

# FIRST HOME CLUB HOMEBUYER PROGRAM REGISTRATION FORM

**(Please be sure to complete the application, sign and date it, and return it with all the necessary documentation. IRS Form 1722 may be substituted for tax returns for the previous three (3) years are unavailable.)**

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (PHONE)

APPLICANT WORK PHONE \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_ UNMARRIED \_\_\_\_ MARRIED \_\_\_\_ SEPARATED \_\_\_\_ DIVORCED

**LIST DEPENDENTS, AGE AND SEX (NOT INCLUDING NAME ABOVE)**

(NAME) \_\_\_\_\_ (AGE) \_\_\_\_\_ SEX (M/F)

(NAME) \_\_\_\_\_ (AGE) \_\_\_\_\_ SEX (M/F)

(NAME) \_\_\_\_\_ (AGE) \_\_\_\_\_ SEX (M/F)

(NAME) \_\_\_\_\_ (AGE) \_\_\_\_\_ SEX (M/F)

(NAME) \_\_\_\_\_ (AGE) \_\_\_\_\_ SEX (M/F)

(NAME) \_\_\_\_\_ (AGE) \_\_\_\_\_ SEX (M/F)

APPLICANT'S EMPLOYER \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ START DATE: \_\_\_\_\_

HRS. WORKED PER WEEK: \_\_\_\_\_ HOURLY RATE: \$ \_\_\_\_\_

YOU ARE PAID EVERY: \_\_\_\_\_ GROSS WAGE PER MONTH \_\_\_\_\_

**APPLICANT'S OTHER INCOME**

SSI,SSD,SSA: \$ \_\_\_\_\_ CHILD SUPPORT PER WEEK:\$ \_\_\_\_\_

ALIMONEY PER MONTH: \$ \_\_\_\_\_ PENSION PER MONTH:\$ \_\_\_\_\_

PART-TIME JOB PER WEEK: \$ \_\_\_\_\_ PART TIME EMPLOYER & ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

HOW LONG AT PART-TIME JOB? \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

**APPLICANT'S BANK ACCOUNTS**

BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

**APPLICANT'S MONTHLY DEBT**

**(PLEASE LIST ALL INSTALLMENTS, AUTO, PERSONAL AND STUDENT LOANS, CHARGE CARDS, AND LINES OF CREDIT, ETC.)**

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

**APPLICANT'S RENT HISTORY**

MONTHLY RENT:\$ \_\_\_\_\_ MONTHLY UTILITIES: \$ \_\_\_\_\_

LANDLORD: \_\_\_\_\_ LANDLORD ADDRESS: \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (PHONE NO.)

RENT DUE DATE: \_\_\_\_\_ DATE OF LAST PAYMENT: \$ \_\_\_\_\_

DATE OF LAST PAYMENT: \_\_\_\_\_ HAVE YOU EVER BEEN LATE? \_\_\_\_\_

IF YES, HOW MANY DAYS? \_\_\_\_\_

**APPLICANT'S CREDIT HISTORY**

EVER FIELD FOR BANKRUPTCY? \_\_\_\_\_ IF YES, WHAT CHAPTER: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

ANY JUDGEMENTS OUTSTANDING? \_\_\_\_\_

IF YES, WITH WHOM: \_\_\_\_\_

EXPLAIN JUDGEMENTS: \_\_\_\_\_  
\_\_\_\_\_

ANY COLLECTIONS OUTSTANDING? \_\_\_\_\_ IF YES, WITH WHOM: \_\_\_\_\_

EXPLAIN COLLECTIONS: \_\_\_\_\_  
\_\_\_\_\_

OBLIGATED TO PAY CHILD SUPPORT? \_\_\_\_\_ IF YES, HOW MUCH PER WEEK:\$ \_\_\_\_\_

HAVE YOU EVER OWNED A HOME? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CO-APPLIANT INFORMATION**

**CO-APPLICANT NAME:** \_\_\_\_\_

**CO-APPLICANT HOME ADDRESS:** \_\_\_\_\_

(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (PHONE NO.)

**CO-APPLICANT SS#:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

\_\_\_\_ UNMARRIED \_\_\_\_ MARRIED \_\_\_\_ SEPARATED \_\_\_\_ DIVORCED

**LIST DEPENDENTS, AGE AND SEX (NOT INCLUDING NAME ABOVE)**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX (M/F)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX (M/F)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX (M/F)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX (M/F)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX (M/F)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX (M/F)

**CO-APPLICANT'S EMPLOYER** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_ **HRS. WORKED PER WK:** \_\_\_\_\_

**HOURLY RATE:** \$ \_\_\_\_\_ **YOU ARE PAID EVERY:** \_\_\_\_\_

**GROSS WAGE PER MONTH:** \$ \_\_\_\_\_

**CO-APPLICANT'S OTHER INCOME**

**SSI, SSD, SSA:** \$ \_\_\_\_\_ **CHILD SUPPORT PER WEEK:** \$ \_\_\_\_\_

**ALIMONY PER MONTH:** \$ \_\_\_\_\_ **PENSION PER MONTH:** \$ \_\_\_\_\_

**PART TIME JOB PER WEEK:** \$ \_\_\_\_\_

**PART TIME EMPLOYER AND ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

HOW LONG AT PART TIME JOB? \_\_\_\_\_ PART-TIME JOB TITLE: \_\_\_\_\_

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

**CO-APPLICANT'S BANK ACCOUNTS**

BANK: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

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BALANCE: \$ \_\_\_\_\_

BANK: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

**CO-APPLICANT'S MONTHLY DEBT**

**(PLEASE LIST ALL INSTALLMENTS, AUTO, PERSONAL AND STUDENT LOANS, CHARGE CARDS, AND LINES OF CREDIT, ETC.)**

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

CREDITOR: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MONTHLY PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

**CO-APPLICANT'S RENT HISTORY**

MONTHLY RENT \$ \_\_\_\_\_ MONTHLY UTILITIES: \$ \_\_\_\_\_

LANDLORD: \_\_\_\_\_ LANDLORD ADDRESS: \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (PHONE NO.)

RENT DUE DATE: \_\_\_\_\_ HAVE YOU EVER BEEN LATE? \_\_\_\_\_

IF YES, HOW MANY DAYS? \_\_\_\_\_

**CO-APPLICANT'S CREDIT HISTORY**

EVER FILED FOR BANKRUPTCY? \_\_\_\_\_ IF YES, WHAT CHAPTER: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

ANY JUDGEMENTS OUTSTANDING? \_\_\_\_\_

IF YES, WITH WHOM: \_\_\_\_\_

EXPLAIN JUDEMENTS: \_\_\_\_\_

\_\_\_\_\_

ANY COLLECTION OUTSTANDING? \_\_\_\_\_

IF YES, WITH WHOM: \_\_\_\_\_

EXPLAIN COLLECTION: \_\_\_\_\_

OBLIGATED TO PAY CHILD SUPPORT? \_\_\_\_\_

IF YES, HOW MUCH PER WEEK: \$ \_\_\_\_\_

HAVE YOU EVER OWNED A HOME? \_\_\_\_ Yes \_\_\_\_ No

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

I/We hereby authorize the approved counseling provider to request any information they deem necessary to determine my/our eligibility for this program, pertaining to employment, credit, real estate, mortgage financing, utilities, rent history, etc. The approved counseling provider may employ any lawful means to verify any information about me/us. I/We hereby authorized the approved counseling provider to share any information they obtain about me/us with the lender, government, nonprofit, and other entities or individuals. My/Our receipt of any or all related services or assistance from the approved counseling provider does not guarantee a mortgage loan, house, or any tangible benefits.

THE UNDERSIGNED DO HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF THEIR ABILITY.

\_\_\_\_\_  
APPLICANT'S SIGNATURE      DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE      DATE

### FIRST HOME CLUB INITIAL INCOME CALCULATION

Date Completed: \_\_\_\_\_

OFFICE USE ONLY

FAMILY NAME: \_\_\_\_\_ TOTAL HOUSEHOLD SIZE: \_\_\_\_\_

**1. YEAR TO DATE PER PAY STUB:**

APPLICANT: \$ \_\_\_\_\_ Weeks X 52 Weeks = \$ \_\_\_\_\_ Per Year  
CO-APPLICANT: \$ \_\_\_\_\_ Weeks X 52 Weeks = \$ \_\_\_\_\_ Per Year

**2. SOCIAL SECURITY INCOME:**

\$ \_\_\_\_\_ X 12 MONTHS = \$ \_\_\_\_\_ Per Year (Spouse, Child)  
\$ \_\_\_\_\_ X 12 MONTHS = \$ \_\_\_\_\_ Per Year (Spouse, Child)

**3. SELF-EMPLOYED INCOME:**

Net Profit from Schedule C of most recent tax return = \$ \_\_\_\_\_ Per Year  
Net Profit from Schedule C of most recent tax return = \$ \_\_\_\_\_ Per Year  
Year to Date Income as of \_\_\_\_\_ = \$ \_\_\_\_\_ Per Year

**4. CHILD SUPPORT:**

\$ \_\_\_\_\_ Per Week X 52 Weeks = \$ \_\_\_\_\_ Per Year  
\$ \_\_\_\_\_ Per Month X 12 Months = \$ \_\_\_\_\_ Per Year

**5. OTHER INCOME:**

\$ \_\_\_\_\_ X \_\_\_\_\_ Weeks = \$ \_\_\_\_\_ Per Year

(Income from \_\_\_\_\_)

\$ \_\_\_\_\_ X \_\_\_\_\_ Weeks = \$ \_\_\_\_\_ Per Year

(Income from \_\_\_\_\_)

**SUMMARY OF INCOME:**

1.	\$ _____	Per Year
2.	\$ _____	Per Year
3.	\$ _____	Per Year
4.	\$ _____	Per Year
5.	\$ _____	Per Year

**TOTAL HOUSEHOLD INCOME:** \$ \_\_\_\_\_ Per Year 100 % AMI \_\_\_\_\_ % AMI

**INCOME PER MONTH:** \$ \_\_\_\_\_