



P.O.Box 2278
 Asheville, NC 28802
 (828) 254-4030
 (828) 254-0120 fax

AFFORDABLE HOUSING PROGRAM APPLICATION

GENERAL INFORMATION					
Applicants Name (include Jr. or Sr. if applicable)			Co-Applicants Name (include Jr. or Sr. if applicable)		
Social Security Number	Home Phone	Date of Birth	Social Security Number	Home Phone	Date of Birth
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Applicant) No. Ages	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Applicant) No. Ages
Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.		
If residing at present address for less than two years, please complete the following:					
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.		

ADDITIONAL HOUSEHOLD AND INCOME INFORMATION					
Please list all persons who will reside in the home as well as all income received. Each individual If more than one source is received by an individual then use more than one row for that individual. Total Household Gross Income should reflect all income received by all household members.					
First and Last Name	Relation to Applicant	Date of Birth	Social Security #	Gross Annual Income*	Source of Income (ie: child support, employer, disability)
Total Household Gross Annual Income				\$	

Current monthly rent or housing expense	\$
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EMPLOYMENT HISTORY					
Applicant's Name and Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job	Co-Applicant's Name and Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job
		Yrs. employed in this line of work/profession			Yrs. employed in this line of work/profession
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)
If employed in current position for less than two years or if currently employed in more than one position, please complete the following:					
Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from – to)	Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from – to)
		Monthly Income			Monthly Income
		\$			\$
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)
Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from – to)	Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from – to)
		Monthly Income			Monthly Income
		\$			\$
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)

ARE YOU A GRADUATE OF THE HOMEBUYER EDUCATION CLASS OFFERED BY THE AFFORDABLE HOUSING COALITION OF ASHEVILLE AND BUNCOM COUNTY? (If yes, attach copy of "Certificate of Achievement")
 Yes _____ No _____

ASSETS		
Checking Account	Checking Account	Savings Account
Institution:	Institution:	Institution:
Account Number:	Account Number:	Account Number:
Balance/Value	Balance/Value	Balance/Value
Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly
Savings Account	Investments	Investments
Institution:	Institution:	Institution:
Account Number:	Account Number:	Account Number:
Balance/Value	Balance/Value	Balance/Value
Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly
Other	Other	Other
Institution:	Institution:	Institution:
Account Number:	Account Number:	Account Number:
Balance/Value	Balance/Value	Balance/Value
Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly
Real Estate		
Property Address	Present Market Value	Amount of Mortgages & Liens
	\$	\$
	\$	\$
	\$	\$

LIABILITIES				
	Creditor	Account Number	Balance	Monthly Payment
Auto Loan or Lease				
Auto Loan or Lease				
Revolving Account				
Revolving Account				
Revolving Account				
Other				
Other				
Total				

INFORMATION FOR GOVERNMENT MONITORING PURPOSES	
<p>The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.</p>	
<p>APPLICANT <input type="checkbox"/> I do not wish to furnish this information.</p> <p>Race or National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian or Alaskan Native & White <input type="checkbox"/> American Indian or Alaskan Native & Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> White <input type="checkbox"/> Asian & Black/African American <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other (specify) _____</p> <p>In addition to race, do you consider yourself Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>CO-APPLICANT <input type="checkbox"/> I do not wish to furnish this information.</p> <p>Race or National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian or Alaskan Native & White <input type="checkbox"/> American Indian or Alaskan Native & Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> White <input type="checkbox"/> Asian & Black/African American <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other (specify) _____</p> <p>In addition to race, do you consider yourself Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>

CERTIFICATION			
<p>I certify that all of the above information is correct and true and all income and assets have been disclosed to the best of my knowledge. I understand that the completion of this application in no way guarantees me that I will receive housing</p>			
Signature of Applicant	Date	Signature of Co-Applicant	Date

