



**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?** \_\_\_\_\_

**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

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

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

Notes \_\_\_\_\_