

Note: The person(s) whose name(s) appears on this application must be one of the people who legally **owns** and **lives** in the house to be repaired and have their name(s) on the home deed/title.

SECTION 1 -- Homeowner Information

Applicant's Name: _____

Birthdate: _____

Phone: _____ Email: _____

Married Separated Unmarried (includes: single, divorced, widowed)

Language(s) Spoken: _____

Co-Applicant's Name: _____

Birthdate: _____

Phone: _____ Email: _____

Married Separated Unmarried (includes: single, divorced, widowed)

Language(s) Spoken: _____

Check all that apply for any members of your household:

Single(with dependents) Senior Citizen Disabled Veteran Minor (How Many?____)

Have you had MacHabitat repair anything else in your home? If checked, list date: _____

SECTION 2 -- Residential Address (where you live and where repair work will be completed)

Address: _____

City*: _____ State: _____ Zip: _____

How long have you owned your home? _____ Year house was built: _____

Who owns the home? _____ Size of Home: _____ sqft

Type of home: Single story Two story Mobile home Manufactured Townhome/Duplex

***Your home must be located in our service area (Amity, Carlton, Grand Ronde, Lafayette, McMinnville, Sheridan, Willamina and Yamhill).**

SECTION 3 -- Insurance

Do you have homeowner's insurance*? No Yes

Insurance company _____

Policy # _____

***You must own your own home and have current Homeowner's Insurance to be eligible for the Repair Program.**



All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act. We are pledge 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, sexual orientation or national origin.

FOR OFFICE USE ONLY Date application received: _____

SECTION 4 – Need Questionnaire

Check all repairs needed inside and outside your home (include details in Section 7):

- Accessibility Ramp Interior Threshold(s) Interior Rails Interior Grab Bars
- Exterior Threshold Exterior Rails Exterior Grab Bars Yard Cleanup Leaky Faucets
- ADA Toilet(s) Improved Lighting Improved Door Handles Improved Doors (NO EXPANSIONS)
- Minor Deck Repair Gutter Cleaning Fence Repair Water Heaters (SOME) Caulking

SECTION 5 – Household Income and Mortgage Information

The *total, combined* income before taxes for ALL persons in the household \$ _____ per year.

| Please list all monthly income sources | Applicant | Co-applicant |
|--|-----------|--------------|
| Wages (list employer) | \$ | \$ |
| Social Security | \$ | \$ |
| SSI | \$ | \$ |
| Disability | \$ | \$ |
| Other: | \$ | \$ |
| Other: | \$ | \$ |

| Please list all monthly expenses | | |
|----------------------------------|----|----|
| Mortgage payment | \$ | \$ |
| Motor vehicle monthly payment | \$ | \$ |
| Loans | \$ | \$ |
| Other: | \$ | \$ |

SECTION 6 – Authorization

I certify that the information on this application is accurate and I own the property at the address given on this application. I/we certify that verification may be obtained from any source named in this application. I/we understand that this application can be rejected at any time if information provided is incorrect or untrue. I/we authorize McMinnville Area Habitat for Humanity (Habitat) to examine my/our income, residency, and any other requirements throughout the application process. I/we confirm that, except for the conditions listed above, my/our home is a safe place for volunteers. Additionally, I/we certify that no members of our household are currently or will be involved in the future in any type of illegal activity and I/we authorize Habitat to investigate my/our criminal history. As an applicant I/we acknowledge Habitat has obtained non-public and public information for the application to be processed. I/we understand that Habitat will keep this information in a secure place and it will not be shared with any unauthorized parties. To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

Photo/Video Release

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. Photographic, audio or video recordings may be used for the following purposes:

- fundraising presentations
- educational presentations or courses
- informational presentations / materials
- website(s) and social media platforms

By signing this Agreement, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

Organizational Information Exchange Release

In the process of trying to complete requested repairs, collaboration with other agencies may be necessary. By signing this Agreement, I understand I am granting McMinnville Area Habitat for Humanity permission to share my information with other providing agencies. (Examples include but are not limited to: Yamhill Community Action Partnership, Yamhill Community Care or Housing Authority of Yamhill County)

How did you hear about McMinnville Area Habitat for Humanity?

- Friends and family
- Other Community Organization (Which agency?): _____
- Church community (which church?): _____
- Social Media: (which app?): _____
- MacHabitat Website
- Internet
- Restore
- Other: _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Homeowner - Applicant

Date

Signature of Homeowner - Co-Applicant

Date

Section 7 - Detailed Work Requests:

Provide details about any repair/adaptation/modification boxes you checked in Section 4 AND/OR additional work requests you may have. It is helpful to explain which requests are your top priority and why.



Documents Needed for Repair Program Application

If you need assistance in completing the application, call the Habitat Office at 503-687-1413.

Please provide the following documents with your completed application

Habitat can make copies for you.

- Driver's License or Oregon I.D. for all adult family members (18 years and older)
- Proof of Income (as applicable)
 - Two most recent pay stubs
 - Most current Award Letter for income received from:
 - Social Security
 - SSI
 - Pension or Retirement
 - Disability (SSDI)
 - Veteran benefits
- Screening/Background Check (Provided by MacHabitat - see following page)
- Proof of insurance on the home (insurance policy)
- Mortgage Statement, if a mortgage on the home, showing current.
- Proof of property tax statement
- Divorce Decree (if applicable)

How to submit your application

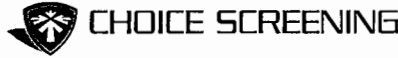
Drop off completed application and supporting documentation at our office located at:

1024 SE 1st St
McMinnville, OR 97128

Mail completed application and supporting documents to:

McMinnville Area Habitat for Humanity
PO Box 301
McMinnville, OR 97128

Email to:
michelle@machabitat.org



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: <input type="checkbox"/> Male <input type="checkbox"/> 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)

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

Authorization to Release Information and Records

I, _____, hereby authorize McMinnville Area Habitat for Humanity 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