

Homeownership Initiative: Initial Applicant Information and Financial Worksheet



Please complete and return to: Montana Home Choice Coalition; AWARE Inc.
 616 Helena Ave. Ste 305; Helena, MT 59601
Contact for Questions: (406) 449-3120 OR montanahomechoice@aware-inc.org
A Coalition of Montana Citizens, Advocates, Providers, Federal, State, Tribal, and Local Agencies, the Housing Finance community, Realtors, and the Home-building industry working together to create better community housing choices for all people with disabilities.



Name of Borrower: _____ **Date:** ____/____/____

Street address/City/State/Zip: _____

SS #: ____-____-____ **Home Phone:** ____-____ **Email address:** _____

Birth Date: ____/____/____ **Number in household:** ____ **Number of dependents:** ____

Gender: M I **Marital Status:** Marrie Separated Unmarrie

Check all that apply: Single Head of Household Female Head of Household US Vetera
 First Time Home Buye Owned Home in Last 3 Year

Race: American Indian/Alaskan Native Asian/Pacific Islande Black/Non-Hispani Hispani
 White/Non-Hispanic Other

Citizenship: US Citizen Permanent Residen Non-Residen

Residency Status: Ow Ren **Length of occupancy:** ____ Years ____ Months
 Are you currently using a Section 8 voucher?: Yes No
 If yes, which agency gives you the voucher?: _____

HOUSEHOLD INCOME

Please list all income in your household (the people expected to move with you). This includes social security, food stamps, child support, TANF, etc.

Type of Income	Amount (\$) Received Per Month	Who Receives this Income?
Wages		
SSI		
SSDI		
Food Stamps		

DEBT

Please list all debt including the type (credit cards, loans, medical bills, child support, etc.), creditor (which company/institution you owe the money to), the account number if appropriate, the balance (total amount you owe), the monthly payment (this is the minimum amount you have to pay each month). Also note if it is delinquent (overdue).

Type of Debt	Creditor	Account #	Balance	Monthly Payment	Is it Delinquent? Yes/No?	Who owes?
Credit Card						

Please list any credit issues (bankruptcies, foreclosures, repossessions etc.) and include the dates:

Type (Bankruptcy, etc.)	Date Occurred	Date Resolved	Who has credit issue?

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ASSETS

List funds available for down payment (savings, trusts, family gift, etc.). Available funds is the amount you can currently withdraw for a down payment.

Type of Asset	Bank/Institution	Account #	Value	Available Funds	Who owns it?

NON-TRADITIONAL CREDIT

List monthly bills such as cable TV, telephone, electric, gas, rent, etc.

Type of Bill	Average Monthly Payment (\$)	Who pays it

PREVIOUS ADDRESS

IF YOU HAVE LIVED SOMEWHERE ELSE IN PAST 2 YEARS PLEASE FILL OUT:

Street Address/City/State/Zip: _____

Residency Status: Own Rent Length of occupancy: _____ Years _____ Months

EMPLOYMENT

If you are currently working, please fill out your current employment information:

Employer Name: _____
 Street Address/City/State/Zip: _____
 Contact Phone: _____ Position/Title: _____
 Start Date: _____ End Date: _____

If worked someplace else in last two years, please fill out previous employment:

Employer Name: _____
 Street Address/City/State/Zip: _____
 Contact Phone: _____ Position/Title: _____
 Start Date: _____ End Date: _____

Please fill out a form for EACH borrower. You may skip if information is repeated. Thank you.

If you have any questions or concerns do not hesitate to contact Michael O'Neil, State Director of Montana Home Choice Coalition, at (406) 449-3120.

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CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct the Montana Home Choice Coalition (AWARE Inc.) (hereinafter "Home Choice") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Home Choice. I understand and agree that Home Choice intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Home Choice in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

- authorize**
- do not authorize**

Home Choice to share with potential mortgage lenders, realtors, home sellers, home buyer assistance programs, funding agencies and/or homebuyer education/counseling agencies my credit information and any other information that I have provided, including any computations and assessments that have been produced based upon such information. These organizations may contact me to discuss loans, and homebuyer assistance programs for which I may be eligible, and these counseling agencies may contact me to discuss housing counseling services.

I understand that I may revoke my consent to these disclosures by notifying Home Choice in writing.

Borrower's Name (Print)

Borrower's Name (Print)

Borrower's Signature

Borrower's Signature

Social Security Number

Social Security Number

Date

Date

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