

BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC. - HOME OWNERSHIP APPLICATION

Please use black ink only

Applicant's Name _____ Age _____
Address _____ Zip _____
Phone _____ Social Security # _____

Co-Applicant's Name _____ Age _____
Address _____ Zip _____
Phone _____ Social Security # _____

___ married ___ single ___ separated ___ divorced

Please list Dependents: Name, Age, and Sex

Applicant's occupation _____
of years in present occupation _____
of hours worked per week _____
Employer's name _____
Employer's address _____
Employer's phone # _____
Previous employer if less than 3 years _____

Co-Applicant's occupation _____
of years in present occupation _____
of hours worked per week _____
Employer's name _____
Employer's address _____
Employer's phone # _____
Previous employer if less than 3 years _____

Credit History:

a. Have you ever filed for bankruptcy? _____
If yes, what date? _____
Satisfaction date? _____

b. Do you have any outstanding judgements? _____
If yes, please list _____

c. Have you gone for credit counseling? _____
If yes, when and where? _____

d. Have you had any credit problems in the past? _____
If yes, please explain _____

e. Have you ever bought or owned a home? _____
If yes, when? _____ Sold for? _____

f. Total amount of present savings _____

Present Housing: Monthly rent _____
Utilities Included? ___ Monthly cost _____

Name/Address/Phone # of Landlord: _____

Information for Government monitoring purpose
___ American Indian ___ Asian/Pacific Islander
___ Black ___ Hispanic ___ White

FOR SHEEN HOUSING OFFICE USE ONLY

Date of Seminar _____
Committee Member _____
Status of Application _____



