







Gross Income (before taxes): \$ \_\_\_\_\_  
Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

Previous Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Length of Employment

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_  
Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_  
Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

Previous Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Length of Employment

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**INCOME**

*Please Print Clearly*

Type of Income	<i>CUSTOMER</i> Monthly Amount	<i>CO-APPLICANT</i> Monthly Amount	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

**CUSTOMER**

**CO-APPLICANT**

Can you document your child support/alimony income?  
If yes, how long will it continue?

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

If your child or a family member receives SSI,  
how many more years will the payments continue?

\_\_\_\_\_

\_\_\_\_\_

If you receive disability income,  
is it for a permanent disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Regarding other employment, have you worked  
in this field for two years or more?

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

**LIABILITIES/DEBT**

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			

4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please use additional sheets if necessary.

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

**LIQUID FUNDS/SAVINGS/INVESTMENTS**

*Please Print Clearly*

Please list the approximate value of the following:

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes      No  
 If yes, how much? \$ \_\_\_\_\_

**LIVING EXPENSES**

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		

Cellular/Pager			
Cable/Satellite TV			
Other Living Expenses			

**ADDITIONAL INFORMATION**

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	___ <i>AM</i>	___ <i>PM</i>		

**AUTHORIZATION**

I authorize the Housing Counseling Agency to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Date*

