



Are there non-dependents who will be living in the home? **Yes** **No** If yes, list below:

Relationship \_\_\_\_\_ Age \_\_\_\_\_  
Relationship \_\_\_\_\_ Age \_\_\_\_\_

Annual Family or Household Income \$ \_\_\_\_\_

**Education (please circle one):**

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two Year Degree
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

**Referred to by (please circle all that apply):**

Print Advertisement Bank Government Radio TV  
Staff/Board Member Realtor Walk-In Newspaper Article Friend

If you were referred by a bank, which one? \_\_\_\_\_

If you were referred by a Realtor, which one? \_\_\_\_\_

If referred by another source not listed above, which one? \_\_\_\_\_

**Co-Applicant**

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

Street \_\_\_\_\_

City State Zip Code  
Home: ( ) - Work: ( ) - Cell: ( ) -

Fax: ( ) - Email: \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date

**Race ( please circle)**

- 1. American Indian/Alaskan Native and White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. American Indian/Alaskan Native and Black
- 5. Native Hawaiian/Other Pacific Islander
- 6. White
- 7. Asian
- 8. Black/African American and White
- 9. Asian and White
- 10. Other

**Ethnicity (please select "yes" or "no" for Hispanic origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin.)**

Hispanic: **Yes** **No**

**Marital Status (please circle)** 1. Single 2. Married 3. Divorced 4. Separated 5. Widow(ed)

**Gender (please circle)** Male Female **Handicapped? Yes No**

**Education (please circle one):**

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two Year Degree
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

# Customer Employment—Last 2 Years

## 1. Primary Employer: \_\_\_\_\_

\_\_\_\_\_

|   |      |           |          |
|---|------|-----------|----------|
| Title   |      | Hire Date |          |
| Street  | City | State     | Zip Code |
| Phone (____) _____ - _____  |      |           |          |
| Part Time or Full Time (Please Circle)  |      |           |          |
| Gross Income (before taxes) \$ _____  |      |           |          |
| Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly |      |           |          |

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## 2. Previous Employer: \_\_\_\_\_

\_\_\_\_\_

|  |      |                      |          |
|--|------|----------------------|----------|
| Title                                  |      | Length of Employment |          |
| Street                                 | City | State                | Zip Code |
| Phone (____) _____ - _____             |      |                      |          |
| Part Time or Full Time (Please Circle) |      |                      |          |

## Co-Applicant Employment Last 2 Years

## 1. Primary Employer: \_\_\_\_\_

\_\_\_\_\_

|   |           |       |          |
|---|-----------|-------|----------|
| Title   | Hire Date |       |          |
| Street  | City      | State | Zip Code |
| Phone (____) _____ - _____  |           |       |          |
| Part Time or Full Time (Please Circle)  |           |       |          |
| Gross Income (before taxes) \$ _____  |           |       |          |
| Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly |           |       |          |

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## 2. Previous Employer: \_\_\_\_\_

\_\_\_\_\_

|   |      |                      |          |
|---|------|----------------------|----------|
| Title   |      | Length of Employment |          |
| Street  | City | State                | Zip Code |
| Phone (____) _____ - _____ Part-time or Full Time |      |                      |          |
| Part Time or Full Time (Please Circle)            |      |                      |          |

Continue listing previous employers for a 2 year period on a separate sheet of paper

**Income**

**Please Print Clearly**

| Type of Income         | <u>Customer</u> Monthly Amount | <u>Co-Applicant</u> Monthly Amount |
|------------------------|--------------------------------|------------------------------------|
| Salary                 | \$                             | \$                                 |
| Alimony/Child Support  | \$                             | \$                                 |
| Rental Income          | \$                             | \$                                 |
| Social Security        | \$                             | \$                                 |
| Pension Income         | \$                             | \$                                 |
| Public Assistance      | \$                             | \$                                 |
| Self-employment Income | \$                             | \$                                 |
| Dependent SSI Income   | \$                             | \$                                 |
| Disability Income      | \$                             | \$                                 |
| Medical Insurance      |                                |                                    |
| Other Employment       | \$                             | \$                                 |

|  | <b>Customer</b> |           | <b>Co-Applicant</b> |           |
|--|-----------------|-----------|---------------------|-----------|
| Can you document your child support/alimony income?<br>If yes, how long will it continue?      | <b>Yes</b>      | <b>No</b> | <b>Yes</b>          | <b>No</b> |
| Is 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?                            | <b>Yes</b>      | <b>No</b> | <b>Yes</b>          | <b>No</b> |
| Regarding other employment, have you worked in this field for two years or more?               | <b>Yes</b>      | <b>No</b> | <b>Yes</b>          | <b>No</b> |

## LIABILITIES / DEBTS

Please list any debts you have, including credit cards, auto loans, student loans and child care expenses. Do NOT include rent or utilities.

| Paid To | Current Balance | Monthly Payment | Who's Debt<br>A=Applicant<br>B=Both<br>C=Co- Applicant |
|---------|-----------------|-----------------|--|
| 1.      | \$              | \$              |  |
| 2.      | \$              | \$              |  |
| 3.      | \$              | \$              |  |
| 4.      | \$              | \$              |  |
| 5.      | \$              | \$              |  |
| 6.      | \$              | \$              |  |
| 7.      | \$              | \$              |  |
| 8.      | \$              | \$              |  |
| 9.      | \$              | \$              |  |
| 10.     | \$              | \$              |  |

Please use additional sheets if necessary

|   | <u>Customer</u> |    | <u>Co-Applicant</u> |    |
|---|-----------------|----|---------------------|----|
| Have your payments been made on time?       | Yes             | No | Yes                 | No |
| Are you currently in Chapter 13 bankruptcy? | Yes             | No | Yes                 | No |
| If yes, when did it begin? _____            |                 |    |                     |    |
| If yes, when will it be paid out? _____     |                 |    |                     |    |
| If yes, how much is the payment? _____      |                 |    |                     |    |
| Have you had a Chapter 7 bankruptcy?        | Yes             | No | Yes                 | No |
| If yes, when was it discharged? _____       |                 |    |                     |    |

## Liquid Funds / Savings / Investments

Please list the approximate value of the following:

|                                 | CUSTOMER | CO-APPLICANT |
|---------------------------------|----------|--------------|
| Checking Account                | \$       | \$           |
| Savings Account                 | \$       | \$           |
| Cash                            | \$       | \$           |
| CDs                             | \$       | \$           |
| Securities (stocks, bonds, etc) | \$       | \$           |
| Retirement Account              | \$       | \$           |
| Other Liquid Funds              | \$       | \$           |

Are you about to receive additional funds (e.g., tax refunds, property sales, etc)? (circle)    Yes    No

If yes, how much \$ \_\_\_\_\_

## LIVING EXPENSES

|                                  | CUSTOMER | CO-APPLICANT |
|----------------------------------|----------|--------------|
| Current monthly rent or mortgage | \$       | \$           |
| Electric/Gas/Solid Waste         | \$       | \$           |
| Telephone                        | \$       | \$           |
| Cellular/Pager                   | \$       | \$           |
| Cable/Satellite/TV               | \$       | \$           |
| Other Living Expenses            | \$       | \$           |

|   | CUSTOMER |       | CO-APPLICANT |       |
|---|----------|-------|--------------|-------|
| Have you owned a home in the last three (3) years?  | Yes      | No    | Yes          | No    |
| Are you a Veteran                                   | Yes      | No    | Yes          | No    |
| Do you have a contract on a house at this time?     | Yes      | No    | Yes          | No    |
| Are you currently working with a real estate agent? | Yes      | No    | Yes          | No    |
| Most convenient time for an individual appointment? | ___AM    | ___PM | ___AM        | ___PM |

## AUTHORIZATION

I, hereby authorize OIC of Washington/Prosperity Center to obtain my credit report. I understand that my credit report will be kept on file and kept confidential unless I sign a release stating otherwise.

\_\_\_\_\_  
Signature Date Signature Date

I authorize and direct any federal, state or local agency, organization, business or individual to release to OIC of Washington OIC of Washington only information needed to complete and verify the information that I have given. I understand and agree this authorization or the information obtained with its use may be given and used by OIC of Washington in administering and enforcing program rules and policies.

I also consent for OIC of Washington to release information from my file about any related history to any state, federal, agency or program that may assist a client with their social or legal needs as determined by OIC of Washington.

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include pertinent to the programs OIC of Washington works with ie, mortgage lenders, identity and marital status, collection agencies, residences and rental activity, employment, income and asset verifications, credit and criminal activity, citizenship or eligibility status.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to the programs OIC of Washington works with.

I agree that a photocopy of this authorization may be used for the purpose as stated above. The original of this authorization is on file with OIC of Washington and will stay in effect for a 13 months from the date signed. I understand that I have a right to review my file and correct any information that I can prove incorrect.

\_\_\_\_\_  
Signature Date Signature Date

the Prosperity Center

3/8/10

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