



PO Box 23171, Richmond, VA, 23223

www.urban-hope.org

Homeowner Application

Applicant Information							
Applicant Last Name:		First:		Middle:		Date of Birth:	
Work Phone: () ()		Cell Phone: () ()		Email:		Social Security Number: - -	
Current Address:			Apt #:	City:		State:	Zip:
From: / /	To: / /	Rent: \$	Name of Landlord:			Phone: () ()	
Previous Address:			Apt#:	City:		State:	Zip:
From: / /	To: / /	Rent: \$	Name of Landlord:			Phone: () ()	
Are you current on your rent payments?			List utilities you pay:				
Sources of Income/Employment Information							
Check all sources of income and how much you get each month (You will be asked to turn in verification for all income):							
				Monthly Amount			
<input type="checkbox"/> Wages, salaries				<input type="checkbox"/> Unemployment			
<input type="checkbox"/> Disability				<input type="checkbox"/> Child support			
<input type="checkbox"/> Retirement benefits				<input type="checkbox"/> Social security income			
<input type="checkbox"/> Public assistance				<input type="checkbox"/> Other			
Present Employer:		Position:	Hours a week:	Hourly wage:	How long have you held your current job?		
Employers' Address:			Employers' Phone Number:		Supervisor's Name:		
Previous Employer:		Position:	Hours a week:	Hourly wage:	Dates of employment?		
Employers' Address:			Employers' Phone Number:		Supervisor's Name:		
Credit History							
				Circle One:			
Have you filed for bankruptcy in the past seven years?				Yes	No	When: _____	
Have you had two or more late rental payments in the past year?				Yes	No		
Have you ever been evicted from a rental residence?				Yes	No	When: _____	
How would you rate your credit?				Needs improvement	Fair	Good	
Have you ever seen your credit report?				Yes	No	Most recent date: _____	

Personal Reference (other than a family member, current employer or landlord)		
Name:	How do you know this individual:	Phone Number: ()
Family Composition		
Please list the number of Adults (18+) that would live with you and how you are related to these individuals:		
Please list the number of Children that would live with you, how you are related to these individuals and their age:		
General Information		
How did you hear about Urban Hope, Inc. ?		
Have you ever owned a home before?		
Have you ever been involved in a house foreclosure or short sale? If so please explain.		

Authorization for Release of Information

UPON SIGNING THIS APPLICATION, I/WE CERTIFY THAT I/WE ARE ABOVE LEGAL AGE AND THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE HEREBY AUTHORIZE URBAN HOPE, INC., ITS BOARD, EMPLOYEES AND/OR REPRESENTATIVES, AND JEWELS PROPERTIES, LLC TO VERIFY ANY AND ALL INFORMATION AS MAY BE DEEMED NECESSARY FOR APPROVAL OF PARTICIPATION IN ALL SAID PROGRAMS AND SERVICES OF URBAN HOPE, INC. I/WE FURTHER PERMIT URBAN HOPE, INC., ITS BOARD, EMPLOYEES, AND OR REPRESENTATIVES, AND JEWELS PROPERTIES, LLC TO OBTAIN AND REVIEW MY/OUR CREDIT REPORT. I/WE HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE CONDITIONS STATED HEREIN.

I/WE ALSO GIVE CONSENT TO INQUIRE INTO MY CRIMINAL BACKGROUND (COUNTY AND STATE).

Applicant Printed Name: _____

Date: _____

Applicant Signature: _____

Thank you for completing the Urban Hope Homeowner Application. Please mail the application along with copies of the following documents:

- 1) Paystubs or documentation of income from the last three months
- 2) Bank statement from the past month for all bank accounts
- 3) Utility bills from the past month

Mail to: Urban Hope, PO Box 23171, Richmond, VA, 23223