



## How can we help?

**Why are you interested in meeting with a Housing Counselor? Check all that Apply:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Want to purchase a home | <input type="checkbox"/> To Build emergency Savings Fund | <input type="checkbox"/> To Create a Budget/Spending plan      |
| <input type="checkbox"/> To Establish Credit     | <input type="checkbox"/> To Save for a large purchase    | <input type="checkbox"/> Access New/ Better Financial Products |
| <input type="checkbox"/> To Improve Credit       | <input type="checkbox"/> To Rent an Apartment            | <input type="checkbox"/> Foreclosure prevention                |
| <input type="checkbox"/> To Better Manages Debt  | <input type="checkbox"/> Other Housing Goals             | <input type="checkbox"/> Other: _____                          |

Where would you like to purchase a home? – Town & County \_\_\_\_\_

**Applicant – General Information** *Please Print Clearly*

**Name:** \_\_\_\_\_  
First
MI
Last

**Home Address:** \_\_\_\_\_  
City
State
Zip Code

**Mailing Address:** \_\_\_\_\_  
City
State
Zip Code

**Home Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_ **Social Security Number**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth**      **Email:** \_\_\_\_\_

**Race / National Origin:**

- White     Black     Asian or Pacific Islander     Hispanic     American Indian / Alaskan Native

**Foreign Born:**  Yes  No    **Permanent resident:**  Yes  No    **U.S Citizen:**  Yes  No

**Marital Status:**  Single     Married     Divorced     Separated     Widowed

**Gender:**  Male  Female    **Disabled:**  Yes  No    **Veteran:**  Yes  No

**Highest Level of Education:**     Below High School     High School/GED     2 yr. College  
 Bachelor's Degree     Master's Degree

**Special Needs Assistance Requests:**  Language Translation (type): \_\_\_\_\_     Hear Impaired  
 Accessibility     Other: \_\_\_\_\_     Visual Impairment

**Referred to by:**

- |                                  |                                     |   |   |
|----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Bank    | <input type="checkbox"/> Government | <input type="checkbox"/> Print Advertisement        | <input type="checkbox"/> Realtor            |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Radio                      | <input type="checkbox"/> Staff/Board Member |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> TV         | <input type="checkbox"/> Other please specify _____ |   |

**Co-Applicant – General Information****Please Print Clearly**

Name: \_\_\_\_\_  
First MI Last

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_ / \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
**Social Security Number Date of Birth**

**Race / National Origin:**

White  Black  Asian or Pacific Islander  Hispanic  American Indian / Alaskan Native

**Foreign Born:**  Yes  No **Permanent resident:**  Yes  No **U.S Citizen:**  Yes  No

**Marital Status:**  Single  Married  Divorced  Separated  Widowed

**Gender:**  Male  Female **Disabled:**  Yes  No **Veteran:**  Yes  No

**Highest Level of Education:**  Below High School  High School/GED  2 yr. College  
 Bachelor's Degree  Master's Degree

**Relationship to Applicant:** \_\_\_\_\_

**Household- Information****Please Print Clearly**

**Have either applicant(s) owned a home in the last 3 years:**  Yes  No

**Household Type (please select the most accurate)**

Female/single parent household  Married with children  Single adult  Other: \_\_\_\_\_  
 Male/single parent household  Married without children  Two or more unrelated adults

**No. of People living in household:** \_\_\_\_\_ **List household members:** \_\_\_\_\_

**Applicant – Employment Information (please list all employment in the past 2 years)****Please print clearly**

**Current Primary Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  Part-Time  Full-Time  
City State Zip Code

**Gross Income (before taxes):** \$\_\_\_\_\_ Is this amount paid  Weekly  Bi-weekly  Twice a month  Monthly

**Other sources of income for ALL members of the household: (list monthly amount)**

Social Security \$\_\_\_\_\_ Child Support \$\_\_\_\_\_ Pension/Retirement \$\_\_\_\_\_ Disability \$\_\_\_\_\_

Unemployment \$\_\_\_\_\_ Other (Name) \_\_\_\_\_ Amount \$\_\_\_\_\_

**Annual Family or Household Income:** \$\_\_\_\_\_ (Total from ALL Sources)

**Co-Applicant – Employment Information (please list all employment in the past 2 years)**

**Please print clearly**

**Current Primary Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
 Part-Time  Full-Time

**Gross Income (before taxes):** \$\_\_\_\_\_ Is this amount paid  Weekly  Bi-weekly  Twice a month  Monthly

**Other sources of income for ALL members of the household: (list monthly amount)**

Social Security \$\_\_\_\_\_ Child Support \$\_\_\_\_\_ Pension/Retirement \$\_\_\_\_\_ Disability \$\_\_\_\_\_

Unemployment \$\_\_\_\_\_ Other (Name) \_\_\_\_\_ Amount \$\_\_\_\_\_

**Annual Family or Household Income: \$\_\_(Total from ALL Sources)**

**Section 8 Voucher Information**

**Do you currently receive Housing Choice Voucher (Section 8) rental assistance from HAPEC or another agency?**

Yes  No

If yes, what agency? \_\_\_\_\_

Name of case worker? \_\_\_\_\_

**IMPORTANT – READ BEFORE SIGNING**

I/we certify that to the best of my (our) knowledge and belief the above data is true and correct. I further consent to the release of credit information (at no cost to me) that may be available from a credit reporting agency and delivered directly to Housing Assistance Program of Essex Co., Inc. Such information may be shared with financial institutions for the purpose of pre-approval or financing/purchasing a home.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

WARNING - Federal Law makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.



Make sure that you include all income and expenses as accurately as possible. The information you provide will be used to compute your household income and eligibility for any programs we may offer. *Try not to inflate or underestimate numbers.*

**Monthly Income**

Salary/Wages	\$ _____
Salary/Wages (Spouse)	\$ _____
Social Security	\$ _____
Military Pay	\$ _____
Pension Plan/Retirement	\$ _____
Interest Income	\$ _____
Alimony/Child Support	\$ _____
Real Estate (Rent)	\$ _____
Dividends (Investments)	\$ _____
Unemployment/Food Stamps	\$ _____
Royalties/Other income	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

**Montly Debts**

Rent (Apartment, etc)	\$ _____
1 st Mortgage;Taxes/insurance	\$ _____
2nd Mortgage/Taxes/Insurance	\$ _____
Trailer Park Space Rent	\$ _____
Student Loans	\$ _____
Auto Loans/Leases	\$ _____
Recreation Toys (Watercraft. etc.)	\$ _____
Past-Due Taxes	\$ _____
Other Secured Debts	\$ _____
Other Secured Loans	\$ _____
<b>Total Secured Debt</b>	<b>\$ _____</b>

**Monthly Living Expenses**

Food (Home, Work, School)	\$ _____
Household Items	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Telephone (Home, Cell, Pager)	\$ _____
Internet Service	\$ _____
Cable TV/Satellite	\$ _____
Electric	\$ _____
Gas / Oil	\$ _____
Water/in-Home Service	\$ _____
Trash Service	\$ _____
Auto Gas/iMaintenance	\$ _____
Auto Insurance	\$ _____
Health & Dental Insurance	\$ _____
Life & Disability Insurance	\$ _____
Homcowners/Renters Insurance	\$ _____
Education (Tuition, Supplies)	\$ _____
Personal Care (Hair, Nails, etc)	\$ _____
Medical Care (Prescriptions, etc.)	\$ _____
Child Care (Nanny, Day Care)	\$ _____
Children Activities (Sports, etc.)	\$ _____
Alimony/Child Support	\$ _____
Gardener/Pool/Alarm Service	\$ _____
Entertainment	\$ _____
Homeowner Dues	\$ _____
Subscriptions	\$ _____
Health Club Membership	\$ _____
Contributions/Donations/Gifts	\$ _____
Other Expenses (Misc.)	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>

**Monthly Unsecured Debts**

Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Credit Card	\$ _____
Personal Loan	\$ _____
Personal Loan	\$ _____
Medical/Dental Bills	\$ _____
Other Unsecured Loans	\$ _____
<b>Total Unsecured Debt</b>	<b>\$ _____</b>

**Summary of Budget**

Total Take-Home Income	\$ _____
	(minus)
Total Living Expense Payments	\$ _____
Total Secured Debt Payments	\$ _____
Total Unsecured Debt Payments	\$ _____
	(equals)
<b>Your Disposable Income or Deficit</b>	<b>\$ _____</b>

Note: If you have a deficit, you should seek the help of a credit counseling agency to help you reduce expenses as well as create counseling agency to help you reduce expenses as well as creat a workable budget for you and your family.