Kentucky River Foothills Development Council, Inc. Estill & Powell County Affordable Housing Program

PLEASE PRINT CLEARLY

I. APPLICANT INFORMATION			
Applicant		Co-	Applicant
Name:		Name:	принати
S.S. #		S.S. #	
Age:		Age:	
Birth date:		Birth date:	
Phone:		Phone:	
Marital Status:		Marital Status:	
Current Address & Mailing:		Current Address & Mailing	g:
(incl. city and zip)		(incl. city and zip)	<u>-</u>
# of Years at this address:		# of Years at this address	3:
Previous Address:		Previous Address:	
(including city and zip code)		(including city and zip cod	de)
# of Years at this address:		# of Years at this address	
Individuals Who Will Be Living in the Hou	ise Purchased.		
	elationship	Age/birth date	Social Security Number
Have you ever owned a home?	☐ No If so, how	long ago	
Have you ever owned a home? Yes Are you an employee/agent/boardmemb			of Kentucky River Foothills?
			of Kentucky River Foothills?
Are you an employee/agent/boardmemb			of Kentucky River Foothills?
Are you an employee/agent/boardmemb	er or related to an er Relationship:		
Are you an employee/agent/boardmemb Yes No If Yes, whom?	er or related to an er Relationship:	nployee/agent/board member	
Are you an employee/agent/boardmemb Yes No If Yes, whom? Have you ever declared bankruptcy? How did you hear about our program?	er or related to an er Relationship: Yes	If Yes, when was it discharce. Contact name & number:	
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III. ASSETS
List savings, checking, and certificate of deposit accounts below
Name and Address of Bank, S&L or Credit Union:
Account Holder's Name:
Account #:
Type of Account:
Average Balance:
I/We have bank accounts:
I/We have \$amount of cash on hand (Excluding money in checking, savings, and CD's)
Do you have any other assets to disclose, such as real estate, 401(k), IRA, certificates of deposits, stocks, bonds, whole life
insurance policies, antique collectibles, etc.? Yes No
If Yes, please describe and itemize cash value of each asset:
IV. GROSS INCOME
IF PAID HOURLY, PLEASE COMPLETE THE FOLLOWING:
Applicant Co-Applicant Other Household Members
Hourly pay rate:
of hours per wk:
of wks. Per yr.:
Estimated Overtime Pay:
Is this overtime: Guaranteed Likely to Continue Likely to Discontinue (Please check one)
IF SALARIED OR HAVE OTHER MONTHLY INCOME, PLEASE COMPLETE THE FOLLOWING:
Applicant Co-Applicant Other Household Members
Monthly Annually Monthly Annually Monthly Annually
Base salary income:
Guaranteed salary income:
Guaranteed bonuses:
Commissions:
Social Security:
Annuities, pensions, etc.:
Disability/Reason for Disability:
Child Support*:
*Are you receiving or entitled to receive child support? Yes No If yes, fill in amount(s) above. If no, what attempts are you making to collect child support?
*Is the child support court ordered? Yes No Is it received regularly? Yes No
If it is not received regularly, please give a one-year average: \$
Alimony:
Public Assistance*:
(*Excluding food stamps)
Military:
Other (explain):
Totals: Applicant: \$ Co-Applicant: \$ Other Members: \$

Flease list minimum monthly payments and total outstanding balances for all debts. If a debt is paid weekly or bi-monthly clearly indicate the payment schedule.	If a debt is paid weekly or bi-monthly clearly indicate the payment schedule. Applicant Co-Applicant Co-Applicant Balance Monthly Balance Monthly Balance Auto payment(s): Credit card: Credit card
Applicant	Applicant Co-Applicant Other Household Members Debt Monthly Balance Monthly Credit card: Credit card
Debt Monthly Balance Monthly Balance Monthly Balance Monthly Balance Auto payment(s):	Debt Monthly Balance Monthly Credit card: Credit card: Credit card: Credit card: Credit card: Credit card: Credit card: Credit card: Credit card: Credit card: Credit card: Credit card: Credit card
Auto payment(s): Credit card: Credit card: Credit card: Credit card: Credit card: Medical bills: Student loan(s): Child Support: Child Care*: 1s this child care paid: Usekly	Auto payment(s): Credit card: Credit card: Credit card: Credit card: Medical bills: Student loan(s): Child Support: Child Support: Child Support: Child Support: Child Care *: Credit card *: Credit card: Medical bills: Student loan(s): Child Support: Child Support: Child Care *: Credit care *: Credit care *: Credit care *: Credit card: Medical bills: Student loan(s): Child Care *: Credit care *
Credit card: Credit card: Medical bills: Student loan(s): Child Support: Child Support: This this child care paid:	Credit card: Credi
Credit card: Credit card: Medical bills: Student toan(s): Child Support: Child Support: Child Care?* 'Is this child care paid: Weekly Monthly (please check one) If paid weekly, please specify the amount(s) \$ Do you pay different fees for childcare while your child is in and out of school? Please specify weekly rate for each:	Credit card: Credit card: Medical bills: Student loan(s): Child Support: Child Care*: Plat his child care paid:
Credit card: Medical bills: Student loan(s): Child Support: Child Care ?: *Is this child care paid:	Credit card: Medical bills: Student loan(s): Child Support: Child Support: Child Support: Child Support: Child Support: Child Care*: Child Care*: Child Care*: Child Care paid:
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Do you pay different fees for childcare while your child is in and out of school? Please specify weekly rate for each: In School \$ per week Out of School \$ per week Alimony: Notes Payable: Other (explain): Rent Payment:	Do you pay different fees for childcare while your child is in and out of school? Please specify weekly rate for each: In School \$ per week Out of School \$ per week Alimony: Notes Payable: Defection Payment
In School \$ per week Out of School \$ per week Alimony: Notes Payable: Other (explain): Rent Payment: Landlords Name and Address/Phone: Totals: Applicant: \$ Co-Applicant: \$ Other Members: \$ VI. DEMOGRAPHIC INFORMATION The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. If you do not wish to furnish the information, please check the box below. Applicant Race/National Origin Co-Applicant Race/National Origin I do not wish to furnish this information American Indian/Alaskan Native Black, not of Hispanic origin Asian or Pacific Islander Hispanic White, not of Hispanic origin Other Other Other Sex: Male Female VII. APPLICANT'S CERTIFICATION The applicant(s) certifies that all information in this form, and all information furnished in support of this form, is true and complete to the best of the applicant's knowledge and belief. Applicant Signature: Date:	In School \$ per week Out of School \$ per week Alimony: Notes Payable: Other (explain): Rent Payment: Landlords Name and Address/Phone: Fotals: Applicant: \$ Co-Applicant: \$ Other Members: \$ VI. DEMOGRAPHIC INFORMATION The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. If you do not wish to furnish the information, please check the box below. Applicant Race/National Origin Co-Applicant Race/National Origin I do not wish to furnish this information I do not wish to furnish this inf
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Notes Payable: Description	Notes Payable: Other (explain):
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Other Sex:	Other Other
Sex:	
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Interviewed By: Date:	Interviewed By: Date:
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