

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC. - HOME OWNERSHIP APPLICATION

Please use black ink only

Applicant's Name \_\_\_\_\_
Address \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_
Email \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_
Address \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_ married \_\_\_ single \_\_\_ separated \_\_\_ divorced

Please list Dependents Name, Age, and Sex

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Applicant's occupation \_\_\_\_\_
# of years in present occupation \_\_\_\_\_
# of hours worked per week \_\_\_\_\_
Employer's name \_\_\_\_\_
Employer's address \_\_\_\_\_
Employer's phone # \_\_\_\_\_
Previous employer if less than 3 years \_\_\_\_\_

Co-Applicant's occupation \_\_\_\_\_
# of years in present occupation \_\_\_\_\_
# of hours worked per week \_\_\_\_\_
Employer's name \_\_\_\_\_
Employer's address \_\_\_\_\_
Employer's phone # \_\_\_\_\_
Previous employer if less than 3 years \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE

Credit History:

a. Have you ever filed for bankruptcy? \_\_\_\_\_
If yes, what date? \_\_\_\_\_
Satisfaction date? \_\_\_\_\_

b. Do you have any outstanding judgements? \_\_\_\_\_
If yes, please list \_\_\_\_\_

c. Have you received credit counseling? \_\_\_\_\_
If yes, when and where? \_\_\_\_\_

d. Have you had any credit problems in the past? \_\_\_
If yes, please explain \_\_\_\_\_

e. Have you ever bought or owned a home? \_\_\_\_\_
If yes, when? \_\_\_\_\_ Sold for? \_\_\_\_\_

f. Total amount of present savings \_\_\_\_\_

Present Housing: Monthly rent \_\_\_\_\_
Utilities Included? \_\_\_ Monthly cost \_\_\_\_\_

Name/Address/Phone # of Landlord: \_\_\_\_\_

Information for Government monitoring purposes; check all that apply:

Race: \_\_\_ American Indian/Alaskan Native \_\_\_ Asian \_\_\_ White
\_\_\_ Black or African American \_\_\_ Native Hawaiian/Other Pacific Islander

Ethnicity: \_\_\_ Hispanic \_\_\_ Not Hispanic

Military/Veteran Status:

Active Military - yes or no National Guard - yes or no

Veteran Status - \_\_\_\_\_ Reserve Duty - yes or no

Household lives in a rural area -- yes or no

Household is Limited English Proficient -- yes or no

Head of Household -- M or F

INCOME \_\_\_\_\_  
 Applicant's monthly gross (before tax) \_\_\_\_\_  
 Co-Applicant's monthly gross (before tax) \_\_\_\_\_

Other Annual Income: \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Alimony \_\_\_\_\_  
 Welfare Payments \_\_\_\_\_  
 Veteran's Benefits \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

DEBTS: Please list any bills that will not be paid at the end of six (6) months (example: car, credit cards, student loans, personal loans, etc.)

Firm Name	Balance	Monthly Payment
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

MONTHLY EXPENSES:

Rent \_\_\_\_\_

Insurance - Renters \_\_\_\_\_  
 Auto \_\_\_\_\_  
 Health \_\_\_\_\_  
 Other \_\_\_\_\_

Utilities - Gas & Electric \_\_\_\_\_  
 Heating Oil/Propane \_\_\_\_\_  
 Water \_\_\_\_\_  
 Telephone \_\_\_\_\_

Food (including tobacco, liquor, diapers and laundry supplies) \_\_\_\_\_

Clothing \_\_\_\_\_

Entertainment \_\_\_\_\_

Gasoline, Oil, Repairs (only) \_\_\_\_\_

Miscellaneous (bus fare, lunches, donations baby sitting, tuition, subscriptions, gifts allowances, etc.) \_\_\_\_\_

Total Monthly Debts (from left) \_\_\_\_\_

Total Expenses \_\_\_\_\_

I understand that if I receive a loan from Sheen Housing, it must be repaid within a five (5) year period so that other families can be helped. In addition, I give my permission for Sheen Housing to obtain credit information or any other information needed to complete my application. Sheen Housing may employ lawful means to verify any information about me. I hereby authorize Sheen Housing to share information they obtain about me with lender, US Dept. of HUD, NYS Housing Finance Agency, government, non-profit and other entities or individuals. My receipt of any or all related services or assistance does not guarantee a mortgage loan, grant, house or any other tangible benefit. I give my permission to Sheen Housing to use any photograph and/or material relating to the purchase of my home.

Signature & Date: \_\_\_\_\_  
 Applicant Co-Applicant

Referred by: (Name/Address/Phone #) \_\_\_\_\_



# Monthly Budget

Items	Budget Amt	Actual Amt	Difference	Notes
<b>INCOME</b>				
Income Total				
Other Income				
<b>EXPENSES</b>				
Mortgage/Rent				
Household Maintenance				
Taxes				
Insurance				
Electricity				
Water				
Sewage				
Gas				
Phone				
Trash				
Cable				
Cell Phone				
Groceries				
Entertainment				
Charity/Donations				
Fuel				
Auto Insurance				
Car Payment				
Child Care				
Credit Cards/Debt				
Loans				
Life Insurance				
Health Insurance				
Clothing				
Child Support/Alimony				
Other				
<b>SAVINGS</b>				
Retirement				
College				
Basic/Other				

## TOTALS

Total Income - Total Expenses \$ \_\_\_\_\_