



**Program Name**  
**2024 OWNER-OCCUPANT APPLICATION**

**SECTION 1: HOMEOWNER INFORMATION**

**BORROWER**

		/
Full Name	Primary Phone	/ Alt. Phone
Date of Birth	Social Security Number	Email Address
Home Address	ZIP	Name of Employer (company)
Years at Current Address	Employer's Address	
Former Address (if current address less than 2 years)	Position	Number of Years Employed
Marital Status: Single Married Divorced Separated		
Number of Dependents: ____ Ages: _____		Previous Employer & number of years (if employed less than 2 years at current employer)

**CO-BORROWER**

		/
Full Name	Primary Phone	/ Alt. Phone
Date of Birth	Social Security Number	Email Address
Home Address	ZIP	Name of Employer (company)
Years at Current Address	Employer's Address	
Former Address (if current address less than 2 years)	Position	Number of Years Employed
Marital Status: Single Married Divorced Separated		
Number of Dependents: ____ Ages: _____		Previous Employer & number of years (if employed less than 2 years at current employer)



## SECTION 2: HOUSEHOLD INFORMATION

### Complete List of Household Members Living in the Home Full- or Part-Time

Note: "Relationship" is the person's relation to the homeowner/borrower. Borrower will state "self."  
**(Information Required by Funders)**

Full Name & Relationship	Date of Birth & Age	Ethnicity*	Gender	Annual Income
1				
2				
3				
4				
5				
6				
7				
8				

### ETHNICITY\*

#### Borrower

- I do not wish to disclose. (ND)  
 White (W)  
 Black/African-American (B)  
 Asian/Pacific Islander (A)  
 Native American/Alaskan Native (NA)  
 Latinx/Hispanic (L)  
 Multi-Racial (MR): \_\_\_\_\_

#### Co-Borrower (whether or not resides in home)

- I do not wish to disclose. (ND)  
 White (W)  
 Black/African-American (B)  
 Asian/Pacific Islander (A)  
 Native American/Alaskan Native (NA)  
 Latinx/Hispanic (L)  
 Multi-Racial (MR): \_\_\_\_\_



## SECTION 3: INCOME & DISCLOSURES

### INCOME SOURCES & HOUSING-RELATED EXPENSES

Source (per month)	Borrower	Co-Borrower
Employment Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Child/Spousal Support	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Net Rental Income	\$ _____	\$ _____
Stocks/Bonds/CD/IRA	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

#### Housing Expense (per month)

Mortgage	\$ _____
Other Financing	\$ _____
Real Estate Tax	\$ _____
Property Insurance	\$ _____
Mortgage Insurance	\$ _____
Utilities (avr. for all)	\$ _____

#### Homeowner's Insurance Policy Information:

Agent/Broker's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**If your home's real estate taxes are delinquent, how much is owed?** \_\_\_\_\_

**Is there a payment plan?**  Yes  No

#### REHAB INFORMATION: Please list the repairs and updates requested for your home.

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#### DISCLOSURES: Please answer each of the following questions.

	Borrower	Co-Borrower
Are there any outstanding code violations against your home?	_____	_____
Have you had any property foreclosed upon or given title in lieu thereof?	_____	_____
Have you any outstanding civil judgements against you?	_____	_____
Have you declared bankruptcy in the last 10 years?	_____	_____
Are you a co-maker or endorser on a note?	_____	_____
Are you a citizen of the United States (U.S.)?	_____	_____
Are you a veteran of the U.S. Armed Forces or on active military duty?	_____	_____

