

Form OR-HOME

Oregon First-time Home Buyer Savings Account Designation

Oregon Department of Revenue

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Account holder first name	Initial	Account holder last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account holder Social Security number (SSN)

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☐ Account has only one holder ☐ Account is jointly held by spouses filing a joint income tax return

Joint account holder first name	Initial	Joint account holder last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint account holder SSN

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Instructions

Use Part 1 of this form to designate an account at a financial institution as a first-time home buyer savings account (FTHBSA). Use Part 2 to designate a beneficiary other than yourself who will qualify to use the funds in the FTHBSA to purchase a home. See Form OR-HOME Instructions for more information about qualifying home purchases and other requirements. **Note:** You (and your spouse, if account is jointly held) may hold only one FTHBSA at a time during any calendar year. (Oregon Revised Statute (ORS) 316.797)

Part 1 - Financial institution and account information

Financial institution name

Account number

Date account designated (MM/DD/YYYY)

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Part 2 - Beneficiary designation

Note: Complete this part only if you are designating someone other than the account holder(s) as the beneficiary of this FTHBSA.

Important: An individual may be the beneficiary of only one FTHBSA at a time during any calendar year. (ORS 316.797) See Form OR-HOME Instructions for more information about qualifying beneficiaries.

Beneficiary first name	Initial	Beneficiary last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary SSN

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Beneficiary date of birth (MM/DD/YYYY)

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Beneficiary address

City

State

ZIP code

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Part 2 - Beneficiary designation (continued)

Designation date (MM/DD/YYYY)

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☐ Beneficiary changed or removed (see instructions)

By signing this form, I declare under penalty of false swearing that I am not the qualified beneficiary of any other FTHBSA, and I am not the account holder of any FTHBSA.

Beneficiary signature

X

Date (MM/DD/YYYY)

/ /

Account holder signature and date

By signing this form, I declare under penalty of false swearing that I hold only the one FTHBSA shown above and no other FTHBSA. I further declare that, to the best of my knowledge, the beneficiary I have designated above (if any) is a qualified beneficiary of this FTHBSA and no other FTHBSA.

Account holder signature

X

Date (MM/DD/YYYY)

/ /

Joint account holder signature

X

Date (MM/DD/YYYY)

/ /

Keep this form and all required documentation with your tax records. Don't file it with your Oregon return.