

PRELIMINARY HOMEBUYER APPLICATION

The Applicant understands that this pre-qualification application is a screening document to insure that potential buyers meet the minimum requirements. This pre-qualification does not guarantee that the Applicant has or will qualify for financing assistance.

Applicant's Signature

A. APPLICANT INFORMATION

Applicant's Name: (Last) (First) (Middle)

Current Address City State Zip

Social Security Number

Home Phone #

Work Phone #:

Employer:

Gross Income:

Hourly Rate:

Current Address City State Zip

Hours per week:

Date of Employment: From To

Bonuses:

B. CO-APPLICANT INFORMATION

Applicant's Name: (Last) (First) (Middle)

Current Address City State Zip

Social Security Number

Home Phone #

Work Phone #:

Employer:

Gross Income:

Hourly Rate:

Current Address City State Zip

Hours per week:

Date of Employment: From To

Bonuses:

C. HOUSEHOLD INFORMATION

Complete for each person who will be living in the house other than the applicant

Name:	Relationship:	Age:	Sex:	Employment Status:

D. HOUSEHOLD INCOME (Income received in the last 12 Months)

	Applicant	Co-Applicant	Other Adults (18 or Over)
Total Earnings	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
AFDC	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Interest / Dividends	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL INCOME:	\$ _____	\$ _____	\$ _____
Future Income <small>(Total Income Anticipated in Next 12 Months)</small>	\$ _____	\$ _____	\$ _____

E. ASSETS (List all checking, savings accounts, CDs, Investments, etc.)

	Present Value	Annual Income
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
CD's	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Other	\$ _____	\$ _____

F. MONTHLY EXPENSES

	Applicant		Co-Applicant		Other Adults (18 or Over)	
	Average Monthly Payment	Remaining Balance	Average Monthly Payment	Remaining Balance	Average Monthly Payment	Remaining Balance
Rent						
Auto Loan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Loans	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Credit Card (1)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(2)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Credit Cards	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Medical Bills	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dental Bills	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Care Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support Paid	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alimony Paid	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

G. HOME PURCHASE INFORMATION (Fill out only if property has been identified)

Address:

Street, City, State, Zip

Purchase Price

Number of Bedrooms

Year Home Constructed

Earnest Money

1st Mortgage Amount

Buyer's Proposed Down payment

Realtor / Owner

Phone Number

Projected Closing Date

Lending Institution

Loan Originator

Phone Number

H. SIGNATURES

I certify that all of the foregoing information is true and correct.

Signature of Applicant

Date

Signature of Co-Applicant

Date

FOR OFFICIAL USE:

Action Taken: ___ Approved ___ Provisionally Approved ___ Not Approved

Comments:

Signature of Reviewing Official

Date

APPLICANT DEMOGRAPHIC PROFILE

The following information is required by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to not race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

PROGRAM NAME: Williamson County Homebuyer SHB-50663 DATE _____

HOUSE ADDRESS: _____

NAME OF HEAD OF HOUSEHOLD: _____

I do not wish to furnish this information _____

1. Head of Household (Check all that apply)

- Single
- Married
- Elderly
- Single Parent with children
- Two Parents with children
- Other

2. Race / Head of Household

- White
- Black
- Native American
- Asian or Pacific Islander
- Hispanic

3. Number of Household Members: _____

4. Sex of Head of Household: _____ (F or M)

5. Displaced Homemaker: Yes _____ No _____ (A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.)

6. Physically Disabled Head of Household: Yes _____ No _____