

CO-APPLICANTName: _____
First MI Last

Street _____

City State Zip Code

Home: (____) _____-____ Work: (____) _____-____ Email: _____

_____-_____-_____
Social Security Number Birth Date**Race (please circle):**

- | | | | |
|---|---|-----------------------------------|----------|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White | 7. Asian and White | |
| 8. Black/African American and White | 9. American Indian/Alaskan Native and Black | 10. Other | |

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin: Hispanic: Yes No**Immigrant Status** (please select one):

- | | |
|---|--|
| 1. You are U.S. born & 1 or both of your parents are foreign born | 2. You are U.S. born but 1 or both grandparents are foreign born |
| 3. You are foreign born | 4. You, your parents and grandparents are all U.S. born |

Marital Status (please circle): Single Married Divorced Separated Widowed**Gender (please circle):** Male Female**Handicapped?** Yes No**Education (please circle one):**

- | | | |
|------------------------------|--------------------------------------|-------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent | 3. Two-Year College |
| 4. Bachelors Degree | 5. Masters Degree | 6. Above Masters Degree |

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____**CUSTOMER EMPLOYMENT — Last 2 Years***Please Print Clearly***Primary Employer:** __________
Title Hire Date

Street City State Zip Code

Phone: (____) _____-____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

Previous Employer: __________
Title Length of Employment

Street City State Zip Code

Phone: (____) _____-____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code
Phone: (_____) _____ - _____ Part-Time or Full-Time (Please Circle)
Gross Income (before taxes): \$ _____
Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date

Street City State Zip Code
Phone: (_____) _____ - _____
Part-Time or Full-Time (Please Circle)
Gross Income (before taxes): \$ _____
Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code
Phone: (_____) _____ - _____
Part-Time or Full-Time (Please Circle) (Continue listing previous employers on a separate sheet)

Secondary Employer: _____

Title Hire Date

Street City State Zip Code
Phone: (_____) _____ - _____
Part-Time or Full-Time (Please Circle)
Gross Income (before taxes): \$ _____ hourly weekly every two weeks twice a month monthly?

INCOME

Please Print Clearly

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		

Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTOMER		CO-APPLICANT	
Can you document your child support/alimony income?	Yes	No	Yes	No
If yes, how long will it continue?	_____		_____	
If your child or a family member receives SSI, how many more years will the payments continue?	_____		_____	
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

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	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
Have your 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 Print Clearly

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		

CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
 If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Have you owned a home in the last three (3) years?	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Are you a Veteran?	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Do you have a contract on a house at this time?	<i>Yes</i>	<i>No</i>		
Are you currently working with a real-estate agent?	<i>Yes</i>	<i>No</i>		
Most convenient time for an individual appointment?	_____ AM		_____ PM	

AUTHORIZATION

I authorize (NAME OF AGENCY) to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

 Co-Applicant

 Date

