



Home Buyer Application

Church Community Housing Corporation

If you have difficulty with any part of this form, please contact the Homebuyer Coordinator at (401) 846-5114 x. 12. This information will be used to work with the Borrower individually in a budget session and for loan assistance.

All information is confidential.

Instructions: Please complete the attached Borrower and Co-Borrower information sheets and return with the following information:

___ Borrower's most recent tax return

___ Co-Borrower's most recent tax return

___ Borrower's most recent pay stub

___ Co-Borrower's most recent tax return

Return completed forms to:

ATTN: Homebuyer Training Coordinator
Church Community Housing Corporation
50 Washington Square
Newport, RI 02840

Household Information

Borrower Name: _____

Co-Borrower: _____

Present street address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Alternate phone: _____

Email address: _____

Total number residing in the Household (all related and unrelated occupants): _____

Total # of elderly in Household: _____ Total number of disabled in Household: _____



The following information will be required by the federal government to monitor this owner's compliance with equal housing opportunity and fair housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished. Please check the category that most closely describes the head of household:

___ White/non-minority

___ Native American

___ African-American

___ Spanish American

___ Asian American

___ Other

___ I do not wish to furnish the above information

Have you owned a home/property in the previous three years? _____ . If so, please explain:

Borrower Information

Name: _____

Date of Birth: _____ Social Security Number _____

Disabled: Yes No

Please list any dependents:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Present Address: _____

How many years have you lived there?: _____

Present monthly rent: _____

Previous address: _____

How many years did you live there? _____

Monthly rent at this address: _____

EMPLOYMENT INFORMATION

Check here if self-employed. For how long: _____

Current employer: _____

Address: _____ Phone: _____

Length of employment with this company: _____ Position: _____

INCOME INFORMATION

List all income from all jobs before taxes:

Income Source	Amount	Number of Hours Worked per Week
Compensation	\$	
Overtime	\$	
Bonuses	\$	
Child Support	\$	
SSI/Pension	\$	
Alimony	\$	
Commissions	\$	
Other	\$	
Separate Maintenance Agreement	\$	

ASSET INFORMATION

Checking accounts:

Bank: _____ Balance: _____

Bank: _____ Balance: _____

Savings/Certificates of Deposit Accounts (CDs)

Bank: _____ Balance: _____

Bank: _____ Balance: _____

Stocks, Bonds, Mutual Funds, Trust Funds, Whole Life Insurance

Name of Stock: _____ Value: _____ Annual Income: _____

Name of Stock: _____ Value: _____ Annual Income: _____

Real Estate/ Mobile Homes:

Description/Address: _____

Estimated Value: \$ _____ Balance due on mortgage: _____

CREDIT INFORMATION

List all outstanding credit cards, loans and other outstanding balances (use an additional page if necessary)

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Are you a co-signer, endorser, or guarantor on any other loans? Yes _____ No _____

Please note that this is a preliminary application and in no way insures occupancy, additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will affect approval of residency.

DATE: _____ SIGNATURE: _____



The Fair Housing Act prohibits discrimination in the sale, rental and financing of dwellings based on race, color, religion, sex or national origin. An aggrieved person may file a complaint with:

Rhode Island Housing
44 Washington Street
Providence, Rhode Island 02903

TEL: (401) 751-5566

U.S. Department of Housing and Urban Development
121 South Main Street
Providence, Rhode Island 02903
TEL (401) 277-8300

Co-Borrower Information

Name: _____

Date of Birth: _____ Social Security Number _____

Disabled: Yes No

Please list any dependents:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Present Address: _____

How many years have you lived there?: _____

Present monthly rent: _____

Previous address: _____

How many years did you live there? _____

Monthly rent at this address: _____

EMPLOYMENT INFORMATION

Check here if self-employed. For how long: _____

Current employer: _____

Address: _____ Phone: _____

Length of employment with this company: _____ Position: _____

INCOME INFORMATION

List all income from all jobs before taxes:

Income Source	Amount	Number of Hours Worked per Week
Compensation	\$	
Overtime	\$	
Bonuses	\$	
Child Support	\$	
SSI/Pension	\$	
Alimony	\$	
Commissions	\$	
Other	\$	
Separate Maintenance Agreement	\$	

ASSET INFORMATION

Checking accounts:

Bank: _____ Balance: _____

Bank: _____ Balance: _____

Savings/Certificates of Deposit Accounts (CDs)

Bank: _____ Balance: _____

Bank: _____ Balance: _____

Stocks, Bonds, Mutual Funds, Trust Funds, Whole Life Insurance

Name of Stock: _____ Value: _____ Annual Income: _____

Name of Stock: _____ Value: _____ Annual Income: _____

Real Estate/ Mobile Homes:

Description/Address: _____

Estimated Value: \$ _____ Balance due on mortgage: _____

CREDIT INFORMATION

List all outstanding credit cards, loans and other outstanding balances (use an additional page if necessary)

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Creditor _____ Monthly Payment: _____ Account Balance: _____

Are you a co-signer, endorser, or guarantor on any other loans? Yes _____ No _____

Please note that this is a preliminary application and in no way insures occupancy, additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will affect approval of residency.

DATE: _____ SIGNATURE: _____



The Fair Housing Act prohibits discrimination in the sale, rental and financing of dwellings based on race, color, religion, sex or national origin. An aggrieved person may file a complaint with:

Rhode Island Housing
44 Washington Street
Providence, Rhode Island 02903
TEL: (401) 751-5566

U.S. Department of Housing and Urban Development
121 South Main Street
Providence, Rhode Island 02903
TEL (401) 277-8300