

FOR OFFICE USE ONLY
Family Size
Annual Income
Deductions
Debt
SS PHII C I D O CM

### Home Ownership Program Phase 1 Application

APPLICANT (Print name as it appears on your current picture identification):		SS#	Date of Birth
US Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Student <input type="checkbox"/> Disability <input type="checkbox"/> Vet/Military _____ Marital Status _____ Race/Ethnicity: _____ Education: _____			
CO-APPLICANT (Print name as it appears on your current picture identification):		SS#	Date of Birth
US Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Student <input type="checkbox"/> Disability <input type="checkbox"/> Vet/Military _____ Marital Status _____ Race/Ethnicity: _____ Education: _____			
Address:		City:	Zip Code:
Mailing address:		City:	Zip Code:
Home Phone	Work Phone	Cell Phone	

#### FINANCIAL INFORMATION

ADD GROSS MONTHLY INCOME TOTAL (before taxes) FOR APPLICANT(S) AND HOUSEHOLD MEMBERS. (Gross Wages, Child Support, Pensions, Social Security, Disability, TANF, VA, IHSS, etc.)

What is the Household Gross monthly income: \$ \_\_\_\_\_

Name(s) of household members And their income if applicable	Relationship	Age	Birthdate	Full Time Student Yes-No	Disabled Yes-No	Source of income	Amount	Weekly	Monthly
APPLICANT									
CO-APPLICANT									

#### LIST MONTHLY PAYMENTS FOR APPLICANT(S) ONLY

	Monthly Payment(s)	
Automobile	\$ _____	Approximate months left to pay: _____
Credit Card(s) minimums	1. \$ _____	2. \$ _____ 3. \$ _____
Student/Personal Loans	1. \$ _____	2. \$ _____
Licensed Child Care	\$ _____	
Child Support	\$ _____	
Rent	\$ _____	
Bankruptcies Yes No	Discharge date: _____	Collections Yes No
		Judgments Yes No

How did you learn about the program? Please Circle one

- Family  
  Friends  
  Newspaper  
  Radio  
  Staff member  
  Lenders  
  Government Agencies  
  Department of Social Services  
  Facebook  
  Former clients  
  Other \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

