



HomeOwnership Center, Inc.

Housing Counseling Services

2276 Randolph Ave., P.O. Box 1579, Elkins, WV 26241
Phone: (304) 636-9115 • Fax: (304) 636-4125 www.hocwv.org
A Non-Profit, HUD-Approved Housing Counseling Agency



Note: This is not a Mortgage Application

If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about alternative accommodations.

Date Received	_____
Great App. #	_____
HCS #	_____

CUSTOMER 1

Name: _____
First MI Last

Current Address: _____ City/ Zip: _____
(P.O. Box Not Accepted)

Race/National Origin: American Indian/Alaskan African American Asian
 Hispanic/Latino White Other

Social Security Number: _____ Date of Birth: _____

Marital Status: Single Engaged Married Divorced Widowed

Gender: Male Female Active Military Veteran

Years of School Completed: _____ Household Size - Number of Adults: _____ Number of Children: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ How Did You Hear about Us? _____

CUSTOMER 2

Name: _____
First MI Last

Current Address: _____ City/ Zip: _____
(P.O. Box Not Accepted)

Race/National Origin: American Indian/Alaskan African American Asian
 Hispanic/Latino White Other

Social Security Number: _____ Date of Birth: _____

Marital Status: Single Engaged Married Divorced Widowed

Gender: Male Female Active Military Veteran

Years of School Completed: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ How Did You Hear about Us? _____

Customer 1 - 2 year Work History (All Jobs, Full Time, Part Time, Seasonal etc.):

Name of Employer _____ Position _____

Hourly Rate/Salary: \$ _____ Hours per week _____ Weekly Bi-Weekly Dates Employed _____ to _____

Name of Employer _____ Position _____

Hourly Rate/Salary: \$ _____ Hours per week _____ Weekly Bi-Weekly Dates Employed _____ to _____

Customer 2 - 2 year Work History (All Jobs, Full Time, Part Time, Seasonal, etc.):

Name of Employer _____ Position _____

Hourly Rate/Salary: \$ _____ Hours per week _____ Weekly Bi-Weekly Dates Employed _____ to _____

Name of Employer _____ Position _____

Hourly Rate/Salary: \$ _____ Hours per week _____ Weekly Bi-Weekly Dates Employed _____ to _____

Other Household Income (Social Security/Disability/Retirement/Death Benefits, etc.)

Name of Recipient _____ Source _____
Monthly Amount \$ _____

Name of Recipient _____ Source _____
Monthly Amount \$ _____

Child Support – Customer 1 and/or 2

Do you receive Child Support? (circle one) Yes No Can you document this income? (circle one) Yes No
How long will it continue? _____ Monthly Amount Received \$ _____

Do you pay Child Support? (circle one) Yes No Monthly Amount Paid \$ _____

Housing Information – Customer 1 and/or 2

Do you Rent Own Live with Family at your current residence?

How long have you lived there? _____ years _____ months

What is your current rent, NOT including utilities? \$ _____ Have you owned a home in the last 3 years? Yes No

Do you receive assistance from the Section 8 rental assistance program? Yes No

I certify that all information and answers to the above questions are true and complete to the best of my knowledge.

Credit Report Authorization

Authorization is hereby granted to The HomeOwnership Center, Inc., to obtain a consumer credit report through a credit-reporting agency chosen by the HomeOwnership Center, Inc. I/We understand and agree that the HomeOwnership Center, Inc. intends to use the consumer credit report for the purpose of evaluating my financial readiness to buy a home and/or to conduct credit counseling. My signature below authorizes the release to the credit reporting agency of financial information, which I have supplied to the HomeOwnership Center, Inc. in connection with such evaluation.

Signature Customer 1 Date

Signature Customer 2 Date

