



Pre-Screening Application

Faith Community Development Corporation

5526 State Rd. 26 E, Lafayette, IN 47905 765.448.1986

Applicant (Fill out co-applicant information on pg 2.)

Name _____ Address _____ Lafayette, IN _____

Home Phone _____ Cell Phone _____ Email _____

Social Security # _____ Date of Birth _____ Marital Status _____

How long have you lived at this address? _____ yrs./mo.

Are you currently receiving subsidized housing benefits? Yes No

Income

Are you employed? Yes No

Employer				
Name	Address	Hire Date	Position/Title	Average hours per week

How much do you make each month from? Your job _____ Child support _____

Social Security/Social Security Disability _____ Unemployment _____

TANF _____ Other Income (please specify) _____

Do you have bank accounts? Yes No Type of Accounts _____ Total Balance _____

Expenses (monthly)

Housing (Rent **you** pay) _____ Transportation (gas / bus pass & Auto Insurance) _____

Utilities (What **you** pay) _____ Cell phone _____ Cable & Internet _____

Food/Household Supplies (Please do not include food stamps amount) _____

Clothing _____ Pets (include food) _____

Eating out _____ Miscellaneous (cigarettes, gifts, movies, etc.) _____

Child Support _____

Debt (Please list separately. Examples: car loans, credit cards, payment plans, outstanding utility bills, medical bills, student loans, or debt you owe former landlords) *Please continue on the back if necessary.*

Creditor #1 _____ Monthly payment _____ Total owed _____

Creditor #2 _____ Monthly payment _____ Total owed _____

Creditor #3 _____ Monthly payment _____ Total owed _____

Creditor #4 _____ Monthly payment _____ Total owed _____

Creditor #5 _____ Monthly payment _____ Total owed _____
Creditor #6 _____ Monthly payment _____ Total owed _____

Co-Applicant

Name _____ Address _____ Lafayette, IN _____

Home Phone _____ Cell Phone _____ Email _____

Social Security # _____ Date of Birth _____ Marital Status _____

How long have you lived at this address? _____ yrs./mo.

Are you currently receiving subsidized housing benefits? Yes No

Income

Are you employed? Yes No

Employer _____
Name Address Hire Date Position/Title Average hours per week

How much do you make each month from? Your job _____ Child support _____

Social Security/Social Security Disability _____ Unemployment _____

TANF _____ Other Income (please specify) _____

Do you have bank accounts? Yes No Type of Accounts _____ Total Balance _____

Expenses (monthly)

If co-applicant does not have an expense independent of what the applicant listed, then please leave blank.

Housing (Rent **you** pay) _____ Transportation (gas / bus pass & Auto Insurance) _____

Utilities (What **you** pay) _____ Cell phone _____ Cable & Internet _____

Food/Household Supplies (Please do not include food stamps amount.) _____

Clothing _____ Pets (include food) _____

Eating out _____ Miscellaneous (cigarettes, gifts, movies, etc.) _____

Child Support _____

Debt (Please list separately. Examples: car loans, credit cards, payment plans, outstanding utility bills, medical bills, student loans, or debt you owe former landlords) *Please continue on the back if necessary.*

Please do not list if the applicant has listed!

Creditor #1 _____ Monthly payment _____ Total owed _____
Creditor #2 _____ Monthly payment _____ Total owed _____
Creditor #3 _____ Monthly payment _____ Total owed _____
Creditor #4 _____ Monthly payment _____ Total owed _____
Creditor #5 _____ Monthly payment _____ Total owed _____
Creditor #6 _____ Monthly payment _____ Total owed _____

Household

Number of Adults_____ Number of Children_____ Total Household Size_____

Authorization to obtain Credit Information

Applicant(s) authorize and consent to the release of credit information and records to the Faith Community Development Corporation by any financial institution or business which I/we have listed in the above Application or any credit reporting agency for the purpose of verifying the information I (we) have provided herein for the purpose of obtaining mortgage buy down assistance and a mortgage loan. I (we) understand that the above information and records are or may be protected by the Right to Financial Privacy Act, 12 U.S.C. 3401 et seq. This authorization is valid for three (3) months from the date below. I/we reserve the right to revoke this authorization at any time prior to the disclosure of such information and records.

Applicant's Signature

Date

Co-Applicant's Signature

Date