

APPLICANT *Please Print Clearly*

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Mobile/Cell: (____) _____-_____ Home: (____) _____-_____ Work: (____) _____-_____

Email: _____ Fax: (____) _____-_____ Pager: (____) _____-_____

_____-_____-_____-_____-_____-_____ / ____/____/_____
Social Security Number Birth Date

Annual Family or Household Income: \$ _____

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 _____ monthly

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 _____ 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.

CO-APPLICANT *Please Print Clearly*

Name: _____
First MI Last

Street

City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

_____-_____-_____
Social Security Number Birth Date

Relationship to Applicant (please circle): Spouse Daughter Son Sister Brother Girlfriend/ Boyfriend
Mother Father Other: _____

CO-APPLICANT EMPLOYMENT — Last 2 Years *Please Print Clearly*

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 ___ monthly

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 ___ 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.

INCOME		<i>Please Print Clearly</i>	
Type of Income	<i>APPLICANT</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			

	<i>APPLICANT</i>		<i>CO-APPLICANT</i>	
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 Print Clearly

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

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Applicant, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Please use additional sheets if necessary.

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

OTHER LIENS OR LOANS ATTACHED TO YOUR PROPERTY*Please Print Clearly*

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt?</i> C=Applicant, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
OTHER			

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please Print Clearly**Please list the approximate value of the following:*

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
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? \$ _____

AUTHORIZATION

I authorize the NeighborWorks MT (NWMT) to:

- (a) Share my/our information with the NWMT Partners;
- (b) obtain 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;
- (c) obtain my/our credit report and review my/our credit file for informational inquiry purposes only; and
- (d) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I/we purchase a home, from the lender who made my/our 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.

Applicant

Date

Co-Applicant

Date



DEMOGRAPHIC INFORMATION

Applicant Name _____

Co-Applicant Name _____

Ethnicity: Not Hispanic
(Circle One) Hispanic:
1. Cuban
2. Mexican/Chicano
3. Puerto Rican
4. Other Hispanic/Latino

Co-Applicant Ethnicity: Not Hispanic
(Circle One) Hispanic:
1. Cuban
2. Mexican/Chicano
3. Puerto Rican
4. Other Hispanic/Latino

Race: (Circle as many as appropriate)
White
Black/African American
American Indian/Alaskan Native
Asian
Native Hawaiian/Other Pacific Islander
Other

Co-Applicant Race: (Circle as many as appropriate)
White
Black/African American
American Indian/Alaskan Native
Asian
Native Hawaiian/Other Pacific Is
Other

Are you foreign born? Yes No

Is Co-Applicant foreign born? Yes No

Applicant Gender: Male Female

Co-Applicant Gender: Male Female

Marital Status: Married Single Divorced Widowed

Co-Applicant Marital Status: Married Single Divorced Widowed

Household Type: (circle one)

1. Single Adult
2. Female headed single parent
3. Male headed single parent
4. Married with children
5. Married without children
6. Two or more unrelated adults

Co-Applicant Current Housing Status: (circle one)

- Current Housing Status:** (circle one)
1. Rent
 2. Own with a mortgage
 3. Own without a mortgage
 4. Homeless
 5. Own mobile home on permanent foundation.

1. Rent
2. Own with a mortgage
3. Own without a mortgage
4. Homeless
5. Own mobile home on permanent foundation.

Education Level: (circle one)

1. Below HS diploma
2. HS diploma or equivalent
3. 2-years College
4. Bachelor's Degree
5. Masters or above

Co-Applicant Education Level: (circle one)

1. Below HS diploma
2. HS diploma or equivalent
3. 2-years College
4. Bachelor's Degree
5. Masters or above

Disabled: (circle one) Yes No

Co-Applicant Disabled: (circle one) Yes No

Veteran: (circle one) Yes No

Co-Applicant Veteran: (circle one) Yes No

Family Size _____ Children Ages: _____

MONTHLY EXPENSES

EXPENSES	CURRENT	PLAN
HOUSING		
HOUSING PAYMENT		
ELECTRICITY		
HEATING (GAS, OIL) 12-MONTH AVERAGE		
WATER/SEWER		
TELEPHONE		
TOTAL		
HOME MAINTENANCE		
MONTHLY MAINTENANCE ALLOTMENT		
CLEANING SUPPLIES		
LAWN CARE		
PEST CONTROL		
TOTAL		
FOOD		
FOOD/GROCERIES		
FOOD AT WORK (DAILY X 20 DAYS)		
SCHOOL LUNCHES X 20 DAYS		
TOTAL		
SAVINGS		
EMERGENCY FUND		
DOWN-PAYMENT SAVINGS FUND		
RETIREMENT SAVINGS		

EXPENSES	CURRENT	PLAN
INSURANCE		
AUTO INSURANCE (ANNUAL ÷ 12)		
LIFE INSURANCE		
HOMEOWNERS/RENTERS (IF NOT IN HOUSE PAYMENT)		
HEALTH INSURANCE		
TOTAL		
MEDICAL		
MEDICATION		
DOCTOR VISITS (# INDIVIDUALS x ANNUAL COST ÷ 12)		
DENTIST		
TOTAL		
CLOTHING		
CLOTHING (COST LAST YEAR ÷ 12)		
LAUNDRY/DRY CLEANING		
TOTAL		
GIFTS & DONATIONS		
BIRTHDAY GIFTS (ANNUAL ÷ 12)		
CHRISTMAS (ANNUAL ÷ 12)		
OTHER GIFTS		
CHURCH DONATIONS		
OTHER CHARITIES		
TOTAL		
EDUCATION		
SCHOOL FEES/BOOKS/SUPPLIES		
STUDENT LOANS		
NEWSPAPER/MAGAZINES		

TOTAL		
CAR		
GASOLINE		
CAR REPAIRS/MAINTENANCE (ANNUAL ÷ 12)		
LICENSE TAGS/TAXES		
CAR INSPECTION		
TOTAL		
PERSONAL		
PERSONAL ITEMS/TOILETRIES		
BARBER/BEAUTY SHOP		
ALLOWANCES FOR CHILDREN		
CHILD CARE		
CHILD SUPPORT/ALIMONY		
TOBACCO		
ALCOHOLIC BEVERAGES		
TOTAL		

TOTAL		
ENTERTAINMENT		
MOVIE RENTAL		
CABLE TV		
ATHLETIC EVENTS/HOBBIES		
VACATIONS		
EATING OUT		
TOTAL		
OTHER		
PET SUPPLIES/CARE		
POSTAGE		
CHECKING ACCOUNT FEES		
PICTURES/PHOTO PROCESSING		
CREDIT CARDS		
TOTAL		
MONTHLY TOTALS		

PLEASE REMEMBER TO:

- Complete the application thoroughly and sign it.
- Include proof of employment; if you are self-employed send a copy of your tax returns and if you are not please send in a month's worth of recent pay stubs and your W2 form.
- Return applications to the Neighborworks® MT. Send them to:
 NWMT MHR Program Coordinator
 C/o NeighborWorks® MT
 509 1st Ave South
 Great Falls, MT 59401
- If you have any questions or concerns please call NeighborWorks® Montana at (406) 761-5861 or toll free at 1-866-587-2244.