
Street City State Zip Code Phone: (____) ____ - ____

Title or job description Part-Time or Full-Time Hire Date

Gross Monthly Income (before taxes): \$ _____ (Annual Income: \$ _____)

CO-CUSTOMER

Name: _____
First MI Last

Mailing Address: _____
Street City State Zip code

Physical Address: _____
Street City State Zip code

Home phone: (____) ____ - ____ Work phone: (____) ____ - ____ Ext. _____

Cell Phone: (____) ____ - ____ E-Mail: _____

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

Education: No High School Diploma High School Diploma or Equivalent
 Two-Year College Degree Bachelors Degree
 Masters Degree Above Masters Degree Other (describe) _____

Marital Status: Single Married Divorced Widowed Separated Civil Union

Handicapped or Disabled? Yes No

Veteran? Yes No

CO-CUSTOMER EMPLOYMENT

PRIMARY EMPLOYER: _____ Can you be contacted at work? Yes No

Street City State Zip Code Phone: (____) ____ - ____

Title or job description Part-Time or Full-Time Hire Date

Gross Monthly Income (before taxes): \$ _____ (Annual Income: \$ _____)

SECONDARY EMPLOYER: _____ Can you be contacted at work? Yes No

_____ Phone: (____) ____ - _____
Street City State Zip Code

_____ Part-Time or Full-Time _____/_____/_____
Title or job description Hire Date

Gross Monthly Income (before taxes): \$ _____ (Annual Income: \$ _____)

HOUSEHOLD

Household Type:

___ Female-headed single parent household ___ Male-headed single parent household ___ Single adult
___ Two or more unrelated adults ___ Married with children ___ Married without children
___ Other (describe) _____

Family/Household Size: _____ (Use back of page if more space is required)

Dependents: Name: _____ Age: _____ Relationship: _____

Dependents: Name: _____ Age: _____ Relationship: _____

Dependents: Name: _____ Age: _____ Relationship: _____

Are there non-dependents who will be living in the home? ___ Yes ___ No

If yes:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Emergency Contact: _____
Name Phone Mailing Address

What was the original purchase price? _____ Estimate of current value? _____

How long have you owned the home? _____ Major repairs needed? _____

ALL HOUSEHOLD INCOME (Current)

Type of Income	Customer Monthly Amount	Co-Customer Monthly Amount
Salary Income (gross, before taxes)		
Self-employment Income (net)		
Unemployment Income		
Alimony/Child Support Income		
Public Assistance Income/Food Stamps		
Seasonal Employment		
Rental Income		
Social Security Income		
Dependent SSI Income		
Disability Income		
Pension Income		
Total Monthly Income	\$	\$

Can you document your child support/alimony income? Yes No How long will it continue? _____

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

Regarding seasonal employment, have you worked in this field for two years or more? Yes No

ALL HOUSEHOLD EXPENSES

<u>Your Bills and When they are Due</u>		Next Due Date of Bill	Monthly Payment	Amount Past Due	Principal Balance
Housing	Mortgage (1 st) / Rent				
	Mortgage (2 nd) / Rent				
	Mortgage (3 rd) / Rent				
	Electricity				
	Oil / Wood				
	Other Fuel :				
	Telephone / Cell Phone				
	Cable TV / Satellite				
	Internet				
	Water / Sewer / Septic				

	Trash				
	Home Repair / Maintenance				
	Insurance (Escrowed: Yes or No)				
	Property Taxes (Escrowed: Yes or No)				
	Other:				
Food	Groceries				
	Lunches – including school				
	Eating Out				
	Snacks				
	Other:				
Transportation	Vehicle #1				
	Vehicle #2				
	Gas				
	Car Insurance				
	Car Repairs / Tires				
	Public Transportation				
	Other:				
Credit, Loans, Savings & Other	Credit Card #1:				
	Credit Card #2:				
	Credit Card #3:				
	Loan #1:				
	Loan #2:				
	Loan #3:				
	Savings for _____				
	Savings for Retirement				
	Other:				
	Other:				
Health	Health Insurance Premium				
	Medical / Dental Co-Pay				
	Prescriptions				
	Over the Counter Medications				
	Other:				
Child	Child Care				
	Activities and Sports				
	School Costs				
	Toys, Books, Games, Etc.				
	Other:				
Luxury Items	Gifts				
	Alcohol and tobacco products				
	Movies or video purchases and rentals				
	Books, newspapers or magazines				
	Pet care (vet)				
	Travel, vacation, camping				
	Hunting & Fishing				
	ATV's, snowmobiles				
	Charity				
	Clothes (all family members)				

Personal care items: hair, etc.				
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ASSETS

Please list the approximate value of the following:

Title	Customer	Co-Customer
Checking Account	\$ Which Bank?	\$ Which Bank?
Savings Account	\$ Which Bank?	\$ Which Bank?
Cash	\$	\$
CDs	\$	\$
Securities (stocks, bonds, etc.)	\$	\$
Retirement Account	\$	\$
Recreational Vehicles	\$	\$
Snowmobiles	\$	\$
4 Wheelers / ATV	\$	\$
Other: _____	\$	\$

AUTHORIZATION

I authorize the HomeOwnership Center to:

(a) pull my/our credit report to review my/our credit file for housing counseling in connection with identifying options for resolving the delinquency or refinancing my current mortgage.

(b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and

I acknowledge that I have received a copy of the RuralEdge. Privacy Policy and Practices.

I acknowledge that I have received a copy of After Falling Behind (Resource Guide) – RuralEdge

Customer

Date

Co-Customer

Date

Please complete and return to:
RuralEdge NeighborWorks® HomeOwnership Center

PO Box 259 ~ 48 Elm Street, Lyndonville, VT

homeownership@ruraledge.org

802-535-3555 ♦ www.ruraledge.org ♦ toll free at 1-800-234-0560

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname.”

CUSTOMER

Ethnicity: (select one)

Hispanic or Latino _____
Not Hispanic or Latino _____

Race (select one or more):

White _____
American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____
Asian and White _____
American Indian/Alaskan Native and Black _____
Black or African American _____
Asian _____
American Indian/Alaskan Native and White _____
Black/African American and White _____
Other _____

Gender (select one):

Male _____
Female _____

CO-CUSTOMER

Ethnicity: (select one)

Hispanic or Latino _____
Not Hispanic or Latino _____

Race (select one or more):

White _____
American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____
Asian and White _____
American Indian/Alaskan Native and Black _____
Black or African American _____
Asian _____
American Indian/Alaskan Native and White _____
Black/African American and White _____
Other _____

Gender (select one):

Male _____
Female _____