

Program Registration

PARTICIPANT (P)					
First		Middle Initial		Last Name	
Mailing Address					
City		State	Zip	County	
Physical Address (if different)					
E-MAIL					
(Include Area Code)					
Home Phone		Work Phone		Cell Phone	
Social Security Number		DOB / Current Age		US Citizen	Resident Alien
		/		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Marital Status					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
Check highest level of education completed					
<input type="checkbox"/> HS/GED <input type="checkbox"/> Vocational <input type="checkbox"/> 2 yr Degree <input type="checkbox"/> 4 yr Degree <input type="checkbox"/> Masters/PhD					
Currently Attending school? _____ (Yes or No)					

CO-PARTICIPANT (C)					
First		Middle Initial		Last Name	
Mailing Address					
City		State	Zip	County	
Physical Address (if different)					
E-MAIL					
(Include Area Code)					
Home Phone		Work Phone		Cell Phone	
Social Security Number		DOB / Current Age		US Citizen	Resident Alien
		/		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Marital Status					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
Check highest level of education completed					
<input type="checkbox"/> HS/GED <input type="checkbox"/> Vocational <input type="checkbox"/> 2 yr Degree <input type="checkbox"/> 4 yr Degree <input type="checkbox"/> Masters/PhD					
Currently Attending school? _____ (Yes or No)					

Owned a Home in the past 3 years? _____ (Yes or No) Pay Rent? \$ _____

Owned a Home in the past 3 years? _____ (Yes or No) Pay Rent? \$ _____

LIST ALL OTHERS LIVING IN HOUSEHOLD (Do not include P & C listed above)						
First and Last Names	Age	DOB	Relationship	Student Y or N	Earn/Receive \$ Y or N	Comments

TOTAL HOUSEHOLD MEMBERS: _____

(P) EMPLOYMENT (Submit 1 month of pay stubs, 2 yrs W-2s & 1040s)	
Employer Name	
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Trade Union Worker	
Mailing Address (Human Resources)	
City	State Zip
HR Phone #	
Position	Start Date
Pay Frequency (check one)	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Check all that apply to your annual pay	
<input type="checkbox"/> Overtime <input type="checkbox"/> Commission <input type="checkbox"/> Cash Tips <input type="checkbox"/> Bonus <input type="checkbox"/> Other _____	

(C) EMPLOYMENT (Submit 1 month of pay stubs, 2 yrs W-2s & 1040s)	
Employer Name	
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Trade Union Worker	
Mailing Address (Human Resources)	
City	State Zip
HR Phone #	
Position	Start Date
Pay Frequency (check one)	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Check all that apply to your annual pay	
<input type="checkbox"/> Overtime <input type="checkbox"/> Commission <input type="checkbox"/> Cash Tips <input type="checkbox"/> Bonus <input type="checkbox"/> Other _____	

(P) PART-TIME/SEASONAL (Submit 1 month of pay stubs, 2 yrs W-2s & 1040s)	
Employer Name	
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Trade Union Worker	
Mailing Address	
City	State Zip
HR Phone #	
Position	Start Date
Pay Frequency (check one)	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Check all that apply to your annual pay	
<input type="checkbox"/> Overtime <input type="checkbox"/> Commission <input type="checkbox"/> Cash Tips <input type="checkbox"/> Bonus <input type="checkbox"/> Other _____	

(C) PART-TIME/SEASONAL (Submit 1 month of pay stubs, 2 yrs W-2s & 1040s)	
Employer Name	
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Trade Union Worker	
Mailing Address	
City	State Zip
HR Phone #	
Position	Start Date
Pay Frequency (check one)	
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Check all that apply to your annual pay	
<input type="checkbox"/> Overtime <input type="checkbox"/> Commission <input type="checkbox"/> Cash Tips <input type="checkbox"/> Bonus <input type="checkbox"/> Other _____	

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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
P/C	Employer /Agency/Institution	Position/Status	Start Date	End Date
P/C	Employer /Agency/Institution	Position/Status	Start Date	End Date
P/C	Employer /Agency/Institution	Position/Status	Start Date	End Date
P/C	Employer /Agency/Institution	Position/Status	Start Date	End Date
P/C	Employer /Agency/Institution	Position/Status	Start Date	End Date
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. 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.

The recommendations given by program staff are offered to assist me in making informed decisions about housing options. All advice and program enrollment eligibility decisions are based upon information represented by me, the participant/co-participant. If information changes prior to program enrollment, I am obliged to amend or supplement the information provided.

I authorize my information and supporting program eligibility documentation, as well as other related documents in connection with the home purchase, to be shared among 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	