

UMPQUA VALLEY HABITAT FOR HUMANITY HOME OWNER APPLICATION

For help in completing this form call (541) 672-6182.

Return application by: _____
 Return to: Umpqua Valley Habitat for Humanity
 PO Box 1391
 Roseburg, OR 97470

Criteria for Family Selection/Eligibility based on:

- Need for adequate housing otherwise unavailable.
- Monthly income sufficient to pay mortgage, taxes, insurance, and other household expenses and maintenance.
- Willingness to become partners with Habitat by working on home and in continuing participation with group.

IMPORTANT: Clearly print all answers. Supply an answer to every question; if a question is not applicable to you write "NA" in that space. We recommend making a copy for yourself.

Applicant's Name: _____

Applicant's Birth Date: _____ SS#: _____

Applicant's Mailing Address: _____

Street Address if Different: _____

City: _____ State: _____ Zip: _____

Phone Number - Home: _____ Work: _____

How long have you lived at the above address? _____

Co-Applicant's Name: _____

Co-Applicant's Birth Date: _____ SS#: _____

Co-Applicant's Mailing Address: _____

Street Address if Different: _____

City: _____ State: _____ Zip: _____

Phone Number - Home: _____ Work: _____

How long have you lived at the above address? _____

List below the names of all the people who live in your home, including yourself:

Name:	Age:	M/F:	Relationship To Applicant:
1.			Self
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Present Housing Situation:

RATE YOUR HOME ON THE FOLLOWING CONDITIONS:
(If inadequate, describe to the right)

	ADEQUATE (OK)	INADEQUATE (NOT OK)	COMMENTS
Space			
Heat			
Water			
Electricity			
Sewage Disposal			
Bathroom			
Kitchen			
Structure			
General Safety			

Name of current landlord (please include address and telephone number):

FINANCIAL: For each working member of your household, please give the following information:

	Name:	Employer Name, Address & Phone Number	How Long?:	Monthly Income (Before Taxes)	Hours Worked Each Week
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	

Total family income: \$ _____

OTHER INCOME			
Do You Receive?	Which Family Member(s)?	Amount Per Month:	Explain:
Public Assistance Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Type?
Food Stamps Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Same each month?
Social Security Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Type? How Long?
Medical Card Yes <input type="checkbox"/> No <input type="checkbox"/>			
School Lunches Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child Support Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Same each month?
Other Income:		\$	Source:
		\$	Source:

WHAT I OWN	
Please Describe Below:	Value:
Cash:	\$
Checking Accounts:	\$
US Savings Bonds:	\$
Savings Accounts:	\$
Real Estate: Price: Year Acquired:	\$
Car: Year/Make:	\$
Furniture:	\$
Appliances:	\$
Loan Owed to Me:	\$
Other:	\$
	\$
	\$
	\$

WHAT I OWE		
Please Describe Below:	Monthly:	Balance Due:
Bank Loans:	\$	\$
Credit Cards:	\$	\$
Finance Companies:	\$	\$
Doctors, Hospitals:	\$	\$
Mortgage:	\$	\$
Car Payment:	\$	\$
Furniture Payment:	\$	\$
Appliance Payment:	\$	\$
Loans to Individuals:	\$	\$
Insurance Companies:	\$	\$
Child Support:	\$	\$
Unpaid Taxes:	\$	\$
Other:	\$	\$

HOUSING EXPENSES	
Current monthly rent or mortgage (Principal, interest and taxes) \$ _____	
UTILITY BILLS (Monthly)	
Gas: \$ _____	TV/Cable: \$ _____
Electric: \$ _____	Sewer: \$ _____
Water: \$ _____	Garbage: \$ _____
Telephone: \$ _____	

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSES \$ _____

Please List Previous Employers (for the previous 5 years)

	Employer Name, Address & Phone Number:	Dates Employed:	Reason For Leaving:
1.			
2.			
3.			
4.			
5.			

References – Please List Five People (Not Relatives) Who Can Recommend You And Know Your Situation (Include one previous employer and one previous Landlord):

	Name:	Address:	Phone:
1.			
2.			
3.			
4.			
5.			

To be a Habitat partner, you and your family must contribute 500 hours of “Sweat Equity”. How do you plan to fulfill this requirement?

I understand that Umpqua Valley Habitat for Humanity will need to determine my eligibility, level of need, ability to pay homeowner expenses, and willingness to partner with Habitat. I further understand that this will involve verifying the information I have provided on this application, and agree to assist in that effort. Umpqua Valley Habitat has my permission to review employment pay stubs, tax returns, bank statements, rent/mortgage receipts, medical documentation of a special need, utility bills, records of liens or judgments, obtain credit reports, bank references, personal references, make personal visits to our home and obtain other pertinent information that may be necessary to make a determination about this application.

Please Note: Committee proposes to utilize separate release of information forms as appropriate during the determination portion of the selection process.

Applicant Signature (Date)

Co-Applicant Signature (Date)

Witness (Please Print)

Witness Signature (Date)