

Homeownership Program Application



Applicant

First Name	Last Name	Email

Home Phone	Mobile Phone	Work Phone	Preferred Phone
			<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work

Mailing Address	Date moved to address	
City	State	Postal Code

Date of Birth	Primary Language	Marital Status
		<input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Gender	Race	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond

Educational Attainment	Employment Status
<input type="checkbox"/> Less than HS Diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree	<input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work

Co-Applicant

First Name	Last Name	Social Security

Date of Birth	Phone	Email

Gender	Race	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond

Educational Attainment	Employment Status
<input type="checkbox"/> Less than HS Diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree	<input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work

Additional Household Member #1

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #2

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #3

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #4

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #5

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Financial History

How many times have you been late with your bill payments in the last year?
<input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 or more times
How much do you typically pay on your monthly credit card bill?
<input type="checkbox"/> No credit cards <input type="checkbox"/> The full balance <input type="checkbox"/> Less than the full balance, more than the minimum required <input type="checkbox"/> The minimum required <input type="checkbox"/> Less than the minimum required
If have you've been involved in the foreclosure process, what was the date of your first notice of foreclosure?
<input type="checkbox"/> / / <input type="checkbox"/> Does not apply
If you've declared bankruptcy in the past 7 years, what was the date of your bankruptcy discharge?
<input type="checkbox"/> / / <input type="checkbox"/> Does not apply

Assets

Please list the current the value of all household Assets.
Please enter numbers without dollar signs.

Checking accounts:
Savings accounts:
Retirement accounts:
Investments:
Real Estate:
CDs (Certificate of Deposit):
Other:

Debts

Please list all household Debts. Please enter numbers
without dollar signs.

Credit cards:	Monthly Payment
Education loans:	Monthly Payment
Auto loans:	Monthly Payment
Lines of Credit:	Monthly Payment
Mortgages:	Monthly Payment
Other:	Monthly Payment

Employment / Income Source Information

Include each income source any household member receives. Sources of income include earned income from employment as well as benefits, social security and child support.

Income Source #1

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #2

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #3

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #4

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #5

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Current Living Situation

What best describes your current living situation	How many bedrooms are in your current home?
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents / Relatives / Friends <input type="checkbox"/> Lease Purchase <input type="checkbox"/> Work Housing <input type="checkbox"/> Other	<input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Current Monthly Rent	Monthly Utilities (gas, water, electricity, etc)
Please describe any special needs or accommodations required by your household. For example, "one-level only" or "at least one ADA-accessible bathroom required."	

Homeownership Goals

<p>Will you be a first-time homebuyer?</p>	<p>What is your primary reason for wanting to purchase a home?</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Desire to own a home of my own <input type="checkbox"/> Desire for larger home <input type="checkbox"/> Change in family situation <input type="checkbox"/> Affordability of homes <input type="checkbox"/> Desire for a home in a better area <input type="checkbox"/> Desire to be closer to job/school/transit <input type="checkbox"/> Financial security <input type="checkbox"/> Provides stability for children <input type="checkbox"/> High rental costs in relation to income <input type="checkbox"/> Other</p>
<p>Which of the following are barriers to buying a home?</p>	<p>In how many months do you expect to be financially ready to purchase a home?</p>
<p><input type="checkbox"/> Residency <input type="checkbox"/> Insufficient income <input type="checkbox"/> Over income <input type="checkbox"/> Too many assets <input type="checkbox"/> Poor credit history <input type="checkbox"/> Insufficient savings for down payment <input type="checkbox"/> Debt <input type="checkbox"/> Lack of references <input type="checkbox"/> Pending divorce <input type="checkbox"/> Pets <input type="checkbox"/> Own existing home <input type="checkbox"/> None</p>	<p><input type="checkbox"/> Less than 1 month <input type="checkbox"/> 2-4 months <input type="checkbox"/> 5-7 months <input type="checkbox"/> 7-9 months <input type="checkbox"/> 10 or more months</p>
<p>How much do you currently have saved specifically for buying a home (down payment, closing costs, etc)?</p>	<p>In which areas are you interested in purchasing? Please click the link above to view a list of neighborhoods, then choose the Wards from the list below.</p>
<p>What is most important to you about the neighborhood in which you purchase a home? Choose your top 3.</p>	<p>How many bedrooms would you like in your new home?</p>
<p><input type="checkbox"/> Schools <input type="checkbox"/> Safety/crime <input type="checkbox"/> Proximity to work/school <input type="checkbox"/> Proximity to amenities <input type="checkbox"/> Proximity to family/friends <input type="checkbox"/> Strong housing market <input type="checkbox"/> Part of the shared equity program</p>	<p><input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>