



Homes for Single Moms, Legal Guardians, and Families in Need Program

Initial Application

Date ____/____/____

CONTACT INFORMATION

Name: _____

Address: _____

City: _____

Zip: _____

Contact #: _____

Contact#: _____

WORK HISTORY

Occupation: _____

Workplace: _____

Address: _____

City: _____

State: _____

Zip: _____

Supervisor: _____

Number of years employed: _____

Start Date: _____

Pay Hour/Salary: _____

Which of the Social Services are you receiving, if any:

___DSS ___Medical Assistance

___TCA ___Food Stamps

___Disability

Have you filed your tax return forms with the IRS in the last two years: ___NO ___YES

comment: _____

RACE/ETHNICITY: _____

Do you have any convictions or pending criminal court hearings? ___NO ___YES

If yes, please explain:

CREDIT HISTORY

1. Have you ever filed for bankruptcy? _____no _____yes, date of discharge_____
2. Rate your credit _____poor _____fair _____excellent Credit Score _____
3. Are there judgments against you? _____no _____yes, how many? _____

RELIGION (optional)

1. What is your religious affiliation? _____(optional)
2. Where do you worship? _____(optional)

FAMILY HISTORY

Number of Children: _____

Child #1

Name: _____

Age: _____

Gender: _____

School: _____

Grade: _____

Tell us a little about his/her (likes, dislikes, special needs):

Child #2

Name: _____

Age: _____

Gender: _____

School: _____

Grade: _____

Tell us a little about his/her (likes, dislikes, special needs):

Child #3

Name: _____

Age: _____

Gender: _____

School: _____

Grade: _____

Tell us a little about his/her (likes, dislikes, special needs):

Child #4

Name: _____

Age: _____

Gender: _____

School: _____

Grade: _____

Tell us a little about his/her (likes, dislikes, special needs):

Child #5

Name: _____

Age: _____

Gender: _____

School: _____

Grade: _____

Tell us a little about his/her (likes, dislikes, special needs):

TELL US YOUR STORY/HISTORY (share information about your family, your hardships and your experience or dreams around home ownership)

HOW DO YOU BELIEVE THIS PROGRAM CAN BENEFIT YOU AND YOUR FAMILY?

Please note the following:

- Supporting documentation and a more comprehensive application will be requested if an interview is granted to the applicant
- Applicants will be contacted via email, postal mail and/or phone to discuss their referral and next steps
- Please contact info@l2family.org with questions, comments and/or concerns