

Preliminary Homebuyer Application

The Applicant understands that this pre-qualification application is a screening document to ensure 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: _____

Co-Applicant's Signature: _____

A. Applicant Information		
Applicant's Name _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> (Last) (First) (MI) </div>		
Address: _____ <div style="text-align: center; font-size: small;">(Street, City, State, ZIP)</div>		
Social Security Number: _____	Home Phone #: _____	Work Phone #: _____
Employer: _____ <div style="font-size: small;">(Complete Name)</div> _____ <div style="font-size: small;">(Address, City, State, ZIP)</div> Date of Employment: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> (From) (To) </div>		Gross Income: (check one) <input type="checkbox"/> Annual _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Weekly _____ <input type="checkbox"/> Hourly _____ Type of Work: _____ _____
B. Co-Applicant Information		
Applicant's Name _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> (Last) (First) (MI) </div>		
Address: _____ <div style="text-align: center; font-size: small;">(Street, City, State, ZIP)</div>		
Social Security Number: _____	Home Phone #: _____	Work Phone #: _____
Employer: _____ <div style="font-size: small;">(Complete Name)</div> _____ <div style="font-size: small;">(Address, City, State, ZIP)</div> Date of Employment: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> (From) (To) </div>		Gross Income: (check one) <input type="checkbox"/> Annual _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Weekly _____ <input type="checkbox"/> Hourly _____ Type of Work: _____ _____

C. Household Information (Complete for each person who will be living in the household other than applicant)

Name	Relationship:	Age:	Sex:	Employment Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Household Income (Income received in the last 12 months)

Please attach completed Income Certification form for all wage earners over the age of 18 who will be living in the home.

E. Monthly Expenses

Please attach Credit Report and Fannie Mae Form 1003 indicating monthly credit and installment loan debt as well as child support payments, if any.

F. Home Purchase Information (Fill out only if a property has been identified)

Address: _____
(Street, City, State, ZIP)

_____ _____
Purchase Price Number of Bedrooms

G. Signatures

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

Signature of Applicant Date

Signature of Co-Applicant Date

For CAHMCO Use Only:

Action Taken: Approved Provisionally Approved Not Approved

Signature of Reviewing CAHMCO Representative 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 credit 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 note 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: CAHMCO First-Time Homebuyer Program _____
Date _____

House Address: _____

Name of Head of Household: _____
Last, First, Middle Initial

I do not wish to furnish the information:

1. Head of Household

- 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: _____

7. Are you currently living in public housing? Yes: _____ No: _____