

HOUSING QUALIFICATION FORM

1_____

DATE _____

Name	(Applicant)	DOB(Mo./Day/Yr	SS#	
Single (includes Divorced	or Widowed)	Married (includes separated)		
Are you a citizen of the U.	.S.? If not, wh	nen did you come to the U.S.?	Are you a lawful p	permanent resident?
Have you ever been conv	icted of a felony? YES	S 🔲 NO 🔲 If YES, please explain		
How long have you reside	ed in South Deschutes	s County		
Name		DOB(Mo./Day/Yr.)	SS#	
	(Co-Applicant)	(Mo./Day/Yr.)		
Single (includes Divorced	or Widowed)	Married (includes separated) \Box		
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Are you a citizen of the U.	.S.? If not, wh	ien did you come to the U.S.?	Are you a lawful p	
Are you a citizen of the U.		-		
-		S NO If YES, please explain		
Have you ever been convi	icted of a felony? YES	S NO If YES, please explain		
Have you ever been convi	icted of a felony? YES	-		
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Have you ever been convi	icted of a felony? YES lude Zip Code): from above)	S NO If YES, please explain		
Have you ever been convi urrent Address (please incl ailing Address (if Different evious Address (if less tha	icted of a felony? YES lude Zip Code): from above) in two years):	S NO If YES, please explain		
Have you ever been convi	icted of a felony? YES lude Zip Code): from above) in two years):	S NO If YES, please explain	ell):	
Have you ever been convi	icted of a felony? YES lude Zip Code): from above) an two years):	S NO If YES, please explain	ell):	
Have you ever been convi	icted of a felony? YES lude Zip Code): from above) in two years): start date, and month	S NO If YES, please explain	ell):	s or older.
Have you ever been convi urrent Address (please incl ailing Address (if Different i revious Address (if less tha elephone # (Daytime): Mail Address: st <u>CURRENT</u> employer(s), <u>Employee's name</u>	icted of a felony? YES lude Zip Code): from above) in two years): start date, and month	S NO If YES, please explain	ell): our household 18 year	s or older.
Have you ever been convi urrent Address (please incl ailing Address (if Different i evious Address (if less tha elephone # (Daytime): Mail Address: st <u>CURRENT</u> employer(s), <u>Employee's name</u>	icted of a felony? YES lude Zip Code): from above) in two years): start date, and month	S NO If YES, please explain	ell): our household 18 year	s or older.
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Have you ever been convi	icted of a felony? YES lude Zip Code): from above) in two years): start date, and month / / / TANF, Food Stamps, 1	S NO If YES, please explain	ell):	s or older.

Monthly Expenses: Total amount you pay each month for:

Food	Car payments	sC	Credit card debt	Loans	
Othe					
	Present housing situation: (How muc	h do you pay in rent per m	onth? \$	Utilities? \$	
	Name of Landlord			Phone	
	Is this rent subsidized (i.e. Section 8,	etc.)? YES 🗌 NO 🗌	If YES, please ex	xplain	
	Number of Bedrooms	Number of Bathrooms	S	_ Other rooms	
	Do you share housing with another fa	amily? YES 🗌 NO 🗌	If YES, please ex	plain	
	Do not include applicant or co-applicate Habitat Home. Add additional member	ant. List every person living ers on a piece of paper.	g in your home with	you currently (today) that would	live with you in a
	Name	<u>Age</u> <u>S</u>	<u>ex</u>	Relationship to applicant	
			/		
			/		
			/		
		////	/		
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ave	How did you hear about Habitat for H e you ever applied for homeownership e you applied, how many times you ap	through Habitat for Humar	nity at this affiliate o	or any other affiliate in the past?	
Ne	agree to having a credit report orderer Sunriver Habitat for Humanity. I/We u	d by Habitat for Humanity of needs to be the second that it is necess	of La Pine Sunriver ary for Habitat to p	and to a criminal background ch	eck being conducted by La
ерс	t for the processing of my/our mortgag	je.			
PPI	ICANT SIGNATURE				
0-A	PPLICANT SIGNATURE				
	ASE NOTE: THIS IS A PRE APPLICA LIFICATION STATUS. IF YOU QUAL				/ITHIN 30 DAYS OF YOUR
	ched any additional commen				
W	/hen you have completed this pre app	lication please return it to:		or HfH LPSR Use Only	We are pledged to t spirit of U.S. pol
	Habitat for Humanity of La			ved	achievement of eq opportunity throughout
	P.O. Box 3364 56885 Enterprise I	ļ		mmittee	We encourage and affirmative advertising
	Sunriver, OR 97				which there are no obtaining housing
	You may also call 541-593-5005	with any questions.			race, color, religion physical or mental

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.