



HOUSING OPPORTUNITIES, INC.



This form will be treated under CONFIDENTIALITY REQUIREMENTS as set forth in the FEDERAL SOCIAL SECURITY ACT. Income eligibility for the program is at 80 percent of area median income or below.

Please answer all questions as completely and accurately as possible.

Please check program that you are applying for:

Post Purchase Counseling

Post Purchase Education

Name (First Adult)

Social Security Number

Disability:

Date of Birth:

US Citizen Yes No

Veteran Yes No

Hispanic Yes No

Race/ National Origin:

Black /African American

Black/African American & White

White

Asian & White

Asian

American Indian/Alaskan Native & White

American Indian /Alaska Native

other multi-racial

Native Hawaiian/Other Pacific Islander

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:

Black /African American

Black/African American & White

White

Asian & White

Asian

American Indian/Alaskan Native & White

American Indian /Alaska Native

other multi-racial

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & Black/African American

Language Spoken:

Language Read:

List all other family members:

Table with 5 columns: Name, Relationship, Date of Birth, Race, Gender. Multiple rows for listing family members.

Current Address

Move in date

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

How did you hear about us? _____

MONTHLY HOUSEHOLD INCOME FROM ALL SOURCES

	First Adult	Second Adult
Gross employment pay:	\$ _____	\$ _____
Overtime:	\$ _____	\$ _____
Commissions: yes ¹ no ¹		
Child Support:	\$ _____	\$ _____
SSI:	\$ _____	\$ _____
Public Assistance:	\$ _____	\$ _____
Pensions (Veterans, Union, etc.):	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
Total Monthly Household Income:	\$ _____	\$ _____

EMPLOYMENT

FIRST ADULT

Current Employer _____ Phone _____ Start Date _____ Title _____
Address: _____

Hours per week _____

If current employment is less than two (2) years:

Past Employer _____ Phone _____ Dates of Employment _____ Title _____

SECOND ADULT

Current Employer _____ Phone _____ Start Date _____ Title _____
Address: _____

Hours per week _____

If current employment is less than two (2) years:

Past Employer _____ Phone _____ Dates of Employment _____ Title _____

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.)	\$ _____	_____

MONTHLY DEBT PAYMENTS:

(6 Payments or more due)

	Creditor's Name	Average Monthly Payment	Remaining Balance
Auto Loan	_____	\$ _____	\$ _____
Auto Loan	_____	\$ _____	\$ _____
Credit Card(s)	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Other Consumer Loans (including Rent to Own)	_____	\$ _____	\$ _____
Medical Bills	_____	\$ _____	\$ _____
Dental Bills	_____	\$ _____	\$ _____
Child Support Payments	_____	\$ _____	\$ _____
Student Loans	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____
TOTAL		\$ _____	\$ _____

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.

BUDGET:

Please check one statement that best describes your budget:

- I utilize a budget on a regular basis.
- I do not utilize a budget but have no monthly shortfall

_____ I do not utilize a budget and have a monthly shortfall of at least \$100 per month.

MORTGAGE

Please check one statement that best describes your current situation:

- _____ I have never been late paying my mortgage in the past 2 years.
- _____ I have been late paying my mortgage less than 4 times in the past 2 years
- _____ I have been late paying my mortgage 4 to 8 times in the past 2 years
- _____ I have been late paying my mortgage more than 8 times in the past 2 years

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 classes.
- e. I understand I must score 80% or better on the written test after completing the classes.
- f. I understand I must contact Housing Opportunities when any of the above information changes.
- g. I am authorizing Housing Opportunities, Inc. to pull my credit report.
- h. I understand at the time of my intake meeting, I will need to bring:
 - 1) Three pay stubs
 - 2) Driver's license and Social Security Card
 - 3) One month of checking and savings account statements
 - 4) Current mortgage statement

Signature of Applicant (Adult One)

Date

Signature of Applicant (Adult Two)

Date

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

Notes: _____

