

Income Eligibility Application

1. **Applicant Name:** _____ Birth date _____ Age _____
Applicant SS#: _____

2. **Co-Applicant Name:** _____ Birth date _____ Age _____
Co-Applicant SS#: _____

3. **Phone/Email Phone #:**() _____ **Work #:**() _____ **Email Address:** _____

4. **Street Address:** _____ **City** _____ **Zip** _____

Mailing Address: _____ **City** _____ **Zip** _____

(if different from above)

5. Rent Own Buying At current address since: Month _____ Yr _____ Monthly rent \$ _____

Name of landlord: _____ Address of landlord: _____

City: _____ State: _____ Zip: _____

Have you ever owned other real estate property / trailer within the past (3) years? Yes No

Former address if less than three (3) years at present address:

A. _____
(Number & Street, City, State, Zip Code)

Name, Mailing Address and Phone Number of Landlord

Dates that you lived here. _____ Monthly Rent: _____

B. _____
(No & Street., City, State, Zip Code)

Name, Mailing Address and Phone Number of Landlord

Dates that you lived here. _____ Monthly Rent: _____

6. Vesting to be held on title:

7. Please complete the following information for everyone occupying the property: (will occupy for FTHB Program)

Name	Gender (Male or Female)	Relation	Date of Birth	Social Security Number	Income Source (i.e. employment, social security, etc.)	Gross Annual Income

Total number of occupants: _____ Are you disabled: Yes No

8. **Applicants Employer:** _____

Complete Address: _____ Telephone # _____

Length of Employment: _____ Position/Title: _____

Income: Hourly Rate: \$ _____ Hours worked per week: _____ Weeks Worked per Year: _____

Anticipated income within the next 12 months: \$ _____

Co-Applicants Employer: _____

Complete Address: _____ Telephone # _____

Length of Employment: _____ Position/Title: _____

Income: Hourly Rate: \$ _____ Hours worked per week: _____ Weeks Worked per Year: _____

Anticipated income within the next 12 months: \$ _____

10. If employed in the current position for less than twelve (12) months, give past twelve (12) months employment history (A=Applicant, C=Co-Applicant);

A or C	Date of Employment (From-To)	Name and Address of Employer



11. Are you a Veteran? Yes No

12. Do you have a checking or savings bank account? Yes No

If yes, name and address of bank: _____

Checking Account #: _____ Acct. Balance: \$ _____

If yes, name and address of bank: _____

Checking Account: _____ Balance: \$ _____

13. Life Insurance, Face Value of Policy: \$ _____ Cash Value: _____

Savings Accounts _____ Cash Value: _____

Bonds _____ Amount: _____

Other (specify): _____ Cash Value: _____

(i.e. collectable automobile with make, year & model)

14. Debts (do not include utilities or phone)

Name and Address of Creditor	Balance	Minimum Monthly Payment
1.		
2.		
3.		
4.		
TOTALS		

15. Have you ever filed for Bankruptcy? Yes No If yes when? _____ Where? _____

16. Have you ever had any suits, judgments or repossessions? Yes No

If yes, explain why, where and when: _____

CERTIFICATION / AUTHORIZATION FOR RELEASE INFORMATION:

I certify that the information provided in this form is true and accurate to the best of my knowledge. I confirm that I have no additional sources of income and that no one else is living in or contributing to my household aside from those mentioned here. I understand that the information on this form is subject to verification. Furthermore, I permit NeighborWorks® HomeOwnership Center Sacramento Region to share the information in this application with the lender of my choice.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

