



New Home Application

Return completed application and all requested documents

**Greenwood-Leflore Fuller Center for
PO Box 9306
Greenwood, MS 38930**



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a Fuller Center house. Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted to the Fuller Center. All information on this application will be kept strictly confidential.

1. APPLICANT/CO-APPLICANT INFORMATION

Applicant's Name			Co-Applicant's Name		
Social Security Number	Date of Birth	Age	Social Security Number	Date of Birth	Age
Home Phone	Best Time To Reach		Home Phone	Best Time To Reach	
Work Phone	Best Time To Reach		Work Phone	Best Time To Reach	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Dependents and Others who will live with you (not listed by co-applicant)			Dependents and Others who will live with you (not listed by applicant)		
Name	Age	Male/Female	Name	Age	Male/Female
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes -If yes please list address			Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes -If yes please list address		

If Living at the Present Address for Less than Two Years Complete the Following

Last Address (street, city, state, zip code)		Last Address (street, city, state, zip code)	
Number of Years:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years:	<input type="checkbox"/> Own <input type="checkbox"/> Rent

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Application Received _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent _____
Date Application Completed _____	Date Sent to Committee _____	Date Letter Sent _____
Date of Home Visit _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	

3. WILLINGNESS TO PARTNER WITH THE FULLER CENTER

To be considered for a Fuller Center home, you and your family must be willing to complete ___ hours of "sweat equity"¹¹. A minimum of _____ sweat equity hours must be completed by the applicant and immediate family.

Yes No

I AM WILLING TO COMPLETE THE REQUIRED HOURS OF SWEAT EQUITY: Applicant:
 Co-Applicant:

Number of bedrooms (please circle) 1 2 3 4

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other (please describe)

If you rent your current residence, what is your monthly rent payment? \$ _____ per month
 (please supply a copy of your lease or a copy of a money order, or cancelled rent check)

In the space below, describe the condition of the house or apartment where you currently live. Why do you need a Fuller home?

If you are approved for a Fuller home, how should your name(s) appear on the legal documents?

Applicant _____ Co-Applicant _____

4. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and Address of Current Employer	Years On This Job	Name and Address of Current Employer	Years On This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business	Position	Type of Business	Position

Verify your income by attaching copies of two (2) months of check stubs and/or award letters for applicant and co-applicant.

If Working at Current Job Less Than One (1) Year, Complete the Following Information

Name and Address of Last Employer	Years On This Job	Name and Address of Last Employer	Years On This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

5. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunches	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other (specify)				Alimony/Child Support	
TOTAL	\$	\$	\$	TOTAL	\$

Please attach copies of last month's bills as listed above.

* NOTE: Self-employed applicant(s) should provide additional documentation such as latest tax returns and/or financial statements. DOCUMENTATION VERIFYING ALL SOURCES OF INCOME MUST BE SUBMITTED FOR APPLICATION TO BE COMPLETE.

**Others In Household: List additional household members over age 18 who receive income:

Name	Social Security Number	Age	Monthly Wages	Relationship
			\$	
			\$	
			\$	

6. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

If you are selected for homeownership, you will be required: to make a \$ down payment; and to pay closing costs of approximately \$ prior to moving into your Fuller house. Where will you be getting the money to meet this financial obligation (for example saving, parents)? If you are borrowing money to pay these costs, explain how and from whom:

Applicant		Co-Applicant	
Name and Address of Bank, Savings & Loan, or Credit Union:		Name and Address of Bank, Savings & Loan, or Credit Union:	
Account Number: Balance \$		Account Number: Balance \$	
Name and Address of Bank, Savings & Loan, or Credit Union:		Name and Address of Bank, Savings & Loan, or Credit Union:	
Account Number: Balance \$		Account Number: Balance \$	
Name and Address of Bank, Savings & Loan, or Credit Union:		Name and Address of Bank, Savings & Loan, or Credit Union:	
Account Number: Balance \$		Account Number: Balance \$	

Do you own a:	Yes	No	Do you own a:	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car(#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		

7. DEBT

Car Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Other Name and Address of Company	Monthly Balance \$	Unpaid Payment \$
		Mos. Left to pay:			Mos. Left to pay:
Furniture Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Other Name and Address of Company	Monthly Balance \$	Unpaid Payment \$
		Mos. Left to pay:			Mos. Left to pay:
Credit Card(s) Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Alimony/Child Support	\$	/ month
		Mos. Left to pay:	Job-Related Expenses	\$	/ month
			Child Care, Union Dues, Etc.	\$	/ month
Medical Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Column 2: Subtotal of Payments	\$	/ month
		Mos. Left to pay:	Column 1: Subtotal of Payments	\$	/ month
			Total Monthly Expenses	\$	/ month
Column 1: Subtotal of Payments	\$	/ month			

	Applicant: Yes	No	Co-Applicant: Yes	No
A. Do you have any debt because of a court decision against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you had property foreclosed on in the last seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are you currently involved in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you paying alimony or child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question A through E, however, please explain on a separate sheet of paper and mark your additional comments with "A" for Applicant and "C" for Co-Applicant.				

8. AUTHORIZATION, RELEASE & PRIVACY ACT AGREEMENT

I understand that by filing this application, I am authorizing The Fuller Center for Housing to evaluate my actual need for a Fuller home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions

truthfully, my application may be denied, and that even if I have already been selected to receive a Fuller home, I may be disqualified from the program. By further signing, I agree to convey to Fuller Center for Housing all right, title and all photographic images, video or audio recordings and story content of me by Fuller Center for Housing for the purpose of public relations. The original or a copy of this application will be retained by The Fuller Center for Housing even if the application is not approved. I understand that information contained in the application packet will be kept in utmost confidence and not shared with any other person or organization outside the The Fuller Center for Housing.

This is to acknowledge that I have read and understand the details of the Application, Authorization, the Release, and the Privacy Statement.

Applicant Signature

Date

Co-Applicant Signature

Date

x _____

x _____

Use this space for additional information:

Office use only:

Incomplete **Date** _____ **Action taken** _____

Complete **Date** _____

CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to the Greenwood-Leflore Fuller Center for Housing to obtain and review my credit report in relation to my application for a New Home or a Greater Blessing Box home repair.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

(This form must be signed by each individual over 18 years of age included on the application for a new home or home repair.)

_____ Applicant

_____ Additional adult applicant

_____ Additional adult applicant

Date: _____

**Greenwood-Leflore Fuller Center for Housing – Application Committee
 VERIFICATION OF INCOME FORM**

INCOME TYPE	RECIPIENT NAME	AMOUNT	ANNUALIZED AMOUNT	NOTES

HOUSEHOLD TOTAL: MONTHLY _____ ANNUALLY _____

By signing below, the applicant indicates that all income received by individuals who will reside in the home has been documented above.

 Applicant signature

 Date

 Applicant signature

 Date

By signing below, a representative of the Application Committee indicates that satisfactory documentation (tax returns, pay stubs, awards letters or similar) have been received from the Applicant(s).

 Application Committee member signature

 Date

Greenwood-Leflore Fuller Center for Housing – Application Committee
CURRENT HOUSING EVALUATION FORM

Home visits shall be conducted in a friendly and conversational manner. The questions below are prompts. Additional information on the family’s living situation pertinent to a new home application should be documented as well.

Applicant name: _____ Date of visit: _____

Address of the evaluation: _____

Owner occupied or Rented?

Number of bedrooms _____ Number of bathrooms _____

List all residents of Home:

Will all the residents of this home be moving into the new home?

Can every family member sleep in a bedroom?

Is it necessary for school-age children of the opposite sex to share a bedroom?

Is the family living in part of another family’s home?

Is the foundation sinking, caving in or otherwise deteriorating?

Is the floor settling, saving in, or otherwise deteriorating?

Are the walls shifting or becoming detached?

Is this roof or ceiling sagging or cabin in?

Does the roof itself leak?

Are the windows rotted or inoperable?

Are the doors rotted or inoperable?

Are there any barriers for disabled family members?

Is there air infiltration in windows, door or walls?

Is the indoor air quality unhealthy?

Does the house (floor, walls and/or ceiling) lack adequate insulation?

Is the well-being of the family members in danger from others?

Is the well-being of the family members in danger from hazardous materials or environment?

Does the plumbing system lack provision of safe water or disposal of waste?

Is the electrical system inadequate or otherwise unsafe?

Is the heating system dysfunctional, inefficient or unsafe?

Summary

Visit complete by Application Committee member(s)

Name(s)



HOUSEHOLD BUDGET WORKSHEET

Home:

Rent/Mortgage Payment \$ _____
 Taxes \$ _____
 Insurance \$ _____

Utilities:

Electric \$ _____
 Gas \$ _____
 Water \$ _____
 Telephone \$ _____
 Cable/Satellite \$ _____
 Internet \$ _____
 Garbage \$ _____

Transportation:

Vehicle Payment (s) \$ _____
 Gasoline \$ _____
 Insurance \$ _____
 Licenses \$ _____
 Car Tax \$ _____

Child Care:

Day Care \$ _____
 Child Support \$ _____

Health:

Clinic/Physician \$ _____
 Hospital \$ _____
 Health Insurance \$ _____
 Prescriptions \$ _____

Food:

Groceries \$ _____
 Eating Out \$ _____

Education:

Books/Supplies \$ _____
 Tuition \$ _____
 Student Loans \$ _____
 Student Lunches \$ _____

Installment:

Credit Cards \$ _____
 Furniture \$ _____
 Payday Loans \$ _____
 Court Fines/Fee \$ _____

Other:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Summary

Gross Monthly Income \$ _____

Total Monthly Expenses \$ _____

Net Monthly Income \$ _____



PRIVACY STATEMENT

Your privacy is a priority for the Greenwood-Leflore Fuller Center for Housing. We value the relationship we have with you and that you trust us with personal information about you, your finances and your family. We are committed to ensuring that your personal information is used in an appropriate manner. We do not sell your personal information and do not share it with others except as directed by you and permitted by law.

This Privacy Statement applies to all of our clients. Personal information means information that identifies you personally and does not include information that comes from a public source. We promise to protect your personal information by following the procedures described in this Privacy Statement.

INFORMATION WE COLLECT

We collect personal information about you to complete transactions you initiate and to service and manage your account. We collect personal information about you from the following sources:

- Information you provide on applications, other forms and by phone. This may include such information as your name, address, social security number, finances and family.
- Information regarding transactions with us, such as payment history.
- Information we receive from consumer reporting agencies and other outside sources regarding such things as credit history and leasehold interests.

HOW WE USE YOUR PERSONAL INFORMATION

We do not share your personal information with anyone except as instructed by you and permitted by law. We do not sell your information to third parties. Whenever we share your personal information, we will protect your privacy with a confidentiality agreement that limits the use of your information to the service requested.

HOW WE SAFEGUARD YOUR INFORMATION

We maintain physical, electronic and procedural safeguards to protect your information. We limit access to your personal information to employees and others with a valid business need for the information. We hold our Board of Directors and employees responsible for upholding our privacy standards.

*If you have questions or comments about this Privacy Statement, you may address them to:
The Greenwood-Leflore Fuller Center for Housing
PO Box 9306 Greenwood, MS 38930*