



OUR HOUSE ASSISTANCE APPLICATION

PERSONAL DATA

APPLICANT: FULL NAME _____ SOCIAL SECURITY # _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ PHONE (MUST PROVIDE AT LEAST TWO NUMBERS) _____ WORK: _____ HOME: _____ MOBILE: _____	CO-APPLICANT: FULL NAME _____ SOCIAL SECURITY # _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ PHONE (MUST PROVIDE AT LEAST TWO NUMBERS) _____ WORK: _____ HOME: _____ MOBILE: _____
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EMAIL ADDRESS (PERSONAL): _____	EMAIL ADDRESS (WORK): _____
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HOUSEHOLD DATA (EVERYONE THAT WILL BE LIVING IN THE HOUSEHOLD)

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SEC #	DOES THIS PERSON HAVE ANY SOURCE OF INCOME?
1.		SELF		<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO
5.				<input type="checkbox"/> YES <input type="checkbox"/> NO
6.				<input type="checkbox"/> YES <input type="checkbox"/> NO
7.				<input type="checkbox"/> YES <input type="checkbox"/> NO

DOES ANYONE IN THE HOUSEHOLD NEED ACCESSIBILITY FEATURES FOR	PHYSICAL IMPAIRMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO VISUAL IMPAIRMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO HEARING IMPAIRMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD (INCLUDING APPLICANT AND CO-APPLICANT)	

OUR HOUSE PERMITTED MORTGAGE INFORMATION (PROPOSED 1ST MORTGAGE LENDER)

COMPANY: _____ CONTACT PERSON: _____ PHONE: _____

RELEASE OF INFORMATION

I hereby authorize the mortgage company and/or broker processing my first mortgage, my real estate company, the credit bureau, my employer, and my landlord to release any documents and information pertaining to this application to The Housing Fund (THF) and its agents. I authorize THF to discuss any information pertaining to my application with all parties listed above.

These documents will be treated as confidential by THF and will be used only for processing my downpayment assistance application and loan servicing if I receive a loan from THF.

CONFLICT OF INTEREST

(NOTE: Identification of a conflict-of-interest will not necessarily keep you from participating in this program.)

Are you or any member of your family related to anyone who works for The Housing Fund or its Board of Directors?

YES NO If yes, explain. _____

HOUSEHOLD DEMOGRAPHICS

Name (from page 1)	Race	M/F	Hispanic Y/N	Employment Status (If over 18)	Education Attainment (if over 18) School Attending (if under 18)
1					
2.					
3.					
4.					
5					
6.					
7.					

Applicant Signature

Date

Co-applicant Signature

Date

Race

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Pacific Islander
5. White
6. American Indian AND White
7. Asian AND White
8. Black or African American AND White
9. American Indian AND Black
10. Other multi race

Employment Status

1. Self-employed
2. Work full-time for employer
3. Work part-time for employer
4. Homemaker
5. Full-time student
6. Permanently unable to work
7. Unemployed and seeking work
8. Unemployed and not seeking work
9. Retired

Occupation: _____

Educational Attainment

1. Less than HS Diploma
2. High school diploma or equivalent
3. Some post-secondary
4. Certification , vocational or technical training program
5. Associate's Degree
6. Bachelor's Degree
7. Master's or other graduate degree

† If under 18, name of school attending: _____

INCOME DATA (COMPLETE FOR ALL MEMBERS OF THE HOUSEHOLD WHO HAVE ANY SOURCE OF INCOME)

APPLICANT:		EMPLOYER:	
EMPLOYER ADDRESS:	DATE OF EMPLOYMENT:	PHONE:	
INCOME: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY TWO WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY			
I WORK OVERTIME ON A CONSISTANT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE BONUSES / COMISSION ON A CONSISTANT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELF OR DEPENDANT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE CHILD SUPPORT / ALIMONY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
OTHER INCOME:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	

CO-APPLICANT:		EMPLOYER:	
EMPLOYER ADDRESS:	DATE OF EMPLOYMENT:	PHONE:	
INCOME: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY TWO WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY			
I WORK OVERTIME ON A CONSISTANT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE BONUSES / COMISSION ON A CONSISTANT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELF OR DEPENDANT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE CHILD SUPPORT / ALIMONY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
OTHER INCOME:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	

OTHER:		EMPLOYER:	
EMPLOYER ADDRESS:	DATE OF EMPLOYMENT:	PHONE:	
INCOME: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY TWO WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> MONTHLY			
I WORK OVERTIME ON A CONSISTANT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE BONUSES / COMISSION ON A CONSISTANT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELF OR DEPENDANT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
I RECEIVE CHILD SUPPORT / ALIMONY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	
OTHER INCOME:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	

My household has no other income other than what is reported above. _____
initial

I certify that all of the statements that I have made in this application are complete, true, and correct to the best of my knowledge. I understand that if I provide incorrect, incomplete or false information on this application, I will be declined for this loan. I further understand that if The Housing Fund approves my loan, its discovery of false, incomplete or incorrect information could lead to legal action against me to enforce immediate repayment of this loan.

_____ *Applicant Signature* _____ *Date* _____ *Co-applicant Signature* _____ *Date*

Customer Privacy Statement

Our top priority is to provide you, our customer, with outstanding products and services. This notice provides information to you about how we collect, disclose, and protect "nonpublic personal information" we obtain about you in the course of our business together. When we use the term "nonpublic personal information" in this notice, we mean personally identifiable information that is not publicly available.

Information we may collect. We collect nonpublic personal information about you from the following sources:

- Information we receive from you on loan applications and related forms which may include your address, telephone number, employment, assets, income, debt, etc.
- Information about your transactions with us, our affiliates, or others.
- Information we receive from a consumer-reporting agency, banks, appraisers, your property insurance coverage and employers.

Our disclosure policy. We do not disclose any nonpublic personal information about our customers or former customers to anyone except as permitted by law.

We will share information for counseling purposes with the Processing Agency that provided the homebuyer education classes.

We may disclose all of the information we collect, as described above, about our customers and former customers to third parties that perform services and functions, including marketing services, on our behalf. For example, we may disclose information about you to third parties that assist us in servicing or maintaining your loan account, such as billing you for loan payments. We may also disclose information about you to governmental entities, such as sending customer reports to our funding agencies, and to other third parties such as credit bureaus, or in response to subpoenas; however, **we do not sell customer information to non-affiliated third parties for marketing purposes.**

How we protect your information. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with government regulations to guard your nonpublic personal information. To protect our customer's privacy, we only work with companies that agree by contract to maintain strong confidentiality protections and limit the use of information we provide. We do not permit these companies to sell to third parties the information we provide to them.

This policy may change. We reserve the right to change our privacy policy notice from time to time without prior notice to you, unless law requires prior notice.

Please call if you have any questions, because your privacy and our professional ethics are very important to us.

By Signing below, the Applicant declares that he/she has read and understands the above statement.

Signature of Applicant

Date Signed

Preferred Method for Communication

Staff at The Housing Fund (THF) will need to contact you about the *Our House* program. This

Preferred Method for Communication

Staff at The Housing Fund (THF) will need to contact you about the *Our House* program. This communication may be about your progress in the *Our House* program, potential *Our House* properties for purchase, and *Our House* events.

Please keep in mind that some communication about *Our House* will be time sensitive; therefore, THF staff will need to be able to contact you by e-mail or phone. While THF staff prefer to contact you by e-mail, it is important that THF staff use the appropriate form of communication for you. Please select one of the following statements:

I frequently use e-mail. Our House should e-mail me information regardless of whether it is time sensitive. I understand that Our House may occasionally call me.

E-mail me at: _____ Call me at: _____

I rarely use e-mail. Our House can e-mail me information that is not time sensitive or urgent, but Our House should call me with important information.

E-mail me at: _____ Call me at: _____

I do not use e-mail. Our House should call me by phone with information regardless of whether it is time sensitive.

Call me at: _____

Occasionally, THF staff may want to send you announcements, information, or documents in the mail that pertain to *Our House*. What is your current mailing address?

I agree to allow THF to use my contact information according to the statements above. I understand that if my contact information changes or my preferred method for communication changes, it is my responsibility to contact THF to update my information.

PRINTED NAME of Applicant

Signature of Applicant

Date Signed