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 _____

The Fuller Center for Housing

EQUAL HOUSING OPPORTUNITY

Return completed application and all requested documents to:

Fuller Center for Housing Louisville
2321 Garland Avenue
Louisville, KY 40211
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
☐Married ☐Separated ☐Unmarried (single, divorced, widowed)		☐Married ☐Separated ☐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
		☐ ☐			☐ ☐
		☐ ☐			☐ ☐
		☐ ☐			☐ ☐
		☐ ☐			☐ ☐
		☐ ☐			☐ ☐

Present Address (street, city, state, zip code)	Present Address (street, city, state, zip code)
Number of Years: ☐ Own ☐ Rent	Number of Years: ☐ Own ☐ Rent
Do you own other land or property? ☐ No ☐ Yes -If yes please list address	Do you own other land or property? ☐ No ☐ 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:	☐Own ☐Rent	Number of Years:	☐Own ☐Rent

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

Date Application Received _____	More Information Requested: ☐Yes ☐ No	Date Letter Sent _____
Date Application Completed _____	Date Sent to Committee_____	
Date of Home Visit _____	☐Accepted ☐Denied	Date Letter Sent _____

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 **350** hours of "sweat equity[11]. A minimum of **350** sweat equity hours must be completed by the applicant and immediate family.

	Yes	No
I AM WILLING TO COMPLETE THE REQUIRED **350** HOURS OF SWEAT EQUITY: Applicant:	❒	❒
Co-Applicant:	❒	❒

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)

_____

_____

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 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 $

Do you own a:	Yes	No
Stove	☐	☐
Refrigerator	☐	☐
Washer	☐	☐
Dryer	☐	☐

Do you own a:	Yes	No
Car(#1)	☐	☐
Make and Year		
Car *(#2)*	☐	☐
Make and Year		

7. DEBT

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

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

	Applicant: Yes	No	Co-Applicant: 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**.

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 **Fuller Center for Housing of Louisville**.

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:

The Fuller Center for Housing
Northwest Louisiana

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**_____

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Northwest Louisiana

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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 _____ Date_____
(Signature) (M/D/Y applicant signed this form)

Co-Applicant_____ Date_____
(Signature) (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)

The Fuller Center for Housing

HOUSEHOLD BUDGET SHEET

(for personal benefit only)

Home: Rent/Mortgage Payment $_____
Taxes $_____
Insurance $_____

Utilities: Electric $_____
Gas $_____
Water $_____
Telephone $_____
Cable/Internet $_____
Garbage $_____

Food: Groceries $_____
Household Items $_____
Eating Out $_____

Education: Books/Supplies $_____
Tuition $_____
Student Loans $_____
Student Lunches $_____

Other: Clothing $_____
Union Dues $_____
Charitable Donations $_____
Personal Loans (family) $_____

Transportation: Vehicle Payment $_____
Gasoline $_____
Insurance $_____
Other $_____
Licenses $_____

Child Care: Day Care $_____
Child Support $_____

Health: Clinic/Physician $_____
Hospital $_____
Medical Supplies $_____
Prescriptions $_____
Health Insurance $_____
Life Insurance $_____
Other $_____

Installment Payments Credit Cards $_____
Furniture $_____
Payday Loans $_____
Court Fine/Fees $_____

Summary

Gross Monthly Income $_____

Total Monthly Expenses $_____

Net Monthly Income $_____