



NEW LIFE HOMES Self-Help Homeownership Program

CLIENT APPLICATION

◆ APPLICANT ◆ CO-APPLICANT

NAME: _____

SOC. SEC. NO.: _____ Date of Birth: _____

Current Address: _____ Zip Code: _____

HOME PHONE: _____ Work Phone: _____ WORK HOURS: _____

Landlord's Address & Phone No.: _____

Previous Address: _____

Previous Landlord's Address & Phone No.: _____

MARITAL STATUS: ◆ Single ◆ Married ◆ Separated ◆ Divorced ◆ Widowed

NAME OF CO-PURCHASER(S) (if any): _____

HOUSEHOLD COMPOSITION: List ALL individuals WHO WILL LIVE WITH YOU in the house you wish to purchase. Full

Name Date of (LIST YOURSELF FIRST) Sex Birth Relationship

1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____

CURRENT HOUSING: Rent Apt. _____ Rent House _____ Rent Room _____ W/Relatives _____

Monthly Rent: \$ _____ How Long? _____ No. of Bedrooms: _____

OTHER INCOME: List any additional income (non-employment) for each person who will live in the home you will purchase. (Example: Social Security, pension, public assistance, SSI, child support, veterans' benefits, etc.)

	Person Receiving Income	Type of Income	Monthly Amount
1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____
6	_____	_____	\$ _____
7	_____	_____	\$ _____

STARTING WITH YOUR PRESENT POSITION, LIST ALL EMPLOYMENT FOR THE PAST TWO YEARS:

APPLICANT'S EMPLOYER

Employer: _____ Address: _____

From: (Date) _____ to (Date) _____ Position/Title: _____

Wages Before Deductions: \$ _____ Take-Home Pay: \$ _____

Indicate how often by checking ONE: Weekly ___ Every other week ___ Twice a month ___ Monthly Yearly ___

CO-APPLICANT'S EMPLOYER

Employer: _____ Address: _____

From: (Date) _____ to (Date) _____ Position/Title: _____

Wages Before Deductions: \$ _____ Take-Home Pay: \$ _____

Indicate how often by checking ONE: Weekly ___ Every other week ___ Twice a month ___ Monthly Yearly ___

DEBTS: List ALL agencies, banks, etc. to whom you owe money, i.e., credit cards, car notes, student loans, IRS, etc. Minimum Monthly Creditor Type of Debt Balance Payment

1	_____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____
5	_____	\$ _____	\$ _____
6	_____	\$ _____	\$ _____
7	_____	\$ _____	\$ _____

ASSETS: How much do you presently have in?

SAVINGS	MONEY MARKET	THRIFT PLAN	CHECKING	401K	OTHER
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Bank's Name & Address: _____

Do you currently live in public/transitional housing? Have Section 8? Have a mortgage/own property?

Have you recently (30 days) been pre-qualified or pre-approved by a bank? Yes No
Have you recently (90 days) applied for the Home Purchase Assistance Program? Yes No

By signing below, I hereby affirm that all the information that I have given above is true to the best of my knowledge. Additionally, I hereby authorize CCHS to obtain a credit report in order to analyze my application. I UNDERSTAND THAT CCHS WILL NOT PROCESS MY APPLICATION UNLESS I HAVE ENCLOSED THE \$22.00 NON-REFUNDABLE APPLICATION FEE, MADE PAYABLE TO CCHS, AND HAVE REQUIRED SIGNATURES AND SOCIAL SECURITY NUMBERS.

Signature: _____ Date: _____

Signature: _____ Date: _____

IF THERE IS NEED FOR ADDITIONAL SPACE FOR EMPLOYMENT AND/OR DEBT INFORMATION, PLEASE ATTACH A SEPARATE SHEET WITH ALL THE REQUESTED INFORMATION.

New Life Homes

APPLICATION CHECKLIST

To speed up your application process, please take a moment to review the following items. Please include with your application the information and supporting documentation.

APPLICATION DEPOSIT

- \$22 for a single individual and \$25 for a married couple**
- Check or Money Order payable to Catholic Charities Housing Services (cost for credit report)**

EMPLOYMENT

- Employment information completed in full on Application
- Most Recent Pay stubs (Covering last 30 days pay period)
- W-2 Forms or 1099's for prior 2 Years of (2008 and 2009)
- Tax Returns for last 2 years of (2008 and 2009)

OTHER INCOME SOURCES

- Social Security, Disability, Pension, VA Benefits, Investment Income
- Copy of Award Letter (Showing the benefit will continue for 3 years)
- Child Support Income
- Child Support Order
- Proof of receipt of child support for past 12 months

BANKING INFORMATION

- Checking/Savings/Money Market/IRA/Investment Accounts
 - Copies of last 2 months statements or most recent quarterly statements
- ALL PAGES**

RENT

- Name, Address, Phone Number of Landlord of all residences within the past 2 years (Residences completed in full on Application)

OTHER INFORMATION

- Complete set of Bankruptcy papers
- Divorce papers (Decree and Findings of Fact)
- ID/Drivers License, Permanent Residency card copy (front and back)
- Social Security card copy

NEW LIFE HOMES COMPLIANCE MONITORING QUESTIONS

FAMILY SIZE

Number of Adult Males _____
Number of Adult Females _____
Number of Male Children _____ Ages _____
Number of Female Children _____ Ages _____

Referred to Catholic Charities Housing Services/New Life Homes program by:

Any considerations CCHS/New Life Homes program should be aware of:

Have you ever owned a home before?

- Yes
- No

If Yes, when? From _____ to _____

I /we would like to be considered for assistance in purchasing a home through CCHS/New Life Homes program, a new construction homeownership program sponsored by Catholic Charities Housing Services. I/we understand that if accepted, my/our household will contribute labor throughout the course of construction, performing assigned tasks in a timely manner according to program standards that will equal a net total of \$3,500.00 in accumulated earnings that will be applied to the cost of our home. If selected, I/we intend to occupy the home as my/our primary residence and abide by all the terms and conditions set forth in the loan documents.

Applicant Signature

Date

Applicant Signature

Date

Catholic Charities Housing Services Housing Counseling Program Disclosure

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt- load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing. I/we understand that I/we are not obligated to purchase or rent a home from Catholic Charities Housing Services.

Mortgage Financing Assistance. Upon completion of the housing counseling program, I/we understand that the counselor will help to identify those loan programs that best meet my/our needs and choose a lender that is right for me/us. Upon completion of the program, and with my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling program.

Homeownership Education Classes. I/We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes and one on one housing counseling sessions.

Customer's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

MONTHLY EXPENSE WORKSHEET

Please use this sheet to fill in your monthly expenses.

	Payment:	Due Date:
Rent	\$	
Renter's Insurance		
Electricity/Natural Gas/Propane		
Water/Sewer/Garbage		
Phone		
Cable		
Union Dues		
Medical Insurance		
Auto Insurance		
Car Expenses		
Food/Groceries		
Misc. Household Expenses		
Auto Loan/Car Payment		
Credit Card		
<u>Credit Cards</u>		
Credit Card		
Credit Card		
Student Loan(s)		
<u>Other Debt Payments</u>		
(Please list below)		