



**STAFF USE:** Appointment scheduled \_\_\_\_\_  
 Documents Given (Date) \_\_\_\_\_  
 If not; Pre-Adv. Action (Date): \_\_\_\_\_  
 Adv. Action Letter \_\_\_\_\_ (w/in 5 days of pre)  
 SS entry \_\_\_\_\_ (initial when complete)

## Customer Intake Form

Mark one or both when applicable

\_\_\_ Bend

\_\_\_ Redmond

Updated 8/6/19 cf

This form is **NOT** considered an application for the housing program

Information Session Date: \_\_\_\_\_ Initial that you attended: \_\_\_\_\_ Return to Bend Habitat by: \_\_\_\_\_

Along with this form please turn in 1-3 recent paystub copies or verification of income for each customer

### PRIMARY CUSTOMER INFORMATION

Please Print Clearly

Name: \_\_\_\_\_  
 First MI Last

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

**Ethnicity** (please circle): Hispanic/Latino Non-Hispanic/Latino

**Race** (please circle): American Indian or Alaska Native Asian Black or African American  
 Native Hawaiian or Other Pacific Islander White Other 2 or more races

**Citizenship** (please select one):

1. You are a Citizen or National of the United States
3. You are foreign born and a U.S. Resident (*green card holder*)
4. You are a Noncitizen with eligible status as evidenced by one of the documents listed below
  - Form I551-Alien Registration Receipt Card (for permanent resident aliens)
  - Form I-94, Arrival-departure record
  - A final court decision or DHS letter granting asylum
5. None of the above – Not contending eligible immigration status, no further information required and the person named above understands they are not eligible for program selection but agrees to start housing counseling while immigration status changes.

**Marital Status** (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

**Gender** (please circle): Male Female Other

**Disability?** Yes No **Veteran?** Yes No

**Current Housing Arrangement** (please circle):

1. Rent
2. Homeless
3. Living with family member and not paying rent
4. Living with friends or roommates, sharing rent

### Health Insurance

Do you currently have health insurance? If no, what prohibits you? Yes No

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**First time Buyer**

Do you currently own a home, or have owned a home in the past three years? Yes No

**Household Type (please select the most accurate)?**

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

**Family/Household Size:** \_\_\_\_\_ (include those that will be living in the home for more than 6 months of the year)

**How many dependents** (those claimed on taxes or legal guardian and other than those listed by any co-borrower)? \_\_\_\_\_

What ages are they? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Do all dependents have healthcare insurance?** Yes No

If no, please explain: \_\_\_\_\_

**Are there non-dependents who will be living in the home?** Yes No

If yes, list below:

Relationship	Age	Relationship	Age
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**Note: All non-dependent adults over 18 years old, living in the household must fill in and submit the Co-Applicant Information on this form. Please request additional forms if needed.**

**Education (please circle one):**

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

**Referred to by (please circle all that apply):**

- Print Ad / Newspaper
- Bank
- Other Agency
- Habitat Partner
- Facebook
- Staff/Board member
- Walk-In
- Family/Friend
- TV /Radio
- Realtor
- Other

If you were referred by a **bank, Habitat Partner or Realtor**, which one? \_\_\_\_\_

**PRIMARY CUSTOMER EMPLOYMENT — Last 2 Years Please Print Clearly**

**Primary Employer:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Work Address Street City State Zip Code

**Employment Status (Please Circle):** Part-Time Full-Time **Hours per pay period** \_\_\_\_\_

**Gross monthly income (before taxes):** \$ \_\_\_\_\_

**Are you paid (please circle)** hourly or salary **Is this amount paid (please mark)** \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly

**Previous Employer:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Title Length of Employment \_\_\_\_\_ (years, months)

Street City State Zip Code

**Employment Status (Please Circle):** Part-Time Full-Time

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date  
 \_\_\_\_\_  
 Street City State Zip Code

Employment Status (Please Circle): Part-Time Full-Time Hours per pay period \_\_\_\_\_

Are you paid (please circle) hourly or salary

Are you paid (please mark) \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly

## CO-APPLICANT INFORMATION

Name: \_\_\_\_\_  
 First MI Last

\_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity (please circle): Hispanic/Latino Non-Hispanic/Latino

Race (please circle): American Indian or Alaska Native Asian Black or African American  
 Native Hawaiian or Other Pacific Islander White Other 2 or more races

Citizenship (please select one):

1. You are a Citizen or National of the United States
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  - A final court decision or DHS letter granting asylum

5. None of the above – Not contending eligible immigration status, no further information required and the person named above understands they are not eligible for program selection but agrees to start housing counseling while immigration status changes.

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female Other

Disabled? Yes No Veteran? Yes No

Education (please circle one):

- |                              |                                      |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College          | 4. Bachelors Degree                  |
| 5. Masters Degree            | 6. Above Masters Degree              |

Relationship to Customer (please circle): Spouse/Partner Daughter/Son Sister/Brother Girlfriend/Boyfriend  
 Mother/Father Other: \_\_\_\_\_

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

*Please Print Clearly*

**Primary Employer:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Title* \_\_\_\_\_ *Hire Date* \_\_\_\_\_

\_\_\_\_\_  
*Work Address Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Employment Status** (*Please Circle*): Part-Time      Full-Time      **Hours per pay period** \_\_\_\_\_

**Gross monthly Income** (*before taxes*): \$ \_\_\_\_\_

**Are you paid** (*please circle*) hourly or salary **Is this amount paid** (*please mark*) \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly

**Previous Employer:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Title* \_\_\_\_\_ *Length of Employment* \_\_\_\_\_ (years, months)

\_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Continue listing previous employers on a separate sheet of paper.*

**Employment Status** (*Please Circle*): Part-Time      Full-Time

**Secondary Employer:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Title* \_\_\_\_\_ *Hire Date* \_\_\_\_\_

\_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**Employment Status** (*Please Circle*): Part-Time      Full-Time      **Hours per pay period** \_\_\_\_\_

**Are you paid** (*please circle*) hourly or salary

**Are you paid** (*please mark*) \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly

**HOUSEHOLD INCOME**

*Please Print Clearly*

**Estimated Gross Annual Family or Household Income:** \$ \_\_\_\_\_ (*include income from all adults – 18 and older – living in the household*)

<i>Type of Income (List ALL sources of income)</i>	<b>PRIMARY CUSTOMER</b> <i>Monthly Amount</i>	<b>CO-APPLICANT(s)</b> <i>Monthly Amount</i>
Salary, Wages (including Tips)		
Alimony/Child Support (children 16 and younger only)		
Rental Income		
Social Security SSI / SSDI (children 16 and younger and/or permanent disability only)		
Pension/ Retirement Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income (children 16 and younger and/or permanent disability only)		
Other Employment (if employed for 2+ years)		

**LIQUID FUNDS/SAVINGS/INVESTMENTS***Please Print Clearly**Please list the approximate value of the following:*

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

**HOUSING EXPENSES**

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Current monthly rent		
Utilities: Electric/Gas/Solid Waste		
Telephone / Cell phone		
Cable/Satellite TV		
Internet		
Other Living Expenses ( <i>ie. Storage</i> )		

**LIABILITIES / DEBT****AUTHORIZATION TO RELEASE CREDIT INFORMATION**

I authorize the Housing Counseling Staff of Bend-Redmond Habitat for Humanity to:

- (a) pull my/our credit report (soft pull; will not affect your score) to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report (soft pull) and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I/We purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

Most convenient time for an individual appointment? (Please Mark) \_\_\_\_ AM \_\_\_\_ PM

**Next step for the Bend-Redmond Habitat Partnership Program:**

**Step 2:** Submit a Customer Intake form, 3 most recent paystubs and attend a follow-up appointment with Habitat staff

Thank you for your interest in Habitat for Humanity's partnership towards homeownership!

