

VILLAGE CROWN PROGRAM
INITIAL APPLICATION TO PREQUALIFY TO BUY A HOUSE/OR LEASE-TO-OWN

Date: _____ Home Phone: () _____ Cell Phone: () _____

Applicant Name: _____ Social Security No. _____

Birth Date: _____

Spouse or Co-Applicant: _____ Society Security No: _____

Birth Date: _____

Current Address _____ City/State/Zip: _____

Current Landlord: _____ Phone () _____

Address _____ City/State/Zip _____

Previous Landlord: _____ Phone () _____

Address _____ City/State/Zip _____

Name, Age and Gender of EACH Household Member

	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>GENDER (M) (F)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

APPLICANT:

Present Employer _____ How Long? _____

Position/Title: _____ Business Phone () _____

Business Address: _____ City/State/Zip: _____

Gross Income From Employment:

Hourly: \$ _____ per hour for _____ hours per week.

Salaried \$ _____ per month

Other Income Paid Monthly: \$ _____ Source: _____

Gross Annual Income from last year's tax return: \$ _____

Previous Employer _____ How Long? _____

Position/Title: _____ Business Phone () _____

Business Address: _____ City/State/Zip: _____

Gross Income from Employment:

Hourly: \$ _____ per hour for _____ hours per week.

Salaried \$ _____ per month

Other Income Paid Monthly: \$ _____ Source: _____

Gross Annual Income from last year's tax return: \$ _____

SPOUSE/CO-APPLICANT:

Present Employer _____ How Long? _____

Position/Title: _____ Business Phone () _____

Business Address: _____ City/State/Zip: _____

Gross Income From Employment:

Hourly: \$ _____ per hour for _____ hours per week.
Salaried \$ _____ per month
Other Income Paid Monthly: \$ _____ Source: _____
Gross Annual Income from last year's tax return: \$ _____

EXPENSES:

Please see the attached budget sheet and fill it out completely.

CREDIT REPORT:

Please see the attached credit report release and fill it out completely.

Have you ever had a Bankruptcy? ___ Yes ___ No Year discharged _____

Type of Bankruptcy: Chapter 7 _____ Chapter 13 _____

Do you have any judgments or collection accounts filed against you? ___ Yes ___ No

Comments or Special Circumstances that you would like to explain.

How did you hear about the *Village Crown Program*? _____

I/We hereby certify that the information on the application contained herein is true and correct. Falsification of information will constitute a breach of all contracts. I/We hereby acknowledge and agree that all the persons listed on this application may be contracted by the Owner/Agent and I/We have no objections in checking my /our application for the purposes of verification and credit processing. I/We understand that this pre-application is for the purpose of consideration for pre-approval for any of the programs offered including homeownership and/or lease to own program that Family Housing Advisory Services (FHAS) shall have absolute discretion to accept or reject my/our preliminary application.

Applicant's Signature Date

Co-Applicant's Signature Date

Please return this pre-application in person to:

Holy Name Housing Corporation
2929 Fontenelle Blvd.—NE corner of bldg.
Omaha, NE 68104

Or return by mail to:

Holy Name Housing Corporation
3014 N 45th St.

Omaha, NE 68104