

NORTHWESTERN REGIONAL HOUSING AUTHORITY

Homeownership Preliminary Application

I. General Information

Applicant Name _____ Date of Birth / / / Soc. Sec. # - -

Co-applicant Name _____ Date of Birth / / / Soc. Sec. # - -

Address _____ City _____ State _____ Zip _____

Phone Number (Home) _____ (Work) _____ Number in Family _____

Marital Status: (circle one) Married Single Divorced Separated

Highest Level of Education Attained (Applicant) _____ (Co-Applicant) _____

Other Household Members:

Name: _____ Date of Birth _____ Relationship _____

II. Residential Information

Current Monthly Rent: _____

Do you receive Sec. 8 assistance? _____ Amount _____

Name of Landlord: _____ Phone # _____

Address _____ Length of time with this landlord _____

If less than two years at present location, give information for previous addresses and landlords to cover previous two years.

Previous Address: _____

Landlord Name: _____ Address _____ Phone # _____

Previous address: _____

Landlord Name: _____ Address _____ Phone # _____

III. Employment and Income (Give employment information for past 2 yrs.)

Employer of Applicant: _____ Address _____ Tel # _____

Position _____ Date of employment _____ Hrs. worked per week _____

Wages _____ Per: (circle one) Hour Week Month Year

If less than two years with above employer, please complete below: (If additional space is needed, use back of this sheet to list more employers.)

Previous Employer _____ Address _____ Tel # _____

Position _____ Dates of employment: from: _____ to: _____ Hrs. Worked per week: _____

Wages _____ Per: (circle one) Hour Week Month Year

Employment Income of Other household members:

Name _____ Wages _____ Per (circle one) Hour Week Month Year

Employer _____ Address _____

Number of Hours Worked Weekly: _____

Name _____ Wages _____ Per (circle one) Hour Week Month Year

Employer _____ Address _____

Number of Hours Worked Weekly: _____

Other Monthly Household Income: Amount Received By

Child support _____

Pension _____

Social Security _____

Disability (Social Security or Private) _____

Other _____

If you receive public assistance, please explain benefits, including amounts:

IV. Assets

Savings Account:

Financial Institution _____ Account # _____ Current Balance _____

Address _____

Checking Account:

Financial Institution _____ Account # _____ Current Balance _____

Address _____

Real Estate: Description _____ Value _____

Retirement Account _____ Vested Value _____

Vehicles:

Make _____ Model _____ Year _____ Approximate Value _____

Make _____ Model _____ Year _____ Approx. Value _____

Make _____ Model _____ Year _____ Approx. Value _____

Stocks, Bonds, Securities: (Describe) _____ Value _____

Other Assets: (Describe) _____ Value _____

Total Assets _____

V. LIABILITIES:

List all outstanding debts such as auto loans, credit cards, department, furniture, jewelry stores, etc.

Creditor _____ Act. # _____ Balance _____

Address _____ Monthly Payment _____

Creditor _____ Act. # _____ Balance _____

Address _____ Monthly Payment _____

Creditor _____ Act. # _____ Balance _____
Address _____ Monthly Payment _____

Creditor _____ Act. # _____ Balance _____
Address _____ Monthly Payment _____

Total Liabilities _____

Are any of the above accounts past due? ____ If yes, explain

VI. Other Information

Have you ever owned a home? ____ If yes, in whose name was the deed?
If yes, when was the home sold?

Have you filed bankruptcy in the past seven years?

Are there any outstanding judgments against you?

Do you have day care expenses? ____ Amount

Please give name and address of one relative who would be certain to know your address and telephone number, should you move from your present location:

Name of relative: _____ Relationship _____ Telephone# _____

Address _____

Applicant Certification: I certify that the information given in this application is true and accurate. I hereby give permission for Northwestern Regional Housing Authority to verify all information contained in this application through contact with employers, creditors, banks, etc. I understand if any information contained herein is found to be false, I will be disqualified for participation in the NRHA Homeownership Program. I also give permission for Northwestern Regional Housing Authority to obtain and check my credit report.

Applicant Signature _____

Date _____

Northwestern Regional Housing Authority is an Equal Housing Opportunity Agency.