

CENTER FOR AFFORDABLE HOMEOWNERSHIP

1803 N. Howard Ave., Tampa, FL 33607 office: 813.251.5402 Fax: 813.251.9526

APPLICANT INFORMATION

Name:		SSN:	Date of birth:	
Home Phone:		Cell Phone:	Work Phone:	
Current address:			Email Address:	
City:	State:	Zip Code:	Are you a Central Park Relocated Resident? Yes No	
Own Rent <i>(Please check one)</i>	How Long?		Are you Currently Section 8 or public housing with THA? Yes No <i>Please specify:</i>	
Race <i>(please check all that apply)</i> : White, not of Hispanic origin Hispanic American Indian/Alaskan Native Black, not of Hispanic origin Asian Pacific Islander Other				
Current Housing Arrangement: Homeowner with mortgage Homeowner with mortgage paid off Renter Homeless Does not pay rent				
Marital Status <i>(check one)</i> : Single Married Divorced Separated Widow			Gender: Male Female	
Disabled? Yes No		Have you owned a home in the last three (3) years? Yes No		
Education <i>(check one)</i> : Below High School Diploma High School Diploma or Equivalent Associates Degree Bachelor Degree Master's Degree Doctorate Other				

EMPLOYMENT INFORMATION

Current employer:				
Employer address:			How long?	Hire Date:
Phone:	E-mail:		Fax:	
City:	State:		ZIP Code:	
Position:	Gross Income (before taxes):		Hourly Weekly bi-weekly Twice a month Annually	

CO-APPLICANT INFORMATION

Name:		SSN:	Date of birth:	
Home Phone:		Cell Phone:	Work Phone:	
Current address:			Email Address:	
City:	State:	Zip Code:	Are you a Central Park Relocated Resident? Yes No	
Own Rent <i>(Please check one)</i>	How Long?		Are you Currently Section 8 or public housing with THA? Yes No <i>Please specify:</i>	
Race <i>(please check all that apply)</i> : White, not of Hispanic origin Hispanic American Indian/Alaskan Native Black, not of Hispanic origin Asian Pacific Islander Other				
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Disabled? Yes No		Have you owned a home in the last three (3) years? Yes No		
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CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:				
Employer address:			How long?	Hire Date:
Phone:	Email:		Fax:	
City:	State:		Zip Code:	
Position:	Gross Income (before taxes):		Hourly Weekly bi-weekly Twice a month Annually	

TYPE OF INCOME (MONTHLY)	CUSTOMER	CO-APPLICANT
Salary		
Alimony/Child Support		
Rental Income		
Pension Income		
Public Assistance		
Self-Employment Income		
Dependent SSI Income		
Seasonal Employment		
Other		

Family Size _____ How many dependents? _____ Age(s) _____
 Relationship to Applicant: _____ Relationship to Co-Applicant _____
 Can you document Child support/alimony income? Yes No If yes, how long will it continue? _____
 If any family member or child receives SSI, how long will payments continue? _____ If receiving disability income, is it permanent? Yes No

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LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans and child-care expenses. **DO NOT** include rent or utilities

Paid to:	Account #	Whose debt? (C=Customer, A=Co-Applicant B=Both)	Current Balance	Interest Rate	Monthly Payment

Customer

Co-Applicant

Have payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

CUSTOMER

CO-APPLICANT

Checking Account		
Savings Account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? Yes No
 If yes, total amount of additional funds to be received? _____

ADDITIONAL INFORMATION

CUSTOMER

CO-APPLICANT

Current monthly rent or mortgage:				
First-time homebuyer?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Do you have a contract on a house?	Yes	No	Yes	No
Are you currently working with a real estate agent?	Yes	No	Yes	No
Most convenient time for an individual appointment?	___AM	___PM		

Days Available: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

AUTHORIZATION

I authorize the Center for Affordable Homeownership to pull my credit and employment reports for housing counseling in connection with my pursuit of a loan to purchase real property; for informational purposes and to obtain a copy of the HUD1Settlement Statement when I purchase a home from the lender who made me a loan or the title company that closed the loan. In addition, I certify that I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant (only if for a joint membership):	Date:

***A non-refundable registration fee of \$20.00 in the form of money order or cash is required for class confirmation.**