

SECTION 1: APPLICANT INFORMATION		
Applicant Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Do you own your home? YES NO	Monthly payment:	Year purchased?
Are you a: 1. U.S. citizen 2. Permanent resident (CIRCLE ONE)		
Are you a veteran or active member of the US military? YES NO		Military Branch:
Are you affiliated with an organization/faith-based group who would be willing to volunteer on this project? YES NO If YES, what group?		
SECTION 2: CO-APPLICANT INFORMATION		
Co-applicant Name:		
Relationship to Applicant:		
Date of birth:	SSN:	Phone:
Are you a: 1. U.S. citizen 2. Permanent resident (CIRCLE ONE)		
Are you a veteran or active member of the US military? YES NO		Military Branch:
SECTION 3: APPLICANT EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
Previous employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
SECTION 4: CO-APPLICANT EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
Previous employer:		
Employer address:		
City:	State:	ZIP Code:
Position:	How long?	Phone:
SECTION 5: DEPENDENTS		
Please list individuals who live in the Applicant household:		
1) Name:	DOB:	Relationship:
2) Name:	DOB:	Relationship:
3) Name:	DOB:	Relationship:
4) Name:	DOB:	Relationship:
5) Name:	DOB:	Relationship:
6) Name:	DOB:	Relationship:
7) Name:	DOB:	Relationship:
8) Name:	DOB:	Relationship:
Please circle any name(s) if a veteran or active member of the US military, or if a spouse of a veteran or active member of the US military.		

SECTION 6: HOUSEHOLD INCOME (MONTHLY)		
INCLUDE ALL SOURCES FOR APPLICANT, CO-APPLICANT AND ALL ADULT INDIVIDUALS (18+) LISTED IN SECTION 5.		
	APPLICANT	CO-APPLICANT (if applicable)
Employment	\$	\$
Social Security Income	\$	\$
Social Security Disability	\$	\$
Food Stamps	\$	\$
Retirement/VA	\$	\$
Child Support	\$	\$
Alimony	\$	\$
AFDC/TANF	\$	\$
Other	\$	\$
Total	\$	\$
SECTION 7: HOUSEHOLD EXPENSES (MONTHLY)		
Mortgage	\$	
Property Tax	\$	
Homeowner's Insurance	\$	
Gas Bill	\$	
Electric Bill	\$	
Child Support paid	\$	
Water & Sewer	\$	
Garbage Removal	\$	
Total	\$	
SECTION 8: REQUIRED DOCUMENTATION		
PLEASE PROVIDE THE MOST RECENT COPY OF EACH STATEMENT. NOTE THAT MISSING DOCUMENTATION WILL PREVENT AN APPLICATION FROM BEING REVIEWED.		
THE APPLICATION IS CONSIDERED INCOMPLETE IF THIS DOCUMENTATION IS NOT INCLUDED		
<input type="checkbox"/> Mortgage (1 year/broken down by month)		
<input type="checkbox"/> Homeowner's Insurance		
<input type="checkbox"/> Gas Bill (last 3 consecutive months)		
<input type="checkbox"/> Electric Bill (last 3 consecutive months)		
<input type="checkbox"/> Pay stubs (8 weeks)		
<input type="checkbox"/> Federal Tax returns (last two consecutive years; first 2 pages; signed)		
<input type="checkbox"/> Proof of any other income (e.g. Food stamps, social security, child support, etc.)		

