



Program Application

Carlisle Housing Opportunities Corporation
114 North Hanover Street
Carlisle, PA 17013



FOR OFFICE USE ONLY
Date received: _____
More information requested? Yes No
Date request letter sent: _____
Date application completed: _____

**** Submission of a Program Application does not guarantee eligibility or acceptance.**

1. APPLICANT INFORMATION

Applicant's Name

Co-Applicant's Name

Social Security Number: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Date of Birth: ____/____/____

Married Separated Unmarried

Social Security Number: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Date of Birth: ____/____/____

Married Separated Unmarried

Dependents and others who live with you (not listed by co-applicant)

Name Age Male Female

Name	Age	Male	Female
Female			

Dependents and others who live with you (not listed by the applicant)

Name Age Male

Name	Age	Male

Present Address (Street, city, state & ZIP code):

OWN RENT Number of years at this address: _____

Present Address (Street, city, state & ZIP code):

OWN RENT Number of years at this address: _____

If you have lived at your present address for less than two years, please complete the following:

Last Address (Street, city, state & ZIP code):

OWN RENT Number of years at this address: _____

Last Address (Street, city, state & ZIP code):

OWN RENT Number of years at this address: _____

2. EMPLOYMENT HISTORY

APPLICANT

A. Present Employer: _____

Supervisor: _____

Address: _____

Current Title: _____

How long have you worked for this company? _____

Number of Hours Worked Per Week: _____

Duties: _____

B. Do you have health insurance? ____ Yes ____ No

C. Previous Employment (Last five years)

1).Company Name: _____

Supervisor: _____

Address: _____

Title: _____

How long did you work for this company? _____

Duties: _____

2).Company Name: _____

Supervisor: _____

Address: _____

Title: _____

How long did you work for this company? _____

Duties: _____

3). Company Name: _____

Supervisor: _____

Address: _____

Title: _____

How long did you work for this company? _____

Duties: _____

CO-APPLICANT/SPOUSE

A. Present Employer: _____

Supervisor: _____

Address: _____

Title: _____

How long did you work for this company? _____

Number of Hours Worked Per Week: _____

Duties: _____

B. Do you have health insurance? _____ Yes _____ No

C. Previous Employment (Last five years)

1).Company Name: _____

Supervisor: _____

Address: _____

Title: _____

How long did you work for this company? _____

Duties: _____

2).Company Name: _____

Supervisor: _____

Address: _____

Title: _____

How long did you work for this company? _____

Duties: _____

3). Company Name: _____

Supervisor: _____

Address: _____

Title: _____

How long did you work for this company? _____

Duties: _____

3. FINANCIAL HISTORY

A. GROSS MONTHLY INCOME

Applicant: \$ _____ Co-Applicant/Spouse: \$ _____

	<u>Applicant</u>	<u>Co-Applicant/Spouse</u>
Salary/Wages	\$ _____	\$ _____
Dividend/Interest	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____
Other income	\$ _____	\$ _____
TOTAL INCOME		

B. CURRENT ASSETS

<u>Description</u>	<u>Cash or Fair Market Value</u>
Checking Account	\$ _____
Name of Bank:	\$ _____
Address:	
Savings Account	\$ _____
Name of Bank:	
Address:	
Life Insurance (Cash Value Only)	\$ _____
Automobiles	\$ _____
Make:	
Year:	
TOTAL ASSETS	\$ _____

C. CURRENT LIABILITIES

Charge Accounts	Account Number	Total Balance Owed	Monthly Payments
Automobile Loans	Account Number	Total Balance Owed	Monthly Payments
Personal Loans or School Loans	Account Number	Total Balance Owed	Monthly Payments

D. Monthly Expense Worksheet

Housing		Education	
Rent or mortgage	\$	Tuition	\$
Heating	\$	Books and supplies	\$
Electricity	\$	Newspapers and magazines	\$
Water or sewage	\$	Lessons	\$
Telephones	\$	Gifts	\$
Insurance	\$	Birthdays	\$
Trash service	\$	Holidays	\$
Home maintenance	\$	Personal	
Cleaning supplies	\$	Barber or beauty shop	\$
Lawn service	\$	Toiletries	\$
Transportation		Children's allowances	\$
Gas	\$	Tobacco products	\$
Car payment	\$	Beer, wine, liquor	\$
Car insurance	\$	Entertainment	
Car inspection	\$	Movies, sporting events, concerts	\$
Car repairs	\$	Video rentals	\$
License and registration	\$	Cable or satellite TV	\$
Public transportation	\$	Restaurants or take-out	\$
Parking and tolls	\$	Gambling or lottery tickets	\$
Food		Fitness or social clubs	\$
Groceries	\$	Vacations/trips	\$
School lunches	\$	Hobbies or crafts	\$
Work related	\$	Miscellaneous	
Insurance		Checking account fees	\$
Health	\$	Pet care/supplies	\$
Life	\$	Postage	\$
Disability	\$	Pictures	\$
Medical		Debts	
Doctor	\$	Student loans	\$
Dentist	\$	Credit card (monthly minimum)	\$
Prescriptions	\$	Credit card	\$
Childcare		Credit card	\$
Childcare/babysitters	\$	Medical bills	\$
Child support/alimony	\$	Personal loan	\$
Clothing		Other	
Clothing	\$		\$
Dry cleaning	\$		\$
Donations			\$
Religious or charity	\$		\$

TOTAL REGULAR MONTHLY EXPENSES: _____

4. DECLARATIONS

Please answer the following questions:

- Do you have any outstanding judgments? Yes _____ No _____
- In the last 7 years have you declared bankruptcy? Yes _____ No _____
- Have you had any property in foreclosure or have you signed over a deed or title in lieu of foreclosure? Yes _____ No _____
- Are you a co-signer or endorser on a note? Yes _____ No _____
- Are you a party in a law suit? Yes _____ No _____

Please explain any "yes" answers.

Have you been an owner or co-owner of any real estate? Yes _____ No _____

If you answered yes, when did you own property? _____

Where? _____

5. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal Government for certain types of home ownership and housing rehabilitation programs. You are not required to furnish this information, but are encouraged to do so. I

I do not wish to furnish this information

Applicant:

1. Ethnicity of applicant: (select one)
 Hispanic or Latino Not Hispanic or Latino
2. Race of applicant:
 American Indian
 Native Hawaiian or Other Pacific Islander
 Asian
 White
 Black or African-American

I do not wish to furnish this information

Co-Applicant:

1. Ethnicity of applicant: (select one)
 Hispanic or Latino Not Hispanic or Latino
2. Race of applicant:
 American Indian
 Native Hawaiian or Other Pacific Islander
 Asian
 White
 Black or African-American

6. SPECIAL NEEDS OR SERVICES

The following information is requested to assist us in planning. The information will not be used in determining whether you qualify to purchase a home or in any discriminatory manner.

1. Do you or does anyone in your family have a disability or disabilities that may adversely affect your ability to live independently or which may require special considerations in a home?

Yes _____ No _____

If you answered yes, please check who in your family has the disability:

_____ Applicant

_____ Co-applicant/Spouse

_____ Dependent

_____ Other(Please specify): _____

Please explain the nature of the disability: _____

Has this person been determined to have a disability by a government agency such as the state vocation rehabilitation agency, the Veteran's Administration or another similar agency?

Yes _____ No _____

7. FIRST TIME HOMEBUYER STATUS CERTIFICATION

APPLICANT

I hereby certify that I am a first-time homebuyer or that I have not owned a home within the last three years.

Applicant's signature

Date

CO-APPLICANT

I hereby certify that I am a first-time homebuyer or that I have not owned a home within the last three years.

Co-applicant's signature

Date

A first time homebuyer is defined as someone who has never before owned a home, has owned a mobile home but not the land the mobile home was located on, or someone who has lost their home due to a divorce settlement and has not owned a home since

8. AUTHORIZATION AND RELEASE OF INFORMATION

I FULLY UNDERSTAND THAT IT IS A FEDERAL CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING ANY OF THE ABOVE FACTS AS APPLICABLE UNDER THE PROVISIONS OF TITLE 18, UNITED STATES, SECTION 1014.

Applicant Signature Date

Co-Applicant Signature Date

In order to verify the information given on this application, please sign and date one General Release of Information Form and an Employment Verification Form for each person named on the application (Applicant and Co-Applicant).

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GENERAL RELEASE OF INFORMATION

Date: _____

I, the undersigned, give the Carlisle Housing Opportunities Corporation written permission to obtain verification of information from any source given on this application and to obtain credit and background checks for the purpose of determining eligibility for participation in the homebuyer program or the lease/purchase program.

Witness

Applicant

Co- Applicant

EMPLOYMENT VERIFICATION

Applicant must complete the **top section only** of this verification. Please return this entire form with your application. Please provide the appropriate contact information (payroll dept., human resource dept.) so this office can verify your employment and income. This office will then send it to this contact. If your company uses The Work Number, please provide the employer's code and your salary key.

Applicant's Name (please print) _____ **Social Security No.** _____

Applicant's Address: _____

Name of Employer: _____

Address of Employer: _____

Phone Number of Employer: _____

Fax Number of Employer: _____

To Whom It May Concern:

I would like the requested information regarding my wages furnished to the Carlisle Housing Opportunities Corporation.

Signature of Applicant _____ **Date** _____

FOLLOWING INFORMATION IS TO BE COMPLETED BY AN EMPLOYER ONLY

EMPLOYMENT DATA	PAY DATA		
Applicant's Date of Employment	Base Pay		
	\$ _____ Annual	\$ _____ Weekly	\$ _____ Other (Specify)
	\$ _____ Monthly	\$ _____ Hourly	
Applicant's Present Position Title: _____	Type	Year to Date as of _____	Past Year
Is continuance of overtime likely? ___yes ___no Anticipated overtime in the next 12 months _____	Base Pay	\$ _____	\$ _____
Is continuance of bonus likely? ___yes ___no Anticipated bonus next 12 months: \$ _____	Overtime	\$ _____	\$ _____
Number of hours worked per week _____	Commissions	\$ _____	\$ _____
Anticipated increase or decrease in salary in the next year _____	Bonus	\$ _____	\$ _____
Signature: _____ Please print name and phone number:	Title of person completing this form:		Date

Please return in the enclosed envelope or fax to:
 Carlisle Housing Opportunities Corporation
 114 North Hanover Street
 Carlisle, PA 17013
 Fax: 717-241-0474