



**HOUSING OPPORTUNITIES, INC.**  
**Owner Occupied Rehabilitation**  
**Porter County**



This form will be treated under CONFIDENTIALITY REQUIREMENTS as set forth in the FEDERAL SOCIAL SECURITY ACT.

**Name (First Adult)** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Disability:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**US Citizen** \_\_\_ Yes \_\_\_ No **Veteran** \_\_\_ Yes \_\_\_ No **Hispanic** \_\_\_ Yes \_\_\_ No

**Race/ National Origin:**

- |                                                                                  |                                                                 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Black /African American                                 | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> White                                                   | <input type="checkbox"/> Asian & White                          |
| <input type="checkbox"/> Asian                                                   | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indian /Alaska Native                          | <input type="checkbox"/> other multi-racial                     |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                  |                                                                 |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |                                                                 |

**Language Spoken:** \_\_\_\_\_ **Language Read:** \_\_\_\_\_

**Name (Second Adult)** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Disability:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**US Citizen** \_\_\_ Yes \_\_\_ No **Veteran** \_\_\_ Yes \_\_\_ No **Hispanic** \_\_\_ Yes \_\_\_ No

**Race/ National Origin:**

- |                                                                                  |                                                                 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Black /African American                                 | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> White                                                   | <input type="checkbox"/> Asian & White                          |
| <input type="checkbox"/> Asian                                                   | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indian /Alaska Native                          | <input type="checkbox"/> other multi-racial                     |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                  |                                                                 |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |                                                                 |

**Language Spoken:** \_\_\_\_\_ **Language Read:** \_\_\_\_\_

**List all other family members:**

Name	Relationship	Date of Birth	Race	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Area Code/Home Phone \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Is it ok to call you at work? YES NO

**I LIVE WITHIN THE CITY BOUNDARIES FOR:**

\_\_\_\_\_ **PORTAGE**  
\_\_\_\_\_ **VALPARAISO**

**I AM CURRENT ON MY MORTGAGE OR HAVE NO MORTGAGE** \_\_\_\_ **YES** \_\_\_\_ **NO**

**I AM CURRENT ON MY PROPERTY TAXES** \_\_\_\_ **YES** \_\_\_\_ **NO**

**I AM CURRENT ON MY HOME OWNER'S INSURANCE** \_\_\_\_ **YES** \_\_\_\_ **NO**

**SAVINGS HISTORY**

Please check one statement

A \_\_\_\_ I already save money on a regular basis and have saved more than \$300 in the past 12 months

B \_\_\_\_ I do not save at this time

**CREDIT HISTORY:**

Please check one statement that best describe your current credit situation.

\_\_\_\_\_ I have good credit; less than 2 late payments in 12 months and no collections

\_\_\_\_\_ I have fair credit; 2-4 late payments in 12 months and less than 3 collections totally less than \$2,000

\_\_\_\_\_ I have below average credit; more than 4 late payment and more than 5 collections totaling less than \$5,000

\_\_\_\_\_ I have poor credit; judgments, tax liens or collections in excess of \$5,000 or bankruptcy that is less than 2 years old.

**SOURCE OF ASSETS**

**VALUE OF ASSETS**

**INSTITUTION NAME**

Checking Account (6 month average balance)	\$ _____	_____
Cash Value Insurance Policies	\$ _____	_____
Savings/Money Market Balances	\$ _____	_____
Certificates of Deposit	\$ _____	_____
Value of Stocks/Bonds	\$ _____	_____
Equity in Real Estate	\$ _____	_____
Retirement Funds (401K, etc.)	\$ _____	_____

**Rehabilitation Work that I would like done:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# YOUR MONTHLY SPENDING PLAN

## Monthly Income

Salary	\$
Social Security	\$
Child Support	\$
Other (Specify)	\$

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**TOTAL INCOME (add all monthly income)** \$

## Monthly Expenses

House Payment	\$
Food	\$
Electric Bill	\$
Gas Bill	\$
Water Bill	\$
Insurance (car, house, life)	\$
Car Payment	\$
Credit card payment	\$
Child Care	\$
Clothing	\$
School/work supplies	\$
Transportation (gas, bus, fare, etc.)	\$
Tuition	\$
Savings	\$
Phone Bill	\$
Cable	\$
Internet Access	\$
Medical Expenses	\$
Alimony/Child Support	\$
Entertainment (movies, restaurants, video rentals, etc.)	\$
Other (Specify)	\$

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**TOTAL EXPENSES (add all monthly expenses)** \$

**CERTIFICATIONS**

- a. I understand that this preliminary application is not binding on Housing Opportunities or me in any way and may be withdrawn by Housing Opportunities or me at any time.
- b. I understand verification of all income and assets is required by federal and state regulations for eligibility and I have no objections to inquiries being made for the purpose of verifying statements made herein, and
- c. I further certify that all information provided by me on this preliminary application is true to the best of my knowledge.
- d. I understand I must attend all three classes for post purchase education
- e. I understand I must contact Housing Opportunities when any of the above information changes.
- f. I am authorizing Housing Opportunities, Inc. to pull my credit report.
- g. I understand that I may not do any home repairs while utilizing this program. If the home fails lead clearance due to repairs done by myself and or contractors hired by me, I will be responsible for paying the cost of achieving lead clearance. Including cleaning products, labor and testing that is required to obtain clearance.
- h. I understand that no work can be completed by a family member.

\_\_\_\_\_  
Signature of Applicant (Adult One)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (Adult Two)

\_\_\_\_\_  
Date

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Please return application to: **HOUSING OPPORTUNITIES, INC.**, 954 Eastport Centre Dr., Suite A, Valparaiso, IN 46383