

HOMEOWNER PRE-APPLICATION

Applicant Information

Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Are you a Veteran? Yes No Branch of service: _____

Honorably Discharged? Yes No

Marital Status: Single (never married) Separated Divorced Married Widowed

Current Address: _____
Number Street

City State Zip

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email Address: _____

Race/Ethnicity: African American or Black Hispanic/Latino White Asian American Indian
 Other: _____

Citizenship (mark one): United States Citizen Permanent / Legal Resident

Are you a member or regular attender of a local church? Yes No

Church: _____

Employment Information:

Current Employer: _____

Phone: _____ - _____ - _____

Address: _____
Number Street

City State Zip

Position: _____

How long employed? _____
Years Months

full-time part-time

Number of hours worked per week: _____ Monthly rate of pay: \$_____._____

Pay frequency: Weekly Twice a month Bi-weekly Monthly (If monthly, select one: 10 month employee 12 month employee)

Previous / Additional Employer: _____

Phone: _____ - _____ - _____

Address: _____
Number Street

City State Zip

Position: _____

How long employed? _____
Years Months

hours worked per week: _____ Hourly rate of pay: \$_____._____

full-time part-time

Pay frequency: Weekly Twice a month Bi-weekly

Monthly (if monthly, select one: 10 month employee 12 month employee)

Additional Income:

Child Support: \$ _____ Disability: \$ _____ Retirement: \$ _____

Other: \$ _____ Sources: _____

Have you been convicted of a federal, state, or local violation or entered into any plea bargain for a violation, except for minor traffic violations? If yes, explain in detail on a separate sheet of paper. Answering yes does not mean that your application will be denied.

Yes No

Housing Need

Who will be living in your home?

Name: _____ Age: _____ D.O.B. ____/____/____ Female / Male?
 F M

Relationship to Applicant? Child Spouse Other: _____

Name: _____ Age: _____ D.O.B. ____/____/____ F M

Relationship to Applicant? Child Spouse Other: _____

Name: _____ Age: _____ D.O.B. ____/____/____ F M

Relationship to Applicant? Child Spouse Other: _____

Name: _____ Age: _____ D.O.B. ____/____/____ F M

Relationship to Applicant? Child Spouse Other: _____

Have you rented for at least 12 consecutive months? Yes No

Beginning date: ____/____/____ Ending date: ____/____/____

Current monthly rent: _____

Do you receive any rental assistance? Yes No If so, how much? _____

From: _____

How did you hear about the W.I.N.G.S. program?

- Friend or family member TV, newspaper, magazine Internet Another agency
- W.I.N.G.S. homeowner (if so, who? _____)
- Other: _____

I am authorizing W.I.N.G.S. to evaluate my actual need for a W.I.N.G.S. home, my ability to repay a loan, and other expenses of homeownership.

I, Applicant/Homeowner, hereby authorize the release of the following information to any employer, bank, credit reporting agency, clerk of courts, real estate company, or any other financial institution authorized to disclose to W.I.N.G.S. any personal, financial, information or report regarding my past and present financial situation. This includes property ownership and rentals, personal and credit references, landlord references, criminal records, bank accounts, and all income. I further authorize a photographic copy of this release to be the equivalent of the original and to be accepted the same as an original.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- Signing this release does not guarantee that I will be approved for a specific program.
- I may revoke my authorization by completing a revocation form.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Applicant Name (Printed)	Applicant Name (Signature)	Date
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W.I.N.G.S. Representative Name (Printed)	W.I.N.G.S. Representative Name (Signature)	Date
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