

# HOMEOWNERSHIP PROGRAM ENROLLMENT QUESTIONNAIRE



The **HOMEOWNERSHIP**  
**CENTER** of CHARLOTTE  
a service of The Housing Partnership

## Applicant Information *(Please include Co-Applicant information on right)*

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Are You a U.S. Citizen?  Yes  No Date of Birth \_\_\_\_\_  
 Marital Status:  Single  Married  Separated  Divorced  Other \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Employment Information:** *(Include jobs for past two years)*  
**Include other sources of income such as social security, disability income, child support, alimony, etc.** *(Attach additional page as needed.)*

Source of Income/Employer	Hours per Week	Rate of Pay	Dates of Employment (Month, Day & Year) From To	Monthly Income Before Taxes

Have you owned a home before? \_\_\_\_\_  
 What is your current rental payment? \$ \_\_\_\_\_  
 How long have you lived at your current residence? \_\_\_\_\_  
 Who is your landlord? \_\_\_\_\_

**List all debts, such as car payments, credit cards, personal loans, student loans, furniture bills. Also include any debts and/or payments deducted from your paycheck. Include any debts for which you co-signed and child support if applicable.** *(Attach additional page as needed.)*

Creditors	Monthly Payment Amt.	Balance Due

**List cash available such as checking or savings, credit union accounts, 401K, etc. toward a down payment:** *(Attach additional page as needed.)*

Bank or Type of Savings	Estimated Balance	Type of Account/Bank (Checking, Savings, etc.)

## Co-Applicant Information

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Are You a U.S. Citizen?  Yes  No Date of Birth \_\_\_\_\_  
 Marital Status:  Single  Married  Separated  Divorced  Other \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Employment Information:** *(Include jobs for past two years)*  
**Include other sources of income such as social security, disability income, child support, alimony, etc.** *(Attach additional page as needed.)*

Source of Income/Employer	Hours per Week	Rate of Pay	Dates of Employment (Month, Day & Year) From To	Monthly Income Before Taxes

Have you owned a home before? \_\_\_\_\_  
 What is your current rental payment? \$ \_\_\_\_\_  
 How long have you lived at your current residence? \_\_\_\_\_  
 Who is your landlord? \_\_\_\_\_

**List all debts, such as car payments, credit cards, personal loans, student loans, furniture bills. Also include any debts and/or payments deducted from your paycheck. Include any debts for which you co-signed and child support if applicable.** *(Attach additional page as needed.)*

Creditors	Monthly Payment Amt.	Balance Due

**List cash available such as checking or savings, credit union accounts, 401K, etc. toward a down payment:** *(Attach additional page as needed.)*

Bank or Type of Savings	Estimated Balance	Type of Account/Bank (Checking, Savings, etc.)

**Please list all other household members and their incomes:** *(Attach additional page as needed.)*

Name	Relationship	Date of Birth	Social Security Number	Monthly Income
				\$
				\$
				\$
				\$

## Program Monitoring Information

The following information is requested for program monitoring purposes. You are not required to furnish this information.

**Applicant:** Sex:  Male  Female  
 Race / National Origin:  American Indian or Alaskan Native  Black, Non-Hispanic  White, Non-Hispanic  Hispanic  Other \_\_\_\_\_

**Co-Applicant:** Sex:  Male  Female  
 Race / National Origin:  American Indian or Alaskan Native  Black, Non-Hispanic  White, Non-Hispanic  Hispanic  Other \_\_\_\_\_

Do you currently reside in a CMHP-owned multi-family property?  Yes  No If yes, which one \_\_\_\_\_

If you were referred by your Realtor, please list: Name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

## Certification (PLEASE SIGN BELOW)

I certify that all of the above information is correct and true to the best of my knowledge. I understand that the information obtained is to be used in assessing my readiness for homeownership. I understand that false or misleading information will affect my program eligibility. I also understand that the completion of this form in no way guarantees assistance with housing. I understand that this is an application for counseling services and that this is not an application for a mortgage loan.

## Authorization

I hereby authorize The Housing Partnership/Charlotte-Mecklenburg Housing Partnership, Inc. ("CMHP") to obtain a credit report in my name. I am aware that in connection with counseling me relative to determining my readiness for homeownership, CMHP will obtain information about me, including, but not limited to, employment history and income, bank, money market and similar account balances, credit history, and identification of debts owed by me. I am aware that CMHP may reproduce and share information obtained about me with its mortgage brokering/lending staff. I am aware that I may object to CMHP sharing information it obtains about me in the capacity as a homeownership readiness counselor with CMHP's mortgage brokering/lending staff. If I object, CMHP will not share my information with CMHP's mortgage brokering/lending staff.

\_\_\_\_\_ Please initial here if you do not wish to share information with CMHP's mortgage brokering/lending staff.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_