637

Application

Habitat Homeownership Program

EQUAL HOUSING OPPORTUNITY

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	**Co-applicant's name**
Social Security number Home phone Age	Social Security number Home phone Age
☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)	☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant)	**Dependents** and others who will live with you (not listed by co-applicant)
Name Age Male Female	Name Age Male Female
_____ ___ ☐ ☐	_____ ___ ☐ ☐
_____ ___ ☐ ☐	_____ ___ ☐ ☐
_____ ___ ☐ ☐	_____ ___ ☐ ☐
_____ ___ ☐ ☐	_____ ___ ☐ ☐
_____ ___ ☐ ☐	_____ ___ ☐ ☐
Present address (street, city, state, ZIP code) ☐ Own ☐ Rent	Present address (street, city, state, ZIP code) ☐ Own ☐ Rent
Number of years _____	Number of years _____
If living at present address for less than two years, complete the following	
Last address (street, city, state, ZIP code) ☐ Own ☐ Rent	Last address (street, city, state, ZIP code) ☐ Own ☐ Rent
Number of years _____	Number of years _____

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

Date received: _____

Date of notice of incomplete application letter: _____

Date of adverse action letter: _____

Date of selection committee approval: _____

Date of board approval: _____

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" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Yes	No
Applicant	☐	☐
Co-applicant	☐	☐

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
(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

_____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

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 $ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

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

7. MONTHLY INCOME

Alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not chose to have it considered for repaying this loan.

Income Source	Applicant	Co-applicant	Others in household	Total
Wages	$	$	$	$
TANF	$	$	$	$
Alimony	$	$	$	$
Child support	$	$	$	$
Social Security	$	$	$	$
SSI	$	$	$	$
Disability	$	$	$	$
Section 8 housing	$	$	$	$
Other _____	$	$	$	$
Other _____	$	$	$	$
Other _____	$	$	$	$
Total	$	$	$	$

PLEASE NOTE:
Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

Household members whose income is listed above

Name	Income source	Monthly income	Date of birth

8. SOURCE OF DOWNPAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					$
					$
					$
					$
					$
					$
					$
					$
					$

10. DEBT

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

Monthly expenses			
Account	**Applicant**	**Co-applicant**	**Total**
Rent	$	$	$
Utilities	$	$	$
Insurance	$	$	$
Child care	$	$	$
Internet service	$	$	$
Cell phone	$	$	$
Land line	$	$	$
Business expenses	$	$	$
Union dues	$	$	$
Other	$	$	$
Other	$	$	$
Other	$	$	$
Total	$	$	$

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 outstanding judgments because of a court decision against you?	☐ Yes	☐ No	☐ Yes	☐ No
b. Have you been declared bankrupt within the past seven years?	☐ Yes	☐ No	☐ Yes	☐ No
c. Have you had property foreclosed on in the past seven years?	☐ Yes	☐ No	☐ Yes	☐ No
d. Are you currently involved in a lawsuit?	☐ Yes	☐ No	☐ Yes	☐ No
e. Are you paying alimony or child support?	☐ Yes	☐ No	☐ Yes	☐ No
f. Are you a U.S. citizen or permanent resident?	☐ Yes	☐ No	☐ Yes	☐ No

If you answered "**yes**" to any question **a** through **e**, or "**no**" to question **f**, 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 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 submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

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.

Applicant's name _____ **Co-applicant's name** _____

13. 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
☐ I do not wish to furnish this information	☐ I do not wish to furnish this information
Race (applicant may select more than one racial designation): ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American ☐ White ☐ Asian	**Race** (applicant may select more than one racial designation): ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American ☐ White ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino	**Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
Sex: ☐ Female ☐ Male	**Sex:** ☐ Female ☐ Male
Birthdate: ____ / ____ / ____	**Birthdate:** ____ / ____ / ____
Marital status: ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)	**Marital status:** ☐ Married ☐ Separated ☐ Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview		
This application was taken by:	Interviewer's name (print or type)	
☐ Face-to-face interview ☐ By mail	Interviewer's signature	Date
☐ By telephone	Interviewer's phone number	

CHOICE SCREENING

Screening Consent Form

Personal Information

Full Name (no nicknames):		
Maiden Name/Other Names Used:		Date last used:
Maiden Name/Other Names Used:		Date last used:
Social Security Number: - -	Date of Birth:	Sex: ☐ Male ☐ Female
Drivers License Number:	State:	

Have you been convicted of any violations (or is action pending by any law enforcement agency) in the last seven (7) years? Include court martial's, but do not include juvenile convictions or traffic violations resulting in a fine of $100 or less.

☐ Yes ☐ No If yes, list all violations below, include dates and arresting agency. Attach additional pages if necessary. (A conviction will not necessarily bar an applicant from employment)

All addresses for the last SEVEN years: (attach additional pages if necessary)

	Street	City	County	State	Zip	Years From – To
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Authorization to Release Information and Records

I, _____, hereby authorize _____ and/or their agent to conduct an appropriate background investigation of my former employment, education, credit files, and criminal records for determination of my eligibility for employment. I authorize all persons who may have information relevant to this investigation to disclose it to *Choice Screening* and/or their agent. I release and agree to hold harmless all persons providing such information and *Choice Screening.*, its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information or files in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15 USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screening, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

I understand that these searches may be used to determine work assignment, or employment eligibility. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Choice Screening 600 Grant Street, Suite 700, Denver, CO 80203 at telephone number (720) 974-7882. After reading this document, I fully understand its contents and authorize the background verification.

New York Applicants: By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Are you applying for employment in California, Minnesota or Oklahoma? Yes ____ No ____

If so, do you want a copy of any Consumer Report prepared concerning you? Yes ____ No ____

I hereby certify that all information provided in this authorization is true, correct and complete.

Signed this _____ day of _____, 20_____.

Applicant Signature: _____

CHOICE SCREENING
600 Grant Street, Suite 700, Denver CO 80203

CREDIT REPORT AUTHORIZATION FORM

By my signature below I, _____, authorize **McMinnville Area Habitat for Humanity** to obtain a Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name: _____

Social Security Number: _____-____-_____ Date of Birth: _____

Provide Addresses for the Last 7 Years

Current Street Address: _____ City: _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Driver's License #: _____ State: _____

Signature: _____ Date: _____

NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE