

Program Registration

| OTHER INCOME (Submit supporting documentation i.e. Child Support Order, Award Letters, Statements, etc.) | | | | | | | |
|--|-------|----------|-------------------------------|-----------------|---------|----------|--|
| Type | P/C | Monthly | Comments | P/C | Monthly | Comments | |
| Alimony | _____ | \$ _____ | _____ | Social Security | _____ | \$ _____ | |
| Child Support | _____ | \$ _____ | _____ | SSI | _____ | \$ _____ | |
| Disability | _____ | \$ _____ | _____ | SSD | _____ | \$ _____ | |
| Insurance/Annuity | _____ | \$ _____ | _____ | Unemployment | _____ | \$ _____ | |
| Interest/Dividends | _____ | \$ _____ | _____ | VA Benefits | _____ | \$ _____ | |
| Pension | _____ | \$ _____ | _____ | Workers Comp. | _____ | \$ _____ | |
| Public Assistance | _____ | \$ _____ | _____ | Other | _____ | \$ _____ | |
| Section 8 | _____ | \$ _____ | <u>Not included as income</u> | Other | _____ | \$ _____ | |

| LIST ALL PRIOR JOBS & PERIODS OF UNEMPLOYMENT FROM THIS YEAR AND LAST (account for all of last year's W-2s & 1099-Gs) | | | | |
|---|------------------------------|---|------------|----------|
| (Match names of employers/agencies to W-2s and 1099-Gs, etc.) | | (I.e. job title, unemployed, homemaker, student, disabled, ill, etc.) | | |
| P/C | Employer /Agency/Institution | Position/Status | Start Date | End Date |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Credit Scores: (P) _____ (C) _____ Referred by: _____

COMMENTS:
 (i.e. explain discrepancies between members living in household & those claimed on tax returns)

AGREEMENT AND CERTIFICATION:

I understand that this is not an application for credit and that the recommendations given represent opinions by the program representatives based on the information represented by me, the participant. If information changes prior to enrollment in a program, I am obliged to amend or supplement the information provided. Enrollment in a program does not obligate any agency or financial institution to issue or guarantee an approval of any loan, mortgage or grant for which I may apply. Furthermore, I authorize my information and supporting documentation, which is required to be submitted with this Program Registration, to be shared with other participating partner institutions, organizations, agencies and their subsidiaries.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE SET FORTH BELOW.

| | | | |
|---|---------------|-------------------------------------|---------------|
| _____ Participant's Signature | _____ Date | _____ Co-Participant's Signature | _____ Date |
| _____ Program Representative's Signature | _____ Date | _____ Print Name / Agency | |