



Office Use Only: Self Help New Homes 502 Direct Purchase

**** PLEASE PRINT ****

Today's Date: _____ / _____ /20____

General Information

Applicant's Name: _____ Last four digits SS# _____ DOB: ____/____/____

Status: Citizen Permanent resident Authorize to work in the US Country of Origin: _____

Co-Applicant's-
Spouse Name: _____ Last four digits SS# _____ DOB: ____/____/____

Status: Citizen Permanent resident Authorized to work in the US Country of Origin: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: (____) ____-____ (____) ____-____ Co-Borrower: (____) ____-____ (____) ____-____
(Home) Circle one (Work/cell/other) (Home) Circle one (Work/Cell/Other)

Marital Status: Married Unmarried/Single Legally Separated Divorced Widowed

Dependents: Please list **Name, Age, and Birthday** of all dependents/persons living in the home not listed above.

1.	4.
2.	5.
3.	6.

Child Care Expenses: \$ _____ Monthly

Are any of the adults who will be living in the house veterans? **Yes, specify** _____ **No**

Residential Information (If less than 2 years please complete Previous Landlord information)

Name of current landlord: _____ Phone: (____) ____ - _____

Address of current landlord: _____
(Street) (City) (State) (Zip)

Monthly rent payment \$ _____ Monthly Utility Payment \$ _____

Time lived at current address: _____ Years _____ Months

Are you currently living in public housing? Yes No

Previous Address: _____
(Street) (City) (State) (Zip)

Previous Landlord _____ Time lived there _____ Phone: (____) ____ - _____

Previous Landlord's Address: _____
(Street) (City) (State) (Zip)

Are you currently participating in any self-sufficiency programs such as Project Self-Sufficiency, Savings Plus, Work First, etc.? Yes No If yes, describe the program(s): _____

Employment and Income (Gross/Before Taxes)

Applicant's Income: Number of hours worked a week? _____ Position Title: _____
Starting Date: _____/_____/_____
Rate of Pay \$ _____ Hourly Weekly Bi-weekly Semi-monthly Monthly Annually

Applicant's Current Employer: _____ Phone: (_____) _____ - _____
Employer Address: _____
(Street) (City) (State) (Zip)

How long have you worked in your current field of work:

If less than two years, Previous Employer: _____ Phone: (_____) _____ - _____
Rate of Pay \$ _____ Hourly Weekly Bi-weekly Semi-monthly Monthly
Number of Hours worked per week _____ Position Title: _____
Employer Address: _____
(Street) (City) (State) (Zip)

Co-Applicant's Income: Number of hours worked a week? _____ Position Title: _____
Starting Date: _____/_____/_____

Co-Applicant's Current Employer: _____ Phone: (_____) _____ - _____
Employer Address: _____
(Street) (City) (State) (Zip)

How long have you worked in your current field of work:

If less than two years, Previous Employer: _____ Phone: (_____) _____ - _____
Rate of Pay \$ _____ Hourly Weekly Bi-weekly Semi-monthly Monthly
Number of Hours worked per week _____ Position Title: _____
Employer Address: _____
(Street) (City) (State) (Zip)

Rate of Pay \$ _____ Hourly Weekly Bi-weekly Semi-monthly Monthly Annually.

Other Monthly Income Sources:

Child Support Payment: \$ _____

Social Security/ Disability/ Pension: \$ _____ Source/beneficiary: _____

Any other sources of income? \$ _____ Source/beneficiary: _____

TOTAL INCOME FROM ALL SOURCES: Gross Per Month \$ _____

Gross Annual \$ _____

Is anyone in the household self employed? Yes ,(name) _____ No

Is anyone in the household a farm worker? Yes ,(name) _____ No

Assets

SAVINGS:

Name of Bank, Credit Union, other _____ Amount \$ _____

CHECKING:

Name of Bank, Credit Union, other _____ Amount \$ _____

401K / KEOGH ACCOUNT:

Name of Bank, Credit Union, other _____ Amount \$ _____

IRA / RETIREMENT:

Name of Bank, Credit Union, other _____ Amount \$ _____

LIFE INSURANCE:

Estimated Value \$ _____

REAL ESTATE / PROPERTY:

Estimated Value \$ _____

AUTOMOBILE(S): Type: _____ Year _____ Estimated Value \$ _____

Type: _____ Year _____ Estimated Value \$ _____

OTHER ASSETS: _____ Estimated Value \$ _____

Total Assets: \$ _____

CASH AVAILABLE FOR DOWN PAYMENT / CLOSING COSTS:

Amount \$ _____

Liabilities

List all Installment and Credit Accounts

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

List any Collections or Judgments

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

Creditor: _____ Mo. Payment \$ _____ Balance \$ _____

How much do you pay for alimony or child support, if any? Mo. Payment \$ _____

How much do you pay for child or elderly care, if any? Mo. Payment \$ _____

Total Debt Payments Per Month: \$ _____

Information for Government Monitoring Purposes Only

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.

APPLICANT'S RACE / NATIONAL ORIGIN:
 _____ American Indian/Native American
 _____ Black, Non-Hispanic
 _____ White, Non-Hispanic
 _____ Hispanic
 _____ Asian
 _____ Other: _____

SEX: _____ Male _____ Female

APPLICANT:

CO-APPLICANT'S RACE / NATIONAL ORIGIN:
 _____ American Indian/Native American
 _____ Black, Non-Hispanic
 _____ White, Non-Hispanic
 _____ Hispanic
 _____ Asian
 _____ Other: _____

SEX: _____ Male _____ Female

CO-APPLICANT:
 _____ I do not wish to furnish this information.

How Did You Hear About Us? Friend Relative Self-Help Homeowner
 Lender Realtor Agency Referral
 Other _____

Preferred Language : English Spanish
Are you foreign born? Yes, place of birth _____ No

Highest Level of Education Completed? _____

Certification

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize Housing Assistance Corporation to obtain a Credit Bureau Report in my name, and/or to request verification of income and residence.

Applicant's Signature

Date

Co-Applicant's Signature

Date

PLEASE MAKE ANY ADDITIONAL COMMENTS:

PLEASE RETURN OR MAIL APPLICATION TO:

Housing Assistance Corporation
602 Kanuga Road, Hendersonville, NC 29739
P.O. Box 2057, Hendersonville, NC 28793
Office: (828) 692-4744 ext.108 Fax: (828) 692-3009

Thank You!