



P.O Box 171, Junction City, OR 97448 [www.jchmhabitat.org](http://www.jchmhabitat.org) 541-998-9548

## Family Partnership Application

### Section 1: Applicants

#### Applicant 1:

Full Legal Name: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Married  Separated  Unmarried (include single, divorced or widowed)

Social Security Number: \_\_\_\_\_

*By providing your social security number you are authorizing a credit report and criminal background check.*

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Landlord's name, address, email address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

If you have lived at your current address for less than six months, what was your previous address(es) and how long did you live there?

\_\_\_\_\_

**Applicant 2:**

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Married  Separated  Unmarried (include single, divorced or widowed)

Social Security Number: \_\_\_\_\_

*By providing your social security number you are authorizing a credit report and criminal background check.*

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address (if different from Applicant 1): \_\_\_\_\_

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

\_\_\_\_\_

Landlord's name, address, email address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

If you have lived at your current address for less than six months, what was your previous address(es) and how long did you live there?

\_\_\_\_\_

## Section 2: Dependents

List names, dates of birth (DOB), and gender of the dependents who will live with you more than 50% of the time.

### Applicant 1's dependents:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

### Applicant 2's dependents (if not listed above):

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Dependents of additional applicants (not listed as Applicant 1 or 2's dependents) should be listed on an additional application form.

## Section 3: Employment Information

### Applicant 1:

Name and Address of Current Employer (use a separate page to list additional employers)

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Monthly Gross Income \_\_\_\_\_ Years with this employer? \_\_\_\_\_

If you have been working at your current job for less than a year, please complete the following information:

Name and Address of Previous Employer

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Monthly Gross Income \_\_\_\_\_ Years with this employer? \_\_\_\_\_

### Applicant 2:

Name and Address of Current Employer (use a separate page to list additional employers)

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Monthly Gross Income \_\_\_\_\_ Years with this employer? \_\_\_\_\_

If you have been working at your current job for less than a year, please complete the following information:

Name and Address of Previous Employer

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Monthly Gross Income \_\_\_\_\_ Years with this employer? \_\_\_\_\_

## Section 4: Monthly Income

	Applicant 1	Applicant 2
Gross employment (before deductions)		
Pension Income		
SSI <sup>1</sup>		
Disability <sup>1</sup>		
Social Security <sup>1</sup>		
Spousal Support <sup>2</sup>		
Child Support <sup>2</sup>		
Other <sup>3</sup>		
<b>Total</b>		

For additional applicants, please use an additional Application Form and attach it to the application. All information is required for all applicants. ***All applicants whose income is considered will be on the title and subject to the same review.***

<sup>1</sup>For SSI, Disability, or Social Security income, please provide the most recent benefits award letter.

<sup>2</sup>Spousal support and child support will be included as income, unless it is unreliable.

<sup>3</sup>What is the source of this additional income? How long can you expect it to continue?

## Section 5: Rent

Provide totals for ALL applicants. ***Please provide copies of two months' rent bills.***

Rent \_\_\_\_\_

## Section 6: Source of Closing Costs

You will need approximately \$4,000 for closing costs (related to the purchase of your house) and moving expenses. What will be the source of this money? If you borrow it, from whom will you borrow it and how will you repay it?

## Section 7: Assets Without Loans

List assets you own ***WITHOUT*** a loan payment.

Do you own a boat? \_\_\_\_\_ Type \_\_\_\_\_ Value \_\_\_\_\_

Do you own a mobile home? \_\_\_\_\_ Type \_\_\_\_\_ Value \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Make & Year \_\_\_\_\_ Value \_\_\_\_\_

Do you own another car? \_\_\_\_\_ Make & Year \_\_\_\_\_ Value \_\_\_\_\_

Stocks & Bonds? \_\_\_\_\_ Type \_\_\_\_\_ Value \_\_\_\_\_

IRA/401K/etc.? \_\_\_\_\_ Type \_\_\_\_\_ Value \_\_\_\_\_

House? \_\_\_\_\_ Location \_\_\_\_\_ Value \_\_\_\_\_

Property? \_\_\_\_\_ Location \_\_\_\_\_ Value \_\_\_\_\_

## Section 8: Present Housing Conditions

Describe the house/apartment in which you currently live.

Number of Bedrooms: (please circle)      1      2      3      4      5

Other rooms: Kitchen \_\_\_\_\_ Bathroom (how many?) \_\_\_\_\_ Living Room \_\_\_\_\_

Dining Room \_\_\_\_\_ Other Rooms (Please describe) \_\_\_\_\_

If you rent a house, apartment, or mobile home what is your monthly rent payment?

\_\_\_\_\_

If you own a mobile home and rent space, what is the monthly space rent payment?

\_\_\_\_\_

If you own your residence, what is your monthly mortgage payment?

\_\_\_\_\_

If you are purchasing a mobile home, what is your monthly payment (not including space rent)?

\_\_\_\_\_

*Please attach a statement verifying this amount.*

Unpaid balance on mortgage or mobile home purchase contract? \_\_\_\_\_

Years remaining on mortgage or contract? \_\_\_\_\_

Habitat for Humanity works to address those who are living in housing that has structural issues, that is unsafe or overcrowded, or is cost burdening to families. Please describe the condition of your current home and how it is inadequate or substandard housing:

## Section 9: Willingness to Partner

To be considered for a Habitat home, you and your family must be willing to complete 250 “sweat equity” hours. Sweat equity is the term we use to describe your work on any Habitat-approved project, including construction of your house, other families’ houses, attending required workshops, office work, the ReStore, or a variety of other tasks.

Are you willing to complete the required sweat equity hours?

Applicant 1: Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant 2: Yes \_\_\_\_\_ No \_\_\_\_\_

## Section 10: Declaration

Applicant 1: Are you a U.S. citizen or permanent resident?

Yes  No

Applicant 2: Are you a U.S. citizen or permanent resident?

Yes  No



## Section 11: Authorization and Release

I understand that by filing this application, I am authorizing Junction City/Harrisburg/ Monroe (JCHM) Habitat for Humanity to evaluate my actual need for a Habitat house, my ability to repay the low- or no-interest loan and other expenses of homeownership, and my willingness to be a partner family.

I understand that the evaluation will include personal visits, a credit check, and employment, rental history, public benefits and banking verifications.

I have answered all questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that if I have already been selected for family partnership, I may be de-selected on the basis of a fraudulent application.

The original or a copy of this application will be retained by JCHM Habitat for Humanity according to its document retention policy, even if the application is not approved.

I authorize Habitat for Humanity to verify my employment, my banking status, my rental history and my public benefits. Further, I authorize Habitat for Humanity to run a credit check and a background check, which includes criminal and sexual offenses.

I authorize Habitat for Humanity to refer my application to third-party lenders. I understand that I will need to complete an application and qualify for a third-party mortgage.

Print Name of Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant 1 \_\_\_\_\_

Print Name of Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant 2 \_\_\_\_\_



**Equal Housing Opportunity statement:** 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.

## Section 12: Background Check Authorization

# Junction City/Harrisburg/Monroe Habitat for Humanity

## Criminal History Background Check of Family Partner Applicants

Approved January 2009

Information provided below is important for our affiliate in selection of applicants who will be successful partner families. Responding "Yes" to any of the following questions will not necessarily disqualify you from partnership but failure to complete the form will be sufficient cause for disqualification. Please use the reverse side of this form or additional pages to tell us anything you would like us to know about the circumstances or mitigating factors of any of the "yes" answers.

**Junction City/Harrisburg/Monroe Habitat for Humanity screens applicant family members for presence on the sexual offender registry. By completing this application, you are submitting to such inquiry.**

### Applicant #1

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

States/Countries you have lived in over the past 20 years: \_\_\_\_\_

Names you have used in the last 20 years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Providing your social security number on this form is voluntary but will help us complete the background check more quickly. If you do not provide the number, this will not be a basis for denial of your application. If you do provide the number, it will be used as part of the search for any criminal record you may have. Your social security number will only be used as stated above; the privacy of your records is protected by state and federal laws.

1. Have you ever been convicted of, pled guilty to, or pled no contest to a sex-related crime? Yes No  
If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_  
If yes, did the crime involve force and/or minors? Force Minors  
If yes, date: \_\_\_\_\_  
If yes, does your conviction impact where you can reside? Yes No
2. Have you ever been convicted of, pled guilty to or pled no contest to a crime involving violence or the threat of violence? Yes No  
If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_  
If yes, date: \_\_\_\_\_
3. Have you ever been convicted of, pled guilty to, or pled no contest to a crime involving criminal activity with drugs or alcoholic beverages? Yes No  
If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_  
If yes, date: \_\_\_\_\_

4. Have you ever been convicted of any other crime except a minor traffic violation? Yes No  
 If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_  
 If yes, date: \_\_\_\_\_
5. Have you ever been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No  
 If yes, date: \_\_\_\_\_
6. Have you ever had any civil judgment or other court order entered against you resulting from claims of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons? Yes No  
 If yes, in what state? \_\_\_\_\_  
 If yes, date: \_\_\_\_\_  
 If yes, did you challenge the civil judgment or order? Yes No  
 If yes, what was the result?
7. Have you completed court-ordered incarceration, probation, restitution, community service and/or any other requirements for all convictions listed above? Yes No

*Advisory: A check of your criminal history will be made to verify the responses to the preceding questions.*

*Refusal to grant permission to the Junction City/Harrisburg/Monroe Habitat for Humanity to conduct a criminal records check will result in disqualification of your application for family partnership.*

*You are entitled to review the results of this criminal offender record check for inaccurate or incomplete information. You are also entitled to submit a written explanation of circumstances or mitigating factors concerning this criminal record.*

*Discrimination by the Junction City/Harrisburg/Monroe Habitat for Humanity on the basis of arrest records alone may violate civil rights law under specific circumstances. You may obtain further information concerning your rights by contacting the Bureau of Labor and Industries, Civil Rights Division, 800 NE Oregon Street, Suite 1045, Portland, OR 97232, telephone (971) 673-0761.*

I hereby grant the Junction City/Harrisburg/Monroe Habitat for Humanity permission to check civil or criminal records to verify any statement made on this form. I certify that the responses to each of the questions are true. I understand that a false or incomplete response is grounds for releasing me from family partnership selection immediately upon discovery of a discrepancy.

I acknowledge receipt of this form and understand its content.

\_\_\_\_\_  
 Signature of Applicant #1

\_\_\_\_\_  
 Date

# Junction City/Harrisburg/Monroe Habitat for Humanity

## Criminal History Background Check of Family Partner Applicants

Approved January 2009

Information provided below is important for our affiliate in selection of applicants who will be successful partner families. Responding "Yes" to any of the following questions will not necessarily disqualify you from partnership but failure to complete the form will be sufficient cause for disqualification. Please use the reverse side of this form or additional pages to tell us anything you would like us to know about the circumstances or mitigating factors of any of the "yes" answers.

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### Applicant #2

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

States/Countries you have lived in over the past 20 years: \_\_\_\_\_

Names you have used in the last 20 years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Providing your social security number on this form is voluntary but will help us complete the background check more quickly. If you do not provide the number, this will not be a basis for denial of your application. If you do provide the number, it will be used as part of the search for any criminal record you may have. Your social security number will only be used as stated above; the privacy of your records is protected by state and federal laws.

2. Have you ever been convicted of, pled guilty to, or pled no contest to a sex-related crime? Yes No
- If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_
- If yes, did the crime involve force and/or minors? Force Minors
- If yes, date: \_\_\_\_\_
- If yes, does your conviction impact where you can reside? Yes No
2. Have you ever been convicted of, pled guilty to or pled no contest to a crime involving violence or the threat of violence? Yes No
- If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_
- If yes, date: \_\_\_\_\_
3. Have you ever been convicted of, pled guilty to, or pled no contest to a crime involving criminal activity with drugs or alcoholic beverages? Yes No
- If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_
- If yes, date: \_\_\_\_\_

4. Have you ever been convicted of any other crime except a minor traffic violation? Yes No  
 If yes, was the conviction in Oregon or another state? What state? \_\_\_\_\_  
 If yes, date: \_\_\_\_\_
5. Have you ever been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No  
 If yes, date: \_\_\_\_\_
6. Have you ever had any civil judgment or other court order entered against you resulting from claims of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons? Yes No  
 If yes, in what state? \_\_\_\_\_  
 If yes, date: \_\_\_\_\_  
 If yes, did you challenge the civil judgment or order? Yes No  
 If yes, what was the result?
7. Have you completed court-ordered incarceration, probation, restitution, community service and/or any other requirements for all convictions listed above? Yes No

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I acknowledge receipt of this form and understand its content.

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date