

The  
Fuller Center  
for Housing

Louisville, KY

Applicant Checklist

*Please note, your application will not be accepted or deemed complete without the following items being presented all at one time:*

- \_\_\_\_\_ Completed Application with Household Budget
- \_\_\_\_\_ \$25.00 Money Order Applicant Fee
- \_\_\_\_\_ \$12.00 Money Order Co-Applicant Fee
- \_\_\_\_\_ Release Form
- \_\_\_\_\_ Driver's License \_\_\_\_\_ State Issued ID
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Recent Paystubs (last 4 months)
- \_\_\_\_\_ Award Letters (SSI, Food Stamps, AFDC, VA)
- \_\_\_\_\_ Copy of Birth Certificate (for everyone that will live in the home)
- \_\_\_\_\_ Marriage Certificate \_\_\_\_\_ Divorce Decree
- \_\_\_\_\_ Rent/Landlord Receipts (last 4 paid rent receipts)
- \_\_\_\_\_ Copy of last 4 payment on all monthly bills (LG&E, water, car loan, car insurance, cell phone/landline, credit cards, childcare, medical, etc.)
- \_\_\_\_\_ Bankruptcy Paperwork (discharge letter)

\*\*If something on this list does not apply to you please put "NA" on the line\*\*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Fuller Center Signature \_\_\_\_\_ Date \_\_\_\_\_



Return completed application and all requested documents to:

**Fuller Center for Housing Louisville**  
**4509 W. Market Street**  
**Louisville, KY 40212**  
**Phone: (502) 272-1377**

*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)		
Email Address:			Email Address:		
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	



**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 WITH APPLICATION.

\*\*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 \$

<b>Do you own a:</b>	Yes	No	<b>Do you own a:</b>	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**

<b>Car</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	<b>Other</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$
	Mos. Left to pay:			Mos. Left to pay:	
<b>Furniture</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	<b>Other</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$
	Mos. Left to pay:			Mos. Left to pay:	
<b>Credit Card(s)</b> 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
<b>Medical</b> 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
<b>Column 1: Subtotal of Payments</b>	\$	/ 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 \_\_\_\_\_.

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:



**Building Homes, Building Lives,  
Changing Communities... Get Involved**

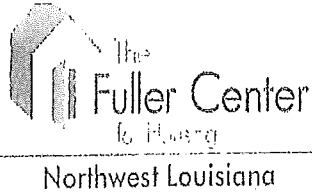
*Unless the Lord builds the house, they labor in vain who build it. ~ Psalm 127:1*

## Release Form

**I, the undersigned represent that all the statements are true and correct and hereby authorize the person or firm to whom this application is made, any credit bureau, or other investigative agency employed by such person, to investigate all the references and information herein listed, or data obtained from me or any person, pertaining to my credit or personal history.**

**Owner**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Owner**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Building Homes, Building Lives,  
Changing Communities... Get Involved**

*Unless the Lord builds the house, they labor in vain who build it. ~ Psalm 127:1*

## AUTHORIZATION TO CHECK CRIMINAL RECORD

I, \_\_\_\_\_ / \_\_\_\_\_  
(First, Middle, and Last Name of Applicant/s), the undersigned, authorized the Fuller Center for Housing of NWLA to obtain information pertaining to any charges and/or convictions I may have for federal and state criminal law violations to determine if I meet the standards for receiving a Fuller Center NWLA Home. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state, or any state or federal government to the extent permitted by state and federal law.

Applicant \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_  
(M/D/Y applicant signed this form)

Co-Applicant \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_  
(M/D/Y applicant signed this form)

### PERSONAL DATA (Please Print)

Name of Applicant \_\_\_\_\_  
(First, Middle, Last)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Copied directly from applicant's card)

Driver's Lic. or State Photo ID No. \_\_\_\_\_ State of Issuance \_\_\_\_\_  
(Copied directly from applicant's license or ID)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(M/D/Y) (M/D/Y)

Name of Co-Applicant \_\_\_\_\_  
(First, Middle, Last)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Copied directly from co-applicant's card)

Co-Applicant Driver's Lic. or State Photo ID No. \_\_\_\_\_ State of Issuance \_\_\_\_\_  
(Copied directly from co-applicant's license or ID)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(M/D/Y) (M/D/Y)





## HOUSEHOLD BUDGET SHEET

(for personal benefit only)

**Home:** Rent/Mortgage Payment \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_

**Transportation:** Vehicle Payment \$ \_\_\_\_\_  
 Gasoline \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Licenses \$ \_\_\_\_\_

**Utilities:** Electric \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Cable/Internet \$ \_\_\_\_\_  
 Garbage \$ \_\_\_\_\_

**Child Care:** Day Care \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_

**Food:** Groceries \$ \_\_\_\_\_  
 Household Items \$ \_\_\_\_\_  
 Eating Out \$ \_\_\_\_\_

**Health:** Clinic/Physician \$ \_\_\_\_\_  
 Hospital \$ \_\_\_\_\_

**Education:** Books/Supplies \$ \_\_\_\_\_  
 Tuition \$ \_\_\_\_\_  
 Student Loans \$ \_\_\_\_\_  
 Student Lunches \$ \_\_\_\_\_

Medical Supplies \$ \_\_\_\_\_  
 Prescriptions \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Installment  
Payments**

Credit Cards \$ \_\_\_\_\_  
 Furniture \$ \_\_\_\_\_  
 Payday Loans \$ \_\_\_\_\_  
 Court Fine/Fees \$ \_\_\_\_\_

**Other:** Clothing \$ \_\_\_\_\_  
 Union Dues \$ \_\_\_\_\_  
 Charitable Donations \$ \_\_\_\_\_  
 Personal Loans (family) \$ \_\_\_\_\_

<b>Summary</b>	
<b>Gross Monthly Income</b>	\$ _____
<b>Total Monthly Expenses</b>	\$ _____
<b>Net Monthly Income</b>	\$ _____