ReNew Home Application

We are pledged to the letter and spirit of U.S. policy of 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.

Covenant Partner Name
PO Box or street address
City, State and zip code

Dear Applicant: We need you to complete this application to determine if you qualify for a Covenant Partner Name ReNew home renovation project. 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 Covenant Partner Name. All information in this application will be kept strictly confidential.

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
❑Married ❑Separated ❑Unmarried (single, divorced, widowed		❑Married ❑Separated ❑Unmarried (single, divorced, widowed)	
Dependents and others who live with you (not listed by co-applicant) NAME AGE MALE FEMALE		Dependents and others who will live with you (not listed by applicant) NAME AGE MALE FEMALE	
Present Address (street, city, state, zip code)		Last Address (street, city, state, zip code)	
Number of Years: ❑ Own ❑ Rent		Number of Years: ❑ Own ❑ Rent	
If applying for a home renovation do you have a mortgage? ❑No ❑Yes If yes, please give name, address, and phone of bank holding mortgage. If applying for a ReNew home renovation, do you own other property than the address of the renovation? ❑No ❑Yes If yes, please list other property owned.		If applying for a home renovation do you have a mortgage? ❑No ❑Yes If yes, please give name, address, and phone of bank holding mortgage. If applying for a ReNew home renovation, do you own other property than the address of the renovation? ❑No ❑Yes If yes, please list other property owned.	
Mortgage Payment $ _____ Unpaid Balance $_____ Do you owe money on the land? ❑No ❑Yes If yes, what is the monthly payment $_____ Unpaid balance $ _____ If applying for a ReNew home renovation have you or will you be receiving an insurance settlement or other funds for renovation of your home? ❑No ❑Yes-If yes, how much did you or will you receive? $_____ Please list where the funds came from or will be coming from _____ _____		Mortgage Payment $ _____ Unpaid Balance $_____ Do you owe money on the land? ❑No ❑Yes If yes, what is the monthly payment $_____ Unpaid balance $ _____ If applying for a ReNew home renovation have you or will you be receiving an insurance settlement or other funds for renovation of your home? ❑No ❑Yes-If yes, how much did you or will you receive? $_____ Please list where the funds came from or will be coming from _____ _____	
FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE Date Application Received _____ Date Application Completed _____ Date of Home Visit _____		More Information Requested ❑Yes ❑No Date Sent to Committee _____ ❑Accepted ❑ Denied	

WILLINGNESS TO PARTNER WITH Covenant Partner Name

To be considered for a Fuller Center for Housing, you and your family must be willing to complete ____ hours of "sweat equity." A minimum of ___ sweat-equity hours must be completed by the applicant and his/her immediate family.

I AM WILLING TO COMPLETE THE REQUIRED _____ **HOURS** OF SWEAT EQUITY

Applicant ❑ **Yes** ❑ **No** **Co-Applicant** ❑ **Yes** ❑ **No**

CURRENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living: ❑ Kitchen ❑ Bathroom ❑ Living Room ❑ Dining Room ❑ Other (please describe) _____

_____

_____

In the space below, describe the condition of the house where you currently live. Why do you need a Fuller Center for Housing home renovation?

_____

_____

_____

_____

EMPLOYMENT INFORMATION

Applicant		**Co-Applicant**	
Name/ address of current employer _____ Type of business	Years on this job _____ Gross Monthly Wages $_____ Position	Name/address of current employer _____ Type of business	Years on this job _____ Gross Monthly Wages $_____ 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:

Applicant		**Co-Applicant**	
Name/ address of last employer _____ Type of business	Years on this job _____ Gross Monthly Wages $_____ Business phone	Name/address of last employer _____ Type of business	Years on this job _____ Gross Monthly Wages $_____ Business phone

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 WITH APPLICATION.

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

Name **Social Security Number** **Age** **Monthly Wages** **Relationship**

_____ $_____

_____ $_____

_____ $_____

DEBT

Car Name and Address of Company	Monthly Balance Unpaid Payment $ $ _____ Months left to pay	Other _____ Name/Address of Company	Monthly Balance Unpaid Payment $ $ _____ Months left to pay
Furniture Name and Address of Company	Monthly Balance Unpaid Payment $ $ _____ Months left to pay	Other _____ Name/Address of Company	Monthly Balance Unpaid Payment $ $ _____ Months left to pay
Credit Card(s) Name and Address of Company	Monthly Balance Unpaid Payment $ $ _____ Months left to pay	Alimony/Child Support_____ Job-Related Expenses_____ Child Care, Union Dues, Etc.__	$ per month $ per month $ per month
Medical Name and Address of Company	Monthly Balance Unpaid Payment $ $ _____ Months left to pay	**Column 2 Subtotal of Payments** **+** **Column 1 Subtotal of Payments**	**$ per month** **$ per month**
Column 1 Subtotal of Payments **$ per month**		**Total Monthly Expenses**	**$ per month**

		Applicant		Co-Applicant	
		Yes	No	Yes	No
A.	Do you have any debt because of a court decision against you?	❑	❑	❑	❑
B.	Have you been declared bankrupt within the past seven years?	❑	❑	❑	❑
C.	Have you had property foreclosed on in the last seven years?	❑	❑	❑	❑
D.	Are you currently involved in a lawsuit?	❑	❑	❑	❑
E.	Are you paying alimony or child support?	❑	❑	❑	❑
F.	Are you a U.S. citizen or permanent resident?	❑	❑	❑	❑

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.**

AUTHORIZATION, RELEASE & PRIVACY ACT AGREEMENT

I understand that by filing this application, I am authorizing Covenant Partner Name to evaluate my actual need for a Fuller Center ReNew home renovation, my ability to repay the no-interest loan 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 Center ReNew home renovation, I may be disqualified from the program. By further signing, I agree to convey to Covenant Partner Name all right, title and all photographic images, video or audio recordings and story content of me by Covenant Partner Name for the purpose of public relations. The original or a copy of this application will be retained by Covenant Partner Name even if the application is not approved. Under the Privacy Policy, all personal information provided to Covenant Partner Name is on a voluntary basis, and that information provided will be protected to the extent permitted by the Privacy Act. Voluntarily submitting information constitutes your consent for Covenant Partner Name to use the information for the purpose stated and indicates to us you are aware of Covenant Partner Name Privacy Policy provisions. 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 _____.

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

Applicant's Signature **Date** **Co-Applicant's Signature** **Date**

X _____ _____

APPLICATIONS THAT ARE NOT COMPLETE WILL NOT BE ACCEPTED.