

Homeownership Application

Office use only:
 Logged by: _____ Date: _____
 Eval. by: _____ Date: _____
 Approved [] Denied []
 MAX: _____
 Received App Fee: _____

Primary Applicant

General Information

Last Name:		First Name:	
Address:		City:	Zip:
Phone Number(s):		Email:	
Are you resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No What Branch? _____	

Employment Verification

Company Name:		Address:	
City:	State:	Zip Code:	
Phone Number:	Job Title:	Date Hired:	
Name of Supervisor:		Direct Number:	

I certify that the information I have provided is true and exact to the best of my knowledge. I agree to provide proof supporting the information on this form, if requested.

Income

Total Monthly Gross Pay: \$	Total Earned (YTD): \$	Number of dependents:
Frequency of Pay: [] Weekly [] Every Two Weeks [] Monthly [] Other		

Additional Income Verification (Check all that apply; Must provide proof)

[] FIA \$ _____ [] SSI/SSA \$ _____ [] WIC \$ _____ [] Food Ass. \$ _____ [] Child Sup. \$ _____

Financial History (Within the past five years)

[] Eviction • Year: _____ [] Bankruptcy • Year: _____ [] Foreclosure • Year: _____

Rental History (within the past two years)

Name of Landlord	Phone Number	How long?	Monthly Amount?
1.			
2.			

*Supporting Documents: Please provide copies of the following to complete application.

*(No incomplete application will be accepted)

[] ID & Social Security Card	[] Proof of Income (2 pay stubs)	[] Last three Bank Statement (All pages) Most current \$500 balance	[] W2's & Tax documents (2015 & 2016)	[] Supporting Documents	[] Employment Verification	[] Full Credit Report
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See Attachment "A"

*Application Fee Non-Refundable



Homeownership Application

Secondary Applicant						
General Information						
Last Name:			First Name:			
Address:			City:		Zip:	
Phone Number(s):			Email:			
Are you resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No What Branch? _____		
Employment Verification						
Company Name:			Address:			
City:		State:		Zip Code:		
Phone Number:		Job Title:		Date Hired:		
Name of Supervisor:			Direct Number:			
I certify that the information I have provided is true and exact to the best of my knowledge. I agree to provide proof supporting the information on this form, if requested.						
Income						
Total Monthly Gross Pay: \$		Total Earned (YTD): \$		Number of dependents:		
Frequency of Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other						
Additional Income Verification (Check all that apply; Must provide proof)						
<input type="checkbox"/> FIA \$ _____ <input type="checkbox"/> SSI/SSA \$ _____ <input type="checkbox"/> WIC \$ _____ <input type="checkbox"/> Food Ass. \$ _____ <input type="checkbox"/> Child Sup. \$ _____						
Financial History (Within the past five years)						
<input type="checkbox"/> Eviction • Year: _____ <input type="checkbox"/> Bankruptcy • Year: _____ <input type="checkbox"/> Foreclosure • Year: _____						
Rental History (within the past two years)						
Name of Landlord		Phone Number		How long?		Monthly Amount?
1.						
2.						
*Supporting Documents: Please provide copies of the following to complete application.						
*(No incomplete application will be accepted)						
<input type="checkbox"/> ID & Social Security Card	<input type="checkbox"/> Proof of Income (2 pay stubs)	<input type="checkbox"/> Last three Bank Statement (All pages) Most current \$500 balance	<input type="checkbox"/> W2's & Tax documents (2015 & 2016)	<input type="checkbox"/> Supporting Documents	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Full Credit Report
See Attachment "A"						

*Application Fee Non-Refundable

