

Housing Works

405 SW 6th St.
Redmond, OR
97756
541-923-1018



Program Application

By completing and submitting this application for consideration of participation in the HomeQuest Program, I/ We certify I/We have reviewed the program criteria and fully understand and agree to complete all that is requested. If you would like assistance in completing this application, please contact the Home Ownership Manager for Housing Works.

Applicant		Co-Applicant	
Name		Name	
Social Security Number	DOB MM/DD/YYYY	Social Security Number	DOB MM/DD/YYYY
Dependents (not listed by Co-Applicant) No. and Ages		Dependents (not listed by Applicant) No. and Ages	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	
Present Address: _____No. Yrs		Present Address: _____No. Yrs	
Phone:		Phone:	
E-Mail:		E-Mail:	
Mailing Address if different from present address:		Mailing Address if different from present address:	
Former Address: _____No. Yrs		Former Address : _____No. Yrs	
Former Address: _____No. Yrs		Former Address: _____No. Yrs	

Applicant Employment		Co-Applicant Employment	
Name & Phone of Employer	Dates Employed	Name & Phone of Employer	Dates Employed
Position/Title/Type of Business		Position/Title/Type of Business	
Reason for leaving		Reason for leaving	
Name & Phone of Employer	Dates Employed	Name & Phone of Employer	Dates Employed
Position/Title		Position/Title	
Reason for leaving		Reason for leaving	

Information for Program Monitoring Purposes

The following information is requested for certain types of programs and/or grants. The law provides that we may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check the box below.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic or Latino
Race: (Please circle) American Indian/Alaskan Native Asian/Pacific Islander Black/Non-Hispanic Hispanic White/Non-Hispanic Other: _____	Race: (Please circle) American Indian/Alaskan Native Asian/Pacific Islander Black/Non-Hispanic Hispanic White/Non-Hispanic Other: _____
Country of Origin: _____	Country of Origin: _____
Highest Grade Completed: _____	Highest Grade Completed: _____

Income			
Gross Monthly Income	Applicant	Co-Applicant	Total
Base Employment Income	\$	\$	\$
Overtime	\$	\$	\$
Bonuses	\$	\$	\$
Commissions	\$	\$	\$
Other	\$	\$	\$
	Total \$	Total \$	Total \$

Assets		Liabilities	
Name and address of Bank, S&L, or Credit Union		Name/Address of Co.	Monthly Pmt. Months remaining
Account No.	Balance \$	Name/Address of Co.	Monthly Pmt. Months remaining
Name and address of Bank, S&L, or Credit Union		Name/Address of Co.	Monthly Pmt. Months remaining
Account No.	Balance \$	Name/Address of Co.	Monthly Pmt. Months remaining
Vested Interest in Retirement fund	\$	Name/Address of Co.	Monthly Pmt. Months remaining
Stock & Bonds	\$	Name/Address of Co.	Monthly Pmt. Months remaining
Life insurance net cash value	\$	Name/Address of Co.	Monthly Pmt. Months remaining
Other Assets (itemize)	\$	Name/Address of Co.	Monthly Pmt. Months remaining
Automobiles owned (make and year)	\$	Alimony/Child Support Payments \$	
		Child Care \$	
Total Assets	\$	Total Payments \$	Total Liabilities \$

Declarations

If you answer yes to any of the following questions, please use a continuation sheet for explanation.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you declared bankrupt within the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you in good standing with your landlord?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgment and Agreement

By signing below, I/We certify the following;

- I/We earn up to 80% Median Family Income (MFI)
- I/We am/are a resident of or employed in Deschutes, Jefferson or Crook County
- I/We have income to support a mortgage and other homeownership expenses
- I/We agree to complete homebuyer education, financial literacy education, credit counseling and other tasks as requested
- I/We agree to establish an Individual Development Account as available
- I/We understand the property must be owner occupied and not used for a business or group home
- I/We understand there may be shared appreciation agreements which will be reviewed and disclosed in the closing process
- I/We agree to participate in post purchase asset management education and asset protection reviews with Housing Works

Applicant's Signature	Co-Applicant's Signature
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I/We understand that my/our application will be evaluated by the Home Ownership Manager and final application selection may be decided by a review committee. I/We certify that the information given on this Application is accurate and complete to the best of my/our knowledge. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We further understand that by completing this Application, Housing Works is in no way obligated to me or my family nor does it guarantee I/we will be approved for home ownership. My signature below authorizes Housing Works to complete a full background investigation.

Applicant's Signature	Co-Applicant's Signature
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