



Seniors at Home

Application FOR HOUSING



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a New Hope house. Please fill out the the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION

Applicant	Co-Applicant																								
Applicant's Name: _____ Social Security Number: _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed Date of Birth: _____	Co-Applicant's Name: _____ Social Security Number: _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed Date of Birth: _____																								
Dependents and others who will live with you (not listed by the co-applicant). <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dependents and others who will live with you (not listed by the applicant). <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Present Address (Please specify if you own or rent) Street _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of years _____	Present Address (Please specify if you own or rent) Street _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of years _____																								

If Living at Present Address for Less Than Two Years Complete the Following

Last Address (Please specify if you own or rent) Street _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of years _____	Last Address (Please specify if you own or rent) Street _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Number of years _____
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2. FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Received: _____	Date Letter Sent: _____
Date Application Completed: _____	Date of Home Visit: _____
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Date Status Letter Sent: _____	

5. WILLINGNESS TO PARTNER

You and your family are requested to complete a certain number of "sweat equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, or by donating your time to other non-profit organizations within your community such as answering a phone, cooking a meal, etc. . .

I AM WILLING TO COMPLETE THE REQUESTED EQUITY HOURS: Yes No

If you are unable to complete this "sweat equity" due to a disability, you can still qualify for the program. Applicant: Yes No

Co-Applicant: Yes No

6. PROPERTY INFORMATION

Do you own your own residence? Yes No

Is this the same address as completed in Section 1? Yes No *If "No" complete the following:*

Street: _____

City: _____ State: _____ Zip Code: _____

Do you own your own land? Yes No *If "Yes" please complete the following:*

Note: Must be entered as an asset in Section 8 of this application.

Street: _____

City: _____ State: _____ Zip Code: _____

Is there a mortgage on the land? Yes No *(If "Yes" enter debt in section 9 of this application)*

Are any liens against this property? Yes No *(If "Yes" enter debt in section 9 of this application)*

I/We request that the new house be located at: Current Address Land Address

At the location where the new house would be located please answer the following:

1. How many years have you owned this property? _____
2. Are there any existing structures(s) to be demolished or removed from the site? Yes No
3. A water pump or meter already installed? Yes No City Water Well Water
4. Septic or Sewer Tap Installed? Yes No Septic Sewer
5. Electricity already available on this property? Yes No
6. Is there an existing driveway onto property? Yes No
7. To the best of your knowledge has this property ever flooded? Yes No
8. To the best of your knowledge is this property located in a 100 year flood plain? Yes No
9. To the best of your knowledge has this property ever been used as a landfill? Yes No
10. To the best of your knowledge are there any adverse conditions such as toxic waste and/or hazardous materials, etc located on this property? Yes No *(If "Yes" please explain below)*

11. Are you aware of any restriction, zoning or local government requirements that would prevent a house from being constructed on this property? Yes No *(If "Yes" please explain below)*

12. Is there any additional information about this property that needs to be noted? Please explain.

7. MONTHLY INCOME AND COMBINED EXPENSES

INCOME				EXPENSES	
Gross Monthly Income	Applicant	Co-Applicant	Others In House	Monthly Expenses	Monthly Amount
Base Employment Income	\$	\$	\$	Electric	\$
AFDC/TANF				NAT/LP Gas	
Food Stamps				Fuel oil	
Social Security				Water Bill	
SSI				Sewer	
Disability				Telephone	
Alimony				Homeowner's Insurance	
Child Support				Auto Insurance	
Rental Property				Life Insurance	
Interest Income				Medical Insurance	
Other				Internet Service	
				Other	
Total	\$	\$	\$	Total	\$

Notice: Income must be reported for all persons 18 years and older who will be residing in the home.

8. ASSETS

List Checking and Savings Account and Any Land Owned Below

Land Owned:	Name & Address of Bank, Savings & Loan, or Credit Union:
Address _____ _____	Name _____ Address _____
Estimated Value: \$ _____	Account Number: _____ Balance \$ _____
Name & Address of Bank, Savings & Loan or Credit Union:	Name & Address of Bank, Savings & Loan, or Credit Union:
Name _____ Address _____	Name _____ Address _____
Account Number: _____ Balance \$ _____	Account Number: _____ Balance \$ _____
Name & Address of Bank, Savings & Loan or Credit Union:	Name & Address of Bank, Savings & Loan, or Credit Union:
Name _____ Address _____	Name _____ Address _____
Account Number: _____ Balance \$ _____	Account Number: _____ Balance \$ _____
Do you own a :	Do you own a :
Stove Yes No	Car (#1) Yes No
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Refrigerator <input type="checkbox"/> <input type="checkbox"/>	Make and Year _____
Washer <input type="checkbox"/> <input type="checkbox"/>	Car (#2) <input type="checkbox"/> <input type="checkbox"/>
Dryer <input type="checkbox"/> <input type="checkbox"/>	Make and Year _____

9. DEBT AND RENT-TO-OWN ITEMS

To Whom Do You and the Co-Applicant Owe Money?

Column 1	Column 2
Car (Name & Address of Company)	Land Listed in Section 6
Name: _____ Address: _____ Monthly Payment: \$ _____ Unpaid Balance: \$ _____ Months left to pay: _____	Address: _____ _____ Monthly Payment: \$ _____ Unpaid Balance: \$ _____ Months left to pay: _____
Furniture (Name & Address of Company)	Rent-To-Own Item
Name: _____ Address: _____ Monthly Payment: \$ _____ Unpaid Balance: \$ _____ Months left to pay: _____	Company: _____ Address: _____ Monthly Payment: \$ _____ Unpaid Balance: \$ _____ Months left to pay: _____
Credit Card (Name & Address of Company)	Other (Name and Address of Company)
Name: _____ Address: _____ Monthly Payment: \$ _____ Unpaid Balance: \$ _____ Months left to pay: _____	Name: _____ Address: _____ Monthly Payment: \$ _____ Unpaid Balance: \$ _____ Months left to pay: _____
Medical (Name & Address of Company)	Totals
Name: _____ Address: _____ Monthly Payment: \$ _____ Unpaid Balance: \$ _____ Months left to pay: _____	Job Related Expenses \$ _____ /month
	Column 1: Subtotal of Payments \$ _____ /month
	Column 2: Subtotal of Payments \$ _____ /month
	Total Monthly Expenses: \$ _____ /month

10. DECLARATIONS

Please Check the Box that Best Answers the Following Questions for You & the Co-Applicant

	Applicant	Co-Applicant
a. Do you have debts because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "Yes" to these questions does not automatically disqualify you. If you answered "yes" to any question **a** through **e**, however, please explain on a separate sheet of paper.

11. PROPERTY FOR FUTURE SENIORS AT HOME PROJECTS

The answer to the following question will NOT be used to determine if an applicant is or is not approved for the Seniors at Home project. However, property that can be utilized for future Seniors at Home projects may be used to limit or reduce financial commitment on a new Seniors at Home house.

If you own property other than your current residence, would you like New Hope Construction to consider this property for development of future Seniors at Home projects? Yes No

You are not required to furnish this information, but are encouraged to do so.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing New Hope Construction to evaluate my need for a New Hope house, my ability to repay the no-interest loan and other expenses of homeownership, and also my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and when applicable, an employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully my application may be denied, or I may be disqualified from the program even if I have already been selected to receive a New Hope house. The original copy of this application will be retained by New Hope Construction even if the application is not approved. I understand that by signing below I give New Hope Construction permission to run a credit report on me.

Applicant Signature

Date

Co-Applicant Signature

Date

X

X

In your opinion, how would you rate your credit:

Applicant: Excellent Good Fair

Co-applicant: Excellent Good Fair

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant and "C" for Co-Applicant.

Applicant's name _____ Co-Applicant's Name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following is required by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (Specify)
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date: / /	Birth date: / /
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by: <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (Print or Type)
	Interviewer's Signature Date
	Interviewer's Phone Number