



DATE _____

HOUSING QUALIFICATION FORM

Name _____ DOB _____ SS# _____
 (Applicant) (Mo./Day/Yr.)

Single (includes Divorced or Widowed) Married (includes separated)

Are you a citizen of the U.S.? _____ If not, when did you come to the U.S.? _____ Are you a lawful permanent resident? _____

Have you ever been convicted of a felony? YES NO If YES, please explain _____

How long have you resided in South Deschutes County _____

Name _____ DOB _____ SS# _____
 (Co-Applicant) (Mo./Day/Yr.)

Single (includes Divorced or Widowed) Married (includes separated)

Are you a citizen of the U.S.? _____ If not, when did you come to the U.S.? _____ Are you a lawful permanent resident? _____

Have you ever been convicted of a felony? YES NO If YES, please explain _____

Current Address (please include Zip Code): _____

Previous Address (if less than two years): _____

Telephone # (Daytime): _____ Telephone # (Alternate or cell): _____

E-Mail Address: _____

List CURRENT employer(s), start date, and monthly wages for each working member of your household 18 years or older.

<u>Employee's name</u> (Who works here?)	<u>Company name and Phone</u>	<u>Start date</u>	<u>Gross Monthly Income</u>
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

List Income: (Include AFDC/TANF, Food Stamps, Social Security, SSI, Disability, Alimony, Child Support, Other).
 Please include Food Stamp amount separately.

<u>Name of Recipient</u>	<u>Type of Income</u>	<u>Amount per month</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Contact info - main office
 541-593-5005



n. 1002

Monthly Expenses: Total amount you pay each month for:

Food _____ Car payments _____ Credit card debt _____ Loans _____

Other _____

- Present housing situation: (How much do you pay in rent per month? \$ _____ Utilities? \$ _____
Name of Landlord _____ Phone _____
- Is this rent subsidized (i.e. Section 8, etc.)? YES NO If YES, please explain _____
- Number of Bedrooms _____ Number of Bathrooms _____ Other rooms _____
- Do you share housing with another family? YES NO If YES, please explain _____
- Do not include applicant of co-applicant. List every person living in your home with you currently (today) that would live with you in a Habitat Home. Add additional members on a piece of paper.

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to applicant</u>
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			

Please describe the condition of your current home and why do you need a Habitat for Humanity home? Use additional sheet if needed.

- How did you hear about Habitat for Humanity? _____

Have you ever applied for homeownership through Habitat for Humanity at this affiliate or any other affiliate in the past? If so please explain where you applied, how many times you applied and what the outcome was after each application.

I/We agree to having a credit report ordered by Newberry Habitat for Humanity.

APPLICANT SIGNATURE _____ CO-APPLICANT SIGNATURE _____

PLEASE NOTE: THIS IS A PRE APPLICATION FOR QUALIFICATION PURPOSES ONLY! YOU WILL BE NOTIFIED WITHIN 30 DAYS OF YOUR QUALIFICATION STATUS. IF YOU QUALIFY, AN ORIENTATION MEETING WILL BE SCHEDULED.

When you have completed this pre application please return it to:

Newberry Habitat for Humanity
P.O. Box 3364
56885 Enterprise Drive
Sunriver, OR 97707

You may also call 541-593-5005 with any questions.

For NHFH Use Only

Date Received _____

Date to Committee _____

Initials _____

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 program in which there are no barriers to obtaining housing because of race, color, religion, gender, physical or mental limitations, familial status, or national origin.

