



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. _____

CUSTOMER 1

Name: _____
First MI Last

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

Social Security Number: _____ Date of Birth: _____ Age: _____

Marital Status: Single Engaged Married Divorced Widowed

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

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)

Social Security Number: _____ Date of Birth: _____ Age: _____

Marital Status: Single Engaged Married Divorced Widowed

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

Gender: Male Female Active Military Veteran

Years of School Completed: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

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

Preferred method of contact: Phone Call E-mail Text Message

YOU MUST SUPPLY (1) MONTH OF CURRENT PAYSTUBS. Example- BIWEEKLY=2 PAYSTUBS; WEEKLY= 4 PAYSTUBS

Customer 1 - PLEASE SUPPLY A *2-year WORK HISTORY (All Jobs, Full Time, Part Time, Seasonal, etc.):

Name of CURRENT Employer _____ Position _____

Hourly Rate: \$ _____ Hours per week _____ Weekly Every 2 weeks Hire Date _____ Ended: _____

Name of Employer _____ Position _____

Hourly Rate: \$ _____ Hours per week _____ Weekly Every 2 weeks Hire Date _____ Ended: _____

Customer 2 – PLEASE SUPPLY A *2-year WORK HISTORY (All Jobs, Full Time, Part Time, Seasonal, etc.):

Name of Employer _____ Position _____

Hourly Rate: \$ _____ Hours per week _____ Weekly Every 2 weeks Hire Date _____ Ended: _____

Name of Employer _____ Position _____

Hourly Rate: \$ _____ Hours per week _____ Weekly Every 2 weeks Hire Date _____ Ended: _____

Other Household Income (Social Security/Disability/Retirement/Death Benefits, etc.) **MUST provide Award letter

Name of Recipient _____ Source _____

Monthly Amount \$ _____

Name of Recipient _____ Source _____

Monthly Amount \$ _____

Does your household receive Food stamps? _____ How much? _____ * **Must bring proof**

Child Support – Customer 1 and/or 2 * **Must bring proof if received**

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 or Live with Family at your current residence? _____

How long have you lived there? _____

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

Receive announcements and updates on services through email? Yes No

What service are you interested in: **Credit Advising** **Home Loan** **Refinance** **Home Repair** **Education Workshop**

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 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

Current Monthly Expenses Worksheet * irregular expenses do not need to be reported

Housing		Education	
Rent or mortgage	\$	Tuition	\$
Heating (<i>gas or oil</i>)	\$	Books, papers and supplies	\$
Electricity	\$	Newspapers and magazines	\$
Water or sewage	\$	Lessons (<i>sports, dance, music</i>)	\$
Telephones (<i>land-lines and cell phones</i>)	\$		
Renters or homeowner's insurance (<i>if separate</i>)	\$	Gifts	
Trash service	\$	Birthdays	\$
Other	\$	Personal	
Transportation		Barber or beauty shop	\$
Gas	\$	Children's allowances	\$
Car payment	\$	Tobacco products	\$
Car insurance	\$	Beer, wine or liquor	\$
Car repairs and maintenance (monthly)	\$	Entertainment	
		Movies, sporting events, concerts, etc.	\$
		Cable/satellite TV	\$
Food		Restaurants and take-out meals	\$
Groceries	\$	Gambling and lottery tickets	\$
School lunches	\$	Fitness or social clubs	\$
Work-related (<i>lunches and snacks</i>)	\$	Vacations/trips	\$
		Hobbies or crafts	\$
Insurance		Miscellaneous	
Health (<i>medical and dental, IF NOT payroll deducted</i>)	\$	Checking account fees, money order fees, etc.	\$
Supplemental Life Insurance	\$	Pet care and supplies	\$
Supplemental Disability Insurance	\$	Postage	\$
Medical		Pictures and photo processing	\$
Doctor	\$	"Mad" money	\$
Dentist	\$	Debts	
Prescriptions	\$	Student loan	\$
Childcare		Credit card (<i>monthly minimum</i>)	\$
Childcare or babysitters	\$	Credit card (<i>monthly minimum</i>)	\$
Child support or alimony	\$	Credit card (<i>monthly minimum</i>)	\$
		Medical bills	\$
Clothing		Personal loan	\$
Clothing (monthly purchases)	\$	Other	
Laundry and dry cleaning	\$	Other	\$
Donations		Other	\$
Religious or charity	\$	Other	\$
Total Regular Monthly Expenses (add)		\$	
Assets			
Cash "on hand"	\$		
Savings	\$		
Total Assets	\$		

Notes _____