



New Beginnings
Mutual Self-Help Housing Program
Pre-Application

General Information:

Date: _____

Applicant's Name: _____

Social Security # : _____

Co-Applicant Name: _____

Social Security # : _____

Mailing Address: _____

Phone Number(s): _____

(home)

(cell)

Marital Status:

(Circle One)

Married

Legally Separated

Widowed

Single

Divorced

Dependents:

Name/DOB/SS	Name/DOB/SS
Name/DOB/SS	Name/DOB/SS

Residential Information:

Name of Current Landlord: _____

Address: _____

Phone: _____

Rent Amount: \$ _____ Time @ Current Address: _____

Employment & Income:

Applicant's Income: (based on gross amount)

of Hours you work per week: _____

Hourly Rate: \$ _____

Monthly: \$ _____

Current Employer: _____
Address: _____
Time Employed Here: _____
Previous Employer (if less than 2 years): _____
Address: _____

Co-Applicant's Income: (based on gross amount)

of Hours you work per week: _____

Hourly Rate: \$ _____

Monthly: \$ _____

Current Employer: _____
Address: _____
Time Employed Here: _____
Previous Employer (if less than 2 years): _____
Address: _____

Other Income Sources:

Monthly Child Support: \$ _____

Social Security/Disability/Pension: \$ _____

Total Income from All: **Monthly:** \$ _____ **Annually:** \$ _____

Credit History: (circle yes or no)

- | | | |
|--|-----|----|
| 1. Are there any judgments outstanding against you? | YES | NO |
| 2. Have you declared bankruptcy in the last 3 years? | YES | NO |
| 3. Have you ever had property foreclosed on? | YES | NO |
| 4. Are you a party to a lawsuit? | YES | NO |
| 5. Are you presently delinquent on any debts? | YES | NO |
| 6. Have you owned any real property in the last 3 years? | YES | NO |
| 7. Do you currently own any property? | YES | NO |

If you answered yes to any of the above questions, please explain in the space below:

Assets:

Savings Account Number: _____

Name of Financial Institution: _____

Account Balance: \$ _____

Checking Account Number: _____

Name of Financial Institution: _____

Account Balance: \$ _____

Automobile(s)

Year: _____ Make: _____ Est. Value: \$ _____

Year: _____ Make: _____ Est. Value: \$ _____

Liabilities:

This section is for any current debts you have, that you are currently making monthly payments on that would show up on your credit report (ex: car payment, credit card, etc.)

Creditor: _____
Montly Payment: \$ _____ **Balance:** \$ _____
Account Number: _____

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Account Number: _____

If you pay alimony or child support, list the montly amount: \$ _____

If you pay for childcare, list the montly amount: \$ _____

Total Debt Payments per Month: \$ _____

Information for Government Monitoring Purposes:

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this, but you are encouraged to do so.

Applicant's Origin: <input type="checkbox"/> American Indian <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	Co-Applicant's Origin: <input type="checkbox"/> American Indian <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
Sex: M F	Sex: M F
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.

Certification:

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize Crossville Housing Authority to obtain a Credit Bureau Report in my name and/or to request verification of income and residence.

(Applicant's Signature)

(Date)

(Applicant's Signature)

(Date)

Please Return Application to:
Crossville Housing Authority
c/o Marley Wyatt
67 Irwin Avenue
Crossville, TN 38555
Office: (931) 484-2990 ~ Fax: (931) 456-1513