

NEICAC Homeowners Program Application

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Household Members: Please provide information for ALL persons who reside in the home

Name (last, first, middle)	DOB	Soc Sec.#	Relationship

Do you anticipate any changes in your household size or composition? ___no ___yes, please explain _____

Marital Status:

___single ___married ___divorced, when? _____
 ___legally separated, when? _____
 ___Other, please explain _____

Employment History:

List all employment, list current employment first. Complete **all** spaces. The information should be completed for **all** adults providing support for the family.

Applicant's Name _____ Current Employer _____ Address _____ Contact person _____ Phone _____ Start date _____ Job Title/duties _____ _____ Gross Annual salary _____	Applicant's Name _____ Current Employer _____ Address _____ Contact person _____ Phone _____ Start date _____ Job Title/duties _____ _____ Gross Annual salary _____
---	---

Past Employer _____ Address _____ Job Title _____ Employment dates _____ Wages _____ Reason for Leaving _____	Past Employer _____ Address _____ Job Title _____ Employment dates _____ Wages _____ Reason for Leaving _____
---	---

Please list All other sources of income

Description	Family Member	Source	Monthly Income
Self Employment			
Social Security			
Public Assistance			
Veterans Benefits			
Child Support/Alimony			
Unemployment			
Recurring Gift			
Workers Comp			
Anticipated Income			
Other			

ASSETS: Please list **all** assets, their current value, and the annual income derived from the assets for **All** household members.

Type of Asset/Family Member	Where Held	Balance/Value	Annual Asset Income
Checking Account #1			
Checking Account #2			
Savings Account #1			
Savings Account #2			
Certificates of Deposit			
Mutual Funds			
IRA/401K			
Life Insurance			
Savings Bonds			
Other			

Please list the following real property you own:

Auto: Year _____ Model _____ Value _____ Loan balance _____

Auto: Year _____ Model _____ Value _____ Loan balance _____

Recreational Vehicles (boat, campers, motorcycles, etc.)

Year _____ Model _____ Value _____ Loan balance _____

Real Estate:

Address _____ Value _____ Loan balance _____

Expenses/Liabilities: Please list all re-occurring monthly expenses.

Expense	Account name	Monthly payment	Balance
Rent/Housing			
Utilities (gas/electric)			
Utilities (water, garb.)			
Phone			
Cable			
Health Insurance			
Auto Insurance			
Life Insurance			
Car Loan			
Personal Loan			
Other Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Child Care			
Child Support			
Medical Expenses			
Totals			

Are there any accounts in your monthly expenses past due? ____no ____yes, please explain

Has any member of the family filed for bankruptcy? ____no ____yes, please explain

Does any member of the family have any judgments entered against them? (This includes child support, alimony, court, taxes, legal or medical bills) ____no ____yes, please explain

Has any member of the family owned real estate (property) in the last three years? ____no ____yes, please explain

Have you ever tried to purchase your own home in the past? ____no ____yes, please explain

Do you have any other information you wish to have considered in your application?

Housing References: Please list current and past landlord references.

Landlord Name_____	Landlord Name_____
Address_____	Address_____
Phone_____	Phone_____
Unit Address_____	Unit Address_____
Tenancy Begin and End date_____	Tenancy Begin and End date_____
Reason for Moving_____	Reason for Moving_____

I/We do hereby certify that the foregoing information is true and complete to the best of my/our knowledge and belief. I understand if there are any false or misleading statements represented here I/we will be disqualified from the program. I/We further understand that any and all financial information will be verified, landlord references will be checked, and I/we will be responsible for payment of a credit report.

Signature Date

Signature Date

Supplemental Questionnaire

Educational Background: Please complete for all adults in the household.

Name _____	Name _____
H.S. Diploma _____ Date Issued _____	H.S. Diploma _____ Date Issued _____
GED _____ Date Issued _____	GED _____ Date Issued _____
Additional Training: _____	Additional Training: _____
College Name _____	College Name _____
Degree _____	Degree _____
Vocational/Trade School _____	Vocational/Trade School _____
Degree/Certificate _____	Degree/Certificate _____

Do the adults in the household have future educational plans or goals? _____no _____yes, please explain _____

Please list names of schools that the children in the household attend:

Child _____	School _____
Child _____	School _____
Child _____	School _____

What are your family's future goals?

Why is your family interested in owning your own home?

Describe the type of home you need. (Number of bedrooms, location, special features, etc.)

Describe what you have done to date to secure safe and affordable housing?
