

Housing Application Information

The Fuller Center for Housing of Louisville will look at three distinct areas of selection criteria when reviewing potential ‘homeowner partners.

These selection criteria are:

- Your family’s actual housing need based on the suitability of your current shelter.
- Your income and ability to pay a monthly mortgage payment.
- Your willingness to participate as a partner with The Fuller Center for Housing of Louisville.

Basic Credit Requirements/Poverty Guidelines

Your income must fall within the income limits described below:

<u>Number in the Family</u>	<u>Poverty Guideline</u>
1	\$14,400 to \$25,585
2	\$15,600 to \$26,785
3	\$16,800 to \$27,985
4	\$18,000 to \$29,185
5	\$18,390 to \$34,350
6	\$18,990 to \$36,530
7	\$19,830 to \$38,960
8	\$20,780 to \$41,390

In order to process your application you will need to provide the following items listed:

1. A \$25.00 application fee and an additional \$12.00 for co-applicant* (**MONEY ORDER**) Only
2. Verification of household income- copies of your four most recent check stubs (if employed) and copies of award letters for any benefits you may receive, including: Food Stamps, AFDC and SSI.
3. Driver’s License or State issued ID
4. Social Security Card – (of everyone that will live in the home)
5. Copy of Birth Certificate – (of everyone that will live in the home)
6. Marriage Certificate / Divorce Decree
7. Rent/Landlord Receipts- the **last (4)** paid rent receipts
8. Copy of **last** payments to ALL monthly bills. Includes, but not limited to, phone, car loan/insurance, phone/TV/cable, credit cards, childcare, medical, furniture/appliances, etc.
9. Bankruptcy Papers

***YOUR APPLICATION FEE IS DUE ON THE DAY WE RECEIVE YOUR APPLICATION.**

If you do not include this information, we may not be able to process your application. All questions on the applications must be answered for the application to be considered complete. Please note that the applicant and any co-applicant must both include all the information listed above.



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.



4509 West Market St. Louisville, KY 40212
(502) 272-1377

Dear Applicant: We need you to complete this application to determine if you qualify for a Fuller Center house. Please complete the application 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)		
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 of Home Visit _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Letter Sent _____

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/Water	
Food Stamps				Car Payments/Insurance	
Social Security				Furniture/Appliances	
SSI				Child Care	
Disability				Phone/Cable/TV	
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 \$1500-2000 payment for down payment and closing costs 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	Do you own a:	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

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