Community Action Center

APPLICATION: HOMEOWNERSHIP PROGRAM

For office use only: date received _____

To better serve you and clients in the future, please answer the following questions:

How did you hear about our program?

How soon would you like to purchase?

APPLICANT INFORMATION **Name (Please print)** **Social Security #** **Birthdate**

Applicant: _____ _____

Co-Applicant: _____ _____

Applicant's Marital Status: ☐ **Single** ☐ **Married** ☐ **Separated/Divorced** ☐ **Widowed**

Address: _____
Street City State

Mailing Address (if different than above):_____

# of Years: _____ **Home Phone #:** (_____)_____

Dependents and their ages (example: Susie-10 years old; Tom-2 years old): _____

_____

Income Tax Status: Do you file income tax? ☐ **Yes** – Please attach copies of your last 2 years of tax returns including W-2s

☐ **No** – Please explain why:_____

HOMEOWNERSHIP STATEMENT: (Please check the box that best describes your circumstance)

☐ I, the undersigned applicant, have not owned a home, and no members of my household have owned a home, within the last three (3) years, excluding a mobile/manufactured home located on a rented lot or property.
Please initial here _____.

☐ I, the undersigned applicant, or one of the members of my household have owned a home, within the last three (3) years, excluding a mobile/manufactured home located on a rented lot or property.
Please initial here _____.

APPLICANT'S & CO-APPLICANTS TWO (2) YEAR RENTAL HISTORY:

Current Landlord Name:_____ Phone #: (____)_____

Address: _____
Street City State

Previous Address: _____ # of years: _____
Street City

Landlord Name:_____ Phone #: (____)_____

Address: _____
Street City State

Previous Address: _____ # of years: _____
Street City

Landlord Name:_____ Phone #: (____)_____

Address: _____
Street City State

APPLICANT'S & CO-APPLICANTS EMPLOYMENT AND INCOME SOURCES:

APPLICANT'S PRESENT EMPLOYER	Annual Salary: $
	Hourly Rate: $
Name of Company: _____	Monthly Salary: $
Phone #: (_____)_____ ext._____	Hours worked per week:
Address: _____	How long have you been
_____	with the employer?
Position Held: _____	☐ Full-time ☐ Part-time ☐ Temporary

APPLICANT'S PREVIOUS OR PART-TIME EMPLOYER	Annual Salary: $
	Hourly Rate: $
Name of Company: _____	Monthly Salary: $
Phone #: (_____)_____ ext._____	Hours worked per week:
Address: _____	How long were you
_____	with the employer?
Position Held: _____	☐ Full-time ☐ Part-time ☐ Temporary

CO-APPLICANT'S PRESENT EMPLOYER	Annual Salary: $

	Hourly Rate: $
Name of Company: _____	Monthly Salary: $
Phone #: (_____)_____ ext._____	Hours worked per week:
Address: _____	How long have you been with the employer?
_____	
Position Held: _____	☐ Full-time ☐ Part-time ☐ Temporary

CO-APPLICANT'S <u>PREVIOUS OR PART-TIME</u> EMPLOYER	Annual Salary: $
	Hourly Rate: $
Name of Company: _____	Monthly Salary: $
Phone #: (_____)_____ ext._____	Hours worked per week:
Address: _____	How long were you with the employer?
_____	
Position Held: _____	☐ Full-time ☐ Part-time ☐ Temporary

NOTE: To qualify for this program you MUST report ALL sources of income, including ones that other lenders may not require you to report (for example, child support received).

INCOME SOURCES	APPLICANT	CO-APPLICANT	TOTAL
SSA or SSI Benefits	$	$	$
Retirement or VA Benefits	$	$	$
Unemployment compensation, TANF, GAU, other public assistance	$	$	$
Child Support Received	$	$	$
Rents received from Rental Property	$	$	$
Payments received from Real Estate Contract	$	$	$
Interest Income, Bonus, or Commissions	$	$	$
Other (please list):	$	$	$
	$	$	$

HOUSEHOLD BUDGET

MONTHLY HOUSING EXPENSES	
Rent Payment	$
Renter's Insurance	$
Heating Expense (other than electric or gas)	$
Avista, Inland/Clearwater Power	$
Water, Sewer, and Garbage	$
Maintenance & Repairs	$
Other (describe):	
	$
	$
	$
	$
	$
TOTAL:	**$**

MONTHLY LIVING EXPENSES	
Food	$
Clothing	$
Medical – Prescriptions & Medical Bills	$
Health Insurance	$
Life Insurance	$
Auto Insurance	$
Auto Gas & Repairs	$
Telephone	$
TV Cable	$
Child Care	$
Child Support	$
Other (describe):	$
	$
TOTAL:	**$**

FINANCIAL STATEMENT

CASH ACCOUNTS	PRESENT BALANCE
Checking Accounts	$
	$
Savings Account	$
CDs & Money Market Accounts	$
Stocks & Bonds	$
Other (list):	$
	$
	$
TOTAL	**$**

CURRENT DEBTS	PRESENT BALANCE	MONTHLY PAYMENT
Credit & Credit Card Accounts (list):		
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
TOTAL	**$**	**$**

PERSONAL PROPERTY	ESTIMATED VALUE
Vehicles (list) Model & Year:	
	$
	$

PERSONAL PROPERTY DEBTS	PRESENT BALANCE	MONTHLY PAYMENT
Auto & Vehicle Loans (list):		
	$	$
	$	$

	$
Boats, ATV's, RV's (list):	
	$
	$
Other Items of Value (list):	
	$
	$
	$
	$
TOTAL	**$**

	$	$
	$	$
	$	$
Other Loans (list):		
	$	$
	$	$
	$	$
	$	$
TOTAL	**$**	**$**

REAL ESTATE	ESTIMATED VALUE
	$
	$
	$
TOTAL	**$**

REAL PROPERTY DEBTS	PRESENT BALANCE	MONTHLY PAYMENT
	$	$
	$	$
	$	$
Real Estate Taxes Past Due	$	$
TOTAL	**$**	**$**

AGREEMENT, AUTHORIZATION, AND CERTIFICATION (Read Carefully):
The undersigned submits the foregoing statements and information, both written and printed, and including supplemental statements as being a full, true, and correct statement of his/her financial condition on the date stated. Making a false or knowingly inaccurate statement on this financial application is punishable under State and Federal law with a prison term and/or substantial fine. The undersigned agrees to notify the CAC Homeownership Program in writing of any material change in his/her financial condition. The undersigned also authorizes the CAC Homeownership Program to verify the information through securing credit reports, title reports, employer reports, landlord reports, benefit reports, etc. **Photocopies of this authorization may be used for these purposes.**

_____ _____
Applicant's Signature Date Co-Applicant's Signature Date

VOLUNTARY INFORMATION: The information requested below is to assure that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. If you do not furnish this information we are required to note race/national origin and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

APPLICANT:
Age: _____
RACE/NATIONAL ORIGIN:
☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black ☐ Hispanic ☐ White
☐ Other (please specify): _____
_____
I do not wish to furnish this information _____(please initial)

CO-APPLICANT:
Age: _____
RACE/NATIONAL ORIGIN:
☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black ☐ Hispanic ☐ White
☐ Other (please specify): _____
_____
I do not wish to furnish this information _____(please initial)

HOME PURCHASE INFORMATION (If known):
Address of home to be purchased: _____
Street City
Purchase Price: $_____ Appraised Value: $_____
Real Estate Agent: _____ Phone #:_____

If you have any questions about your rights, or if you wish to file a complaint, contact the Housing Program Manager of the Community Action Center at (509) 334-9147, or the Washington Human Rights Commission at 1-800-662-2755 or (509) 456-4473, located at 905 W. Riverside-Suite 416, Spokane, Washington 99201.