

Family Partnership Consideration

Revised July 2015

Thank you for your interest in partnering with the Junction City/Harrisburg/Monroe Habitat for Humanity! Please complete this submission form and return it with all requested documentation. All information received will be kept absolutely confidential!

If you need additional space to complete any section, please attach a separate page and clearly mark which section you are supplementing and mark it "Candidate 1", "Candidate 2", etc.

This form asks for information about a Candidate and a co-Candidate. If you want us to consider additional people for the financial review and for house sizing, please use another form to give information on additional Candidates and attach it to the primary form. If you are selected for partnership, the additional people will be listed on the property title when we sell the house.

You must be a legal U.S. resident to apply for Habitat partnership. However, a non-legal spouse's information can be included for consideration. List the information under Candidate 2 and mark it "non-legal spouse."

We ask for copies of many documents. Please feel free to come into the office (235 W. 6th Ave., Junction City) to make these copies at no cost to you. Please call before coming to assure someone is available to assist you, 541-998-9548.

We know the form is complicated! Please call us at 541-998-9548 for assistance.

On the back of this page is a list of the items you must include with your form. Please read these carefully and include those items. If you have difficulty in getting the requested items, submit your form by the deadline with a letter explaining what is missing and how you plan to get the missing item.

This form must be returned by _____.

You may mail it to PO Box 171, Junction City, OR 97448, or hand-deliver it to the office at 235 W. 6th Ave., Junction City.

Remember: you may make copies at the Habitat office. Please call 541-998-9548 to make sure someone there to assist you.

Please be sure you have included the following information:

- 1) The submission form. Use a second form to include more than two people.
- 2) If you are separated or divorced with minor children, please include a copy of the legal documents which show you have custody of the child(ren) for 50% of the time. Your IRS 1040 form should show the child(ren) as dependents.
- 3) Most recent year's IRS 1040 form (federal only) for all Candidates and for non-Candidate spouses.
- 4) Proof of legal United States residency for the Candidate and Co-Candidate. This could be a birth certificate, a green card or naturalization papers. It is not necessary to provide residency proof for dependent children. A copy of your driver's license is not proof of residency.
- 5) Completed Criminal Background Check questionnaire for each adult household member.
- 6) Copies of bills, rent receipts and other information requested in the form.
- 7) If you have declared bankruptcy, please include a copy of the discharge papers.
- 8) If you receive public benefits, please be sure to show your case worker's name, office address and file number on page 8 (Section 8).
- 9) Please include your paystubs for the last two months.

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Section 1: Candidates

Candidate 1:

Name: _____

Age _____ Gender _____

Married Separated Unmarried (include single, divorced or widowed)

Social Security Number: _____

By providing your social security number you are authorizing us to obtain a
Credit report and criminal background check.

Phone Number : _____

Current Address: _____

How long have you lived at this address? _____

Mailing address (if different from above) _____

Former Address if you have lived at the current address for less than one year:

Candidate 2:

Name _____

Age _____ Gender _____

Married Separated Unmarried (include single, divorced or widowed)

Social Security Number: _____

By providing your social security number you are authorizing us to obtain a Credit report and criminal background check.

Phone Number: _____

Current Address (if different from Candidate 1): _____

How long have you lived at this address? _____

Mailing address if different from above: _____

Former address if you have lived at the current address for less than one year:

Section 2: Dependents

List dependents who will live with you more than 50% of the time.

Candidate 1's dependents:

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Candidate 2's dependents (if not listed above):

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Dependents of additional Candidates (not listed as Candidate 1 or 2's dependents) should be listed on a separate piece of paper.

Section 3: Willingness to Partner

To be considered for a Habitat home, you and your family must be willing to complete 500 "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, or a variety of other tasks.

Are you willing to complete the required sweat equity hours?

Candidate 1: Yes _____ No _____

Candidate 2: Yes _____ No _____

Section 4: 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 or apartment, what is your monthly rent payment? _____
Please attach a copy of your lease and a copy of your receipt or other proof of payment.

Name and Address of Landlord: _____

If you rent a mobile home, what is the monthly rent payment? _____

Do you also rent space? What is that payment? _____ Total _____

If you own your residence, what is your monthly mortgage payment (including taxes and homeowners' insurance)? _____. *Please attach a statement verifying this amount.*

Unpaid balance on mortgage? _____ Years remaining on mortgage? _____

Please describe the condition of the home and how it is inadequate or substandard housing:

Section 5: Employment Information

Candidate 1:

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

Monthly Gross Income _____ Years with this employer? _____

Business phone number: _____

Personnel office phone number _____

Personnel office email: _____

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

Monthly Gross Income _____ Years with this employer? _____

Candidate 2:

Name and Address of Current Employer

Monthly Gross Income _____ Years with this employer? _____

Business phone number: _____

Personnel office phone number _____

Personnel office email: _____

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

Monthly Gross Income _____ Years with this employer? _____

Section 6: Monthly Income

| | Candidate 1 | Candidate 2 | Candidate 3 | Candidate 4 |
|--------------------------------------|-------------|-------------|-------------|-------------|
| Gross employment (before deductions) | | | | |
| Food Stamps ¹ | | | | |
| SSI ¹ | | | | |
| Disability ¹ | | | | |
| Social Security | | | | |
| Alimony ² | | | | |
| Child Support ² | | | | |
| Other ³ | | | | |
| Other ³ | | | | |
| Other ³ | | | | |
| Total | | | | |

For additional Candidates, please use an additional sheet of paper and attach it to the form. All information is required for all Candidates.

¹For Public Assistance income, please provide the information requested below. *If you have a "benefits letter" less than six months old, please attach it.*

Case Worker's Name: _____

Office Address: _____

File Number: _____

²Alimony and child support should be included as income, but if it is considered unreliable, it does not need to be included.

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

Section 7: Monthly Bills

Please provide totals for ALL Candidates. *Please provide copies of your bills.* Use additional paper to list additional bills.

| | |
|---|-------|
| Rent | _____ |
| Utility: Electric/Gas, Water, Sewer, Garbage | _____ |
| Land Line Telephone | _____ |
| Cable TV | _____ |
| Internet | _____ |
| Cell Phones (Include all phones for all Candidates) | _____ |
| Car Insurance | _____ |
| Health/Dental Insurance (premiums not paid by employer or state) | _____ |
| Child Care | _____ |
| Child Support | _____ |
| Alimony/Spousal Support | _____ |
| Job-Related Expense/Union Dues | _____ |
| Union Dues | _____ |
| Total | _____ |

Loan Payments

| Loans | Payment To: | Monthly Payments | Balance Due | Time Left on Loan |
|---------------------------------------|--------------------|-------------------------|--------------------|--------------------------|
| Car Loan | | | | |
| Car Loan | | | | |
| Credit Card | | | | |
| Credit Card | | | | |
| Credit Card | | | | |
| Student Loans you are paying | | | | |
| Student Loans Deferred | | | | |
| Tires | | | | |
| Furniture Rental/ Loan/Rent-To-Buy | | | | |
| TV, Computer | | | | |
| Loans from Banks/ Credit Unions | | | | |
| Medical | | | | |
| “Payday” or short term loans | | | | |
| Loans from friends or family | | | | |
| Other | | | | |
| Other | | | | |
| Total | | | | |

Section 8: Source of Closing Costs

You will need \$1000-\$2000 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 9: Assets – List for each Candidate. Use additional paper if required.

Name of Banking Account Holder: _____

Name and Address of Bank, Savings and Loan, Credit Union or Other Institution

Account Type: Checking _____ Savings _____ Money Market _____ CD _____

Account Number: _____ Balance _____

Name of Banking Account Holder: _____

Name and Address of Bank, Savings and Loan, Credit Union or Other Institution

Account Type: Checking _____ Savings _____ Money Market _____ CD _____

Account Number: _____ Balance _____

If you have additional bank accounts, please list them on a separate page.

List assets you own WITHOUT a loan payment. If you have assets WITH a loan, please list them in Section 7, page 10.

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 10: Declarations

If any Candidate can answer “Yes” on questions A-E or “No” on question F, please explain below and indicate which Candidate(s) are involved.

A. Do you have any debt because of a court decision against you? Yes No

B. Have you been declared bankrupt within the last three years? Yes No

C. Have you had property foreclosed on in the past seven years? Yes No

D. Are you currently involved in a lawsuit? Yes No

E. Have you been ordered to pay child support or alimony? Yes No

F. Are you a U.S. citizen or permanent resident? Yes No

Section 11: Authorization and Release

I understand that by filing this submission form, I am authorizing the Junction City/Harrisburg/Monroe 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 form truthfully. I understand that if I have not answered the questions truthfully, my form 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 form. The original or a copy of this form will be retained by the JC/H/M Habitat for Humanity according to its document retention policy, even if the form is not approved. I also understand that Habitat for Humanity screens all Candidate families on the sex offender registry and that by completing this section, I am submitting myself to such an inquiry. I further understand that by completing this form, I am submitting myself to a criminal background check.

I authorize Habitat for Humanity to verify my employment, my banking status, my rental history and my public benefits.

Print Name of Candidate 1 _____ Date _____

Signature of Candidate 1 _____

Print Name of Candidate 2 _____ Date _____

Signature of Candidate 2 _____