

Date Received:	





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.

DEADLINE: JUNE 22, 2022 AT 4:00 p.m.

IMPORTANT! READ THIS:

- Your application must be filled out completely and accurately with supporting documents to be considered for the program. All information will be kept confidential.
- Use the checklist on the following pages to ensure you have all appropriate documents. Make copies of all documents and bring them with you.
- Application must include copies of ID for each applicant (license, passport, residence card, birth certificate, or military ID).
- The deadline for this application is JUNE 22, 2022 Applications received other times of the year will be added to our contact list for future homes.
- To deliver your application in person, please call to schedule an appointment.

For questions regarding this application please contact:

Circe Vielman-Barraza
Program & Volunteer Manager
Phone: 503-845-2164
circe@nwvhabitat.org

MAIL TO:

North Willamette Valley Habitat for Humanity Homeownership Program P.O. Box 852 Mt. Angel, OR 97362

Or hand delivered to the office located at: 245 Young Street, Woodburn, OR

2022 Application Checklist:

A complete application packet is required for you to be considered for a Habitat home. A complete application packet must include a <u>COPY</u> of all of the following documents. Please use this form to ensure you have included all necessary documents. You may have other sources of income (child support, spousal support) which are not required to be included with the application, but can be if you want us to consider them as a source of income. If you would like these sources to be considered, please add them the list below in the 'other' section. You must provide the <u>3 MOST RECENT</u> months of each document!

	CHE	CKLIST:		
	_ ALL sections of the Application have been o _ Application is signed _ Sign Authorization to Obtain a Credit Repor			
	Copies of the 6 most recent pay stubs for each ousehold.	ach of the current jobs held by all working adults in the		
·	Copies of last two years' income tax statem (Examples: completed 1040, 1040 EZ, etc	nents for each person in the household age 18 or older.		
	_ Copies of all W-2s for last 2 years for each	working adult.		
	_ Documentation of other types of income (S	SI, Social Security, Army Income, etc.).		
	 Copies of three months of bank statements Applicant 	for each bank account held by the Applicant and/or Co-		
	_ Copies of three months of all utility bills.			
	 Copies of three months of all outstanding lo included. 	pans (car, student, & other). Be sure balances are		
	 Written explanation of any outstanding debt show up on a credit report (if necessary). 	t obligations, or large debts recently paid off that may still		
	_ Copy of current driver's license or governme	ent issued ID for the Applicant and Co-Applicant.		
	Copy of Birth Certificate (if U.S. Citizen), Pe States, for the Applicant and Co-Applicant	ermanent Resident Card, Passport issued by the United		
Applicant's Name:		Co-Applicant's Name:		
Applicant's Signature:		Co-Applicant's Signature:		
	FOR OFFICE USE ONLY —	DO NOT WRITE IN THIS SPACE		
Date received:		Date of selection committee approval:		
Date of notice of	of incomplete application letter:	Date of board approval:		
Date of adverse	e action letter:	Date of partnership agreement:		



Dear Applicant: Please complete this application for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Type of credit: □ I am applying for individual credit.	
I am applying for joint credit. Total number of borrowers:	
☐ Each borrower intends to apply for joint credit. Your initials:	

1A. APPLICANT INFORMATION						
<u>Applicant</u>	<u>Co-applicant</u>					
Applicant's name:	Co-applicant's name:					
Alternative and former names:	Alternative and former names:					
Social Security number:	Social Security number:					
Home phone:	Home phone:					
Cell phone:	Cell phone:					
Work phone:	Work phone:					
Age Date of birth (mm/dd/yyyy):	Age Date of birth (mm/dd/yyyy):					
□ Married □ Separated □ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	□ Married □ Separated □ Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)					
Dependents and others who will live with you:	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 you have lived at your present address for less than two years, or	complete the following, for all addresses during the past two years:					
Previous address (street, city, state, ZIP code): □ Own □ Rent	Previous address (street, city, state, ZIP code): □ Own □ Rent					
Number of years:	Number of years:					



1B. MILITAF	RY SERVICE							
Did you (or your deceased spouse) serve, or are you currently s Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)	erving, in the Unite Yes □ No	d States Armed Forces? (Army, Marine Corps,						
If yes, check all that apply:								
☐ Currently serving on active duty with projected expiration	date of service/tou	ır/ (mm/dd/yyyy)						
☐ Currently retired, discharged, or separated from service								
☐ Only period of service was as a non-activated member o	f the Reserve or Na	ational Guard						
☐ Surviving spouse								
Is anyone else in your household serving, or did they serve, in the	ne United States Ar	rmed Forces? □ Yes □ No						
If yes, check all that apply:								
☐ Currently serving on active duty with projected expiration	date of service/tou	ur/(mm/dd/yyyy)						
☐ Currently retired, discharged, or separated from service								
☐ Only period of service was as a non-activated member o	f the Reserve or Na	ational Guard						
2. WILLINGNES	S TO PARTNER							
To be considered for the Habitat homeownership program,	I AM WILLING TO	O COMPLETE THE REQUIRED SWEAT-						
you and your household members must be willing to complete	EQUITY HOURS:	:						
a certain number of "sweat-equity" hours, which may include hours spent helping to build your home and the homes of		Yes No						
others, attending homeownership classes, and/or other	Applicant							
approved activities.	Co-applicant							
3. PRESENT HOUS	SING CONDITION	NS						
Currently, are you: Renting Rent-free Own								
Currently, are you: Renting Rent-free Own Number of bedrooms (please circle): 1 2 3 4 5								
· ,	hon - Dothroom	- Living room - Dining room						
Other rooms in the place where you are currently living: Kitch		□ Living room □ Dining room						
Other (please describe):		- Why do you need a Habitat hama?						
In the space below, describe the condition of the house or aparti	ment where you live	e. Why do you need a Habitat nome?						
								
,								



If you rent your current residence, ple statement or canceled rent check to			lease and a copy of the most rece	nt money	order receipt, bank	
Name, address and phone number of	of curre	ent landlord:				
		4. PROPERTY	INFORMATION			
☐ I do not own any real estate (move	e to Se	ection 5).				
If you own your residence, what is yo payment (including taxes, insurance, \$/month Unpaid I	, etc.)?	,	Do you own land other than your Monthly payment (including taxe \$	s, insurar		
If you wish your property to be considered information about any liens. Note: A land is unique and may not be suitable.	separ	ate approval process	will apply with respect to any such			
		5. EMPLOYMEN	T INFORMATION			
Applicant			Со-Арр	licant		
□ Does not ap	ply.		□ Does not apply.			
Name and address of CURRENT employer:	Start	date (mm/dd/yyyy):	Name and address of CURRENT employer:		rt date (mm/dd/yyyy):	
	Annu \$	al (gross) wages:		Annual	(gross) wages:	
Type of business:	Busir	ness phone:	Type of business:	Busines	s phone:	
If working at c	urrent	job less than one y	ear, complete the following info	rmation.		
Name and address of PREVIOUS employer:		Years on this job:	Name and address of PREVIOUS employer:		Years on this job:	
		Annual (gross) wages: \$			Annual (gross) wages:	
Type of business:		Business phone:	Type of business:		Business phone:	
□ Check if you are the business ov □ I have an ownership share of less Monthly income (or loss) \$			n ownership share of 25% or more.	applicant provide a such as	E NOTE: Self-employed to will be required to additional documents tax returns and statements.	



6. MONTHLY INCOME							
Income source	Applicant	Co-applicant	Others in household	Total			
Salary/wages (gross)	\$	\$	\$	\$			
TANF	\$	\$	\$	\$			
Alimony	\$	\$	\$	\$			
Child support	\$	\$	\$	\$			
Social Security	\$	\$	\$	\$			
SSI	\$	\$	\$	\$			
Disability	\$	\$	\$	\$			
Housing voucher (e.g., Section 8)	\$	\$	\$	\$			
Unemployment benefits	\$	\$	\$	\$			
VA compensation	\$	\$	\$	\$			
Retirement (e.g., pension)	\$	\$	\$	\$			
Military entitlements	\$	\$	\$	\$			
Other:	\$	\$	\$	\$			
Total	\$	\$	\$	\$			

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE									
Name Income source Monthly income Date of birth									

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?



_	_	

8. ASSETS								
Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, state	ZIP	Account number	Current balance/ value/vested amount (if applicable)			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			

9. LIABILITIES AND EXPENSES							
TO WHOM DO YOU OWE MONEY?	Applicant			Co-applicant	Co-applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay	
Auto loan	\$	\$		\$	\$		
Installment (e.g., boat, personal loan)	\$	\$		\$	\$		
Lease (e.g., furniture, appliances — includes rent-to-own)	\$	\$		\$	\$		
Alimony/separate maintenance	\$	\$		\$	\$		
Child support	\$	\$		\$	\$		
Revolving (e.g., credit cards)	\$	\$		\$	\$		
Student loan debt	\$	\$		\$	\$		
Open 30 days (balance paid monthly, e.g., travel card)	\$	\$		\$	\$		



Other Total	\$ \$	\$	\$
Other	\$ \$	\$	\$
Medical debt	\$ \$	\$	\$

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

Please check the box beside the word that best answers the following questions for you and the co-applicant. a. Are there any outstanding judgments because of a court decision against you? b. Have you declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: □ Chapter 7 □ Chapter 11 □ Chapter 12 □ Chapter 13



Applicant's name Co-applicant's name				
This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.				
	RIGHT TO RECEIVE CO			
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.				
X)	<u> </u>		
Applicant Signature		Applicant Signature	Date	
I also understand that Habitat for Humanity screens all applicants 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.				
If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.				
I understand that the evaluation will include personal visits, a credit checks and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.				
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 an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.				
11. Al	THORIZATION, AGREE	MENT AND RELEASE		
, , , , , , , , , , , , , , , , , , , ,	<u> </u>	,, ,	, , ,	. ,
Note: If you answered "yes" to any ques		uestion h, please explain on a		
h. Are you a U.S. citizen or permanent resident?			□ Yes □ No	□ Yes □ No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?			□ Yes □ No	□ Yes □ No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage			□ Yes □ No	□ Yes □ No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?			□ Yes □ No	□ Yes □ No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?			□ Yes □ No	□ Yes □ No
c. Have you had any property foreclosed upon in the past seven years?				□ Yes □ No



13. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order 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, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-Applicant		
Ethnicity (check one or more):	Ethnicity (check one or more):		
□ Hispanic or Latino	□ Hispanic or Latino		
□ Mexican □ Puerto Rican □ Cuban	□ Mexican □ Puerto Rican □ Cuban		
□ Other Hispanic or Latino –	□ Other Hispanic or Latino –		
Origin: For example: Argentinean, Colombian, Dominican, Nicaraguan,Salvadoran, Spaniard, and so on.	Origin: For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.		
□ Not Hispanic or Latino	□ Not Hispanic or Latino		
□ I do not wish to provide this information	□ I do not wish to provide this information		
Sex:	Sex:		
$\hfill\Box$ Female $\hfill\Box$ Male $\hfill\Box$ I do not wish to provide this information	□ Female □ Male □ I do not wish to provide this information		
Race (check one or more):	Race (check one or more):		
□ American Indian or Alaska Native — Name of enrolled or principal tribe:	□ American Indian or Alaska Native — Name of enrolled or principal tribe:		
□ Asian	□ Asian		
□ Asian Indian □ Chinese □ Filipino	□ Asian Indian □ Chinese □ Filipino		
□ Japanese □ Korean □ Vietnamese	□ Japanese □ Korean □ Vietnamese		
 Other Asian — race: For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. 	□ Other Asian — race:		
□ Black or African American	□ Black or African American		
□ Native Hawaiian or Other Pacific Islander	□ Native Hawaiian or Other Pacific Islander		
□ Native Hawaiian □ Guamanian or Chamorro □ Samoan	□ Native Hawaiian □ Guamanian or Chamorro □ Samoan		
□ Other Pacific Islander — race: For example: Fijian, Tongan, and so on.	□ Other Pacific Islander — race: For example: Fijian, Tongan, and so on.		
□ White	□ White		
□ I do not wish to provide this information	□ I do not wish to provide this information		



To be completed only by the person conducting the interview			
Was the ethnicity of the Borrower collected on the basis of visual observation or surname? □ Yes □ No Was the sex of the Borrower collected on the basis of visual observation or surname? □ Yes □ No Was the race of the Borrower collected on the basis of visual observation or surname? □ Yes □ No			
This application was taken by: □ Face-to-face interview (included electronic media w/video component) □ By mail □ By telephone	Interviewer's name (print or type)	Interviewer's phone number	
	Interviewer's signature	Date	
14. UNMARRIED ADDENDUM			
FOR BORROWER SELECTING THE UNMARRIED STATUS			
Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.			
If you selected "Unmarried" in Section 1:			
Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse?			
□ No □ Yes			
If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.			
□ Civil union □ Domestic partnership □ Registered reciprocal beneficiary relationship			
□ Other (explain):			

State: _





Authorization to Obtain Consumer Reports

Background Screening Disclosure

Authorization and Release

I hereby authorize North Willamette Valley Habitat for Humanity, through Coeus Global, CIC Credit and their designated agents and representative to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for acceptance into the homeownership program. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, credit history, OFAC/patriot act, and any sanctions lists.

By signing below, I/we			
Upon request, NWVHFH, CIC Credit, or Coeus Global, will supply a copy of the completed credit report, consumer report or investigative consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.			
I/we understand that I/we have rights under the Fair Credit Reporting Act, including the rights discussed in the attached "Summary of Your Rights Under the Fair Credit Reporting Act."			
I/we agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.			
Applicant's Name	Maiden/AKA/Previous Names		
Signature	Date		
Social Security Number			
Co-Applicant's Name	Maiden/AKA/Previous Names		
Signature	Date		
Social Security Number			





Summary of Your Rights Under the Fair Credit Reporting Act

North Willamette Valley Habitat for Humanity, Inc. (NWVHFH) may wish to obtain a "consumer report" from a "consumer reporting agency" when considering your request for selection into the NWVHFH home ownership program and for permission to obtain a mortgage.

A "consumer report" is any written, oral, or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing and credit capacity. This information is collected for the purpose of serving as a factor in making decisions regarding my request for permission to obtain a third mortgage or an equity line of credit.

The terms "consumer", "consumer reporting agency", and "consumer report" are defined in the Fair Credit Reporting Act (FCRA), which applies to you. Under the FCRA, you are a "consumer". A "consumer reporting agency" is a person or business unit that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers to furnish "consumer reports" to others, such as NWVHFH.

If NWVHFH obtains a "consumer report" about you, and if it considers any information in the report when making a decision that directly and adversely affects you, you will be provided with:

- ✓ notice of the decision
- ✓ contact information for the consumer reporting agency that furnished the report to NWVHFH
- ✓ notice of your rights under FCRA to obtain a free copy of your consumer report and to
 dispute with a consumer reporting agency the accuracy or completeness of any information
 in a consumer report furnished by the agency

You may also contact the Federal Trade Commission about your rights under FCRA.

Before NWVHFH can obtain a "consumer report" about you, you must give your consent in writing. After you have read this page completely, please turn to the next page, which allows you to give your consent.

NOTE: For the text of the Fair Credit Reporting Act, please reference:

http://www.ftc.gov/os/statutes/fcra.htm





Release of Information Form

Ap	plicant Name:		Date of Birth:
Co	-Applicant Name:		Date of Birth:
und info mo	derstand that as part of the applicat ormation contained in my/our applic	ion process, North Willamett cation and in other document process. I understand that if I	amette Valley Habitat for Humanity. I se Valley Habitat for Humanity may verify s required in connection with the potential am accepted into the program, this release y termination from the program.
in v ma ser dise pro	writing to both the person giving and y be used as stated on the consent vices or to determine eligibility for had closed outside the agency except a poide this information or the informa	d the person receiving the infall the infall the requested Habitat for Humanity homeovers required and permitted by the requested from the note	e. I understand that I can revoke this consent formation. Any information already released I or provided information is needed to plan wnership. The information provided will not be law. I understand that I do not have to d organizations, employers or landlords, but or borrower may be delayed or rejected.
	e specific entities/programs I conse discuss relevant applicant/participa		y Habitat for Humanity to work with to verify that apply):
	My Current & Past Employers	Applicant Initials:	Co-Applicant Initials:
	My Current & Past Landlords	Applicant Initials:	Co-Applicant Initials:
Thi acc of a not De	cess financial records held by the firessistance to you. Financial records ice or authorization but will not be consent exceptions.	nancial institutions in connects involving your transaction was disclosed or released by this ept as required or permitted by	
•	my signature below, I affirm that I hat I	nave read this release or it ha	as been read to me, and I understand its
Ap	plicant's Signature:		Date:
Co	-Applicant's Signature:		Date:

