

APPLICATION FOR HOUSING ASSISTANCE HOMEOWNERSHIP LOAN PROGRAM

APPLICANT INFORMATION

APPLICANT NAME: _____ SSN: _____
 CO-APPLICANT NAME: _____ SSN: _____
 STREET ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

Number of each in Household:

 a. Elderly _____ Disabled _____

 b. American Indian or Alaska Native _____ Asian _____

 White _____ Native Hawaiian or Pacific Islander _____

 African American _____ Hispanic/Latino _____ Other _____

Household type: Single Two-parent Single-parent Other

Do you: Own your home? Yes No Monthly Rent or Mortgage Payment \$ _____

INCOME INFORMATION

Annual Income

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER 18 OR OVER	TOTAL
Gross Salary				
Interest/Dividends				
Business Net Income				
Rental Net Income				
Social Security, Pensions				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments				
Other				

Applicant's Employer:

Name: _____ Phone: _____
 Address: _____ Years Employed: _____
 Position: _____ Supervisor: _____
 Previous – Name: _____ Years: _____ Phone: _____
 Position: _____ Supervisor: _____

Co-Applicant's Employer:

Name: _____ Phone: _____
 Address: _____ Years Employed: _____
 Position: _____ Supervisor: _____
 Previous – Name: _____ Years: _____ Phone: _____
 Position: _____ Supervisor: _____

Please complete the following for ALL members of the household:

FULL NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER

Assets

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Checking Accounts:				
Savings Accounts:				
Credit Union Accounts:				
Stocks, Life Insurance:				
Other Property:				
Mortgage Balance:				

Liabilities (List debts including auto loans, credit cards, charge accounts, real estate & mortgage loans, etc.)

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
Mortgage/Rent:			
Credit Card:			
Other:			

Do you have any outstanding unpaid collections or judgments? Yes Amount \$ _____ No
 Have you declared bankruptcy in the last 7 years? Yes No
 Are you party in a lawsuit? Yes No

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the full disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misrepresentation or misstatement of material fact will be grounds for disqualification. I/We, the applicant(s), understand that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide other documentation needed to verify eligibility.

Applicant Signature

Date

Co-Applicant Signature

Date