



Future Homeowner Program - Application

1. Household Information

A. Applicant Information

Name	Date of Birth	Social Security Number - last 4 digits X X X X - X X - _____
Phone	Email Address	
Race/Ethnicity (Optional)	Will you need an interpreter? Y or N	

B. Co-applicant Information

Name	Date of Birth	Social Security Number - last 4 digits X X X X - X X - _____
Phone	Email Address	
Race/Ethnicity (Optional)	Will you need an interpreter? Y or N	

C. Other Household Members - list below each person who currently lives in your home

Name (First, Last)	Relationship to Applicant(s)	Social Security Number	Date of Birth	Sex	Race or Ethnicity (Optional)

D. Current Housing - When did you move to your current address? _____

Street Address City State Zip Code

2. Homeownership/Housing Needs

A. Why are you interested in becoming a North Hill Homeowner?

B. Housing Needs

- How many bedrooms do you need for your family? 1 2 3 4 5
- How many bathrooms do you need for your family? 1 1.5 2

3. Employment Information

Applicant			Co-Applicant		
Current Employer			Current Employer		
Address			Address		
Position	Phone Number		Position	Phone Number	
Full Time Part Time Seasonal Temporary	Dates (Job started)		Full Time Part Time Seasonal Temporary	Dates (Job started)	
Hourly Rate	Avg. Monthly <u>Pre-Tax</u> Income		Hourly Rate	Avg. Monthly <u>Pre-Tax</u> Income	
If working at current job less than two years, complete the following information:					
Past Employer			Past Employer		
Address			Address		
Position	Phone Number		Position	Phone Number	
Full Time Part Time Seasonal Temporary	Dates (Job started, ended)		Full Time Part Time Seasonal Temporary	Dates (Job started, ended)	

4. Monthly Income

	Applicant	Co-Applicant	Others in Household
Employment Income After Taxes			
TANF (Welfare)			
Unemployment			
Food Stamps			
Social Security			
SSI			
Disability			
Other			
TOTAL	\$	\$	\$

5. Monthly Debt Payments

	Applicant		Co-Applicant	
	Monthly Payment	Unpaid Balance	Monthly Payment	Unpaid Balance
Car(s)				
Household Items (Furniture, appliances, TV, etc...)				
Cell phone Contracts				
Credit Card				
Medical				
Student Loans				
Other				
TOTAL	\$		\$	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Monthly Income _____ Monthly Debt _____ Monthly Expenses _____

6. Monthly Household Budget

List the amount for all major expenses that your household pays regularly			
Rent	\$	Cell Phone/Home Phone	\$
Gas - Avg. Month	\$	Cable/Dish/Internet	\$
Electricity - Avg. Month	\$	Health Insurance	\$
Garbage/Water/Sewer - Avg. Month	\$	Food Cost - Avg. month	\$
Car Payment(s)	\$	Transportation (Bus, carpool)	\$
Car Insurance	\$	Other	

7. Background/Credit Check – Authorization

To fully determine eligibility and to develop a personalized financial plan for each Future Homeowner, Legacies of Success requires all applicants to submit to a criminal background check and credit check. By signing below, you authorize Legacies of Success to conduct these using the information you have provided.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

8. Disclosures

Circle the answer that best answers the following questions for the Applicant and Co-Applicant

	Applicant		Co-Applicant	
A. Have you declared bankruptcy within the past seven years?	Yes	No	Yes	No
B. Have you had property foreclosed on in the past seven years?	Yes	No	Yes	No
C. Are you paying child support or alimony?	Yes	No	Yes	No
D. Are you currently involved in a lawsuit?	Yes	No	Yes	No
E. Are you a US citizen or legal permanent resident?	Yes	No	Yes	No

If you answered “Yes” to any question A. - D. or “No” to question E. please explain on the next page.

Signature of the applicant(s):

By signing this application I understand the questions and certify that all of my answers are correct and complete to the best of my knowledge. I also understand that further information may be needed to verify my eligibility and give permission for Legacies of Success to contact any necessary persons or organizations to collect this information.

Applicant: _____ Date: _____

Co- Applicant: _____ Date: _____

Disclosures/Additional Information



Future Homeowner Required Documentation: Checklist

You will need to turn in copies of the following documents along with your completed application:

1. Proof of North Hill residency OR community connection

- a. Utility Bill and/or Rent Receipt
- b. North Hill Reference

Name _____ Phone _____

2. ID card for each household member (where applicable)

- a. Driver's License/State ID Card and/or Green Card(s)

3. Proof of household income

- a. Tax return form (Form 1040) for each taxpaying household member from the last two years
- b. One month of paystubs/letter from employer for each employed household member

4. Most recent bank statement

- a. Checking Account
- b. Savings Account