

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

PLEASE PRINT CLEARLY

I. APPLICANT INFORMATION

Applicant	Co-Applicant
Name:	Name:
S.S. #	S.S. #
Age:	Age:
Birth date:	Birth date:
Phone:	Phone:
Marital Status:	Marital Status:
Current Address & Mailing: (incl. city and zip)	Current Address & Mailing: (incl. city and zip)
# of Years at this address:	# of Years at this address:
Previous Address: (including city and zip code)	Previous Address: (including city and zip code)
# of Years at this address:	# of Years at this address:

Individuals Who Will Be Living in the House Purchased.

Name	Relationship	Age/birth date	Social Security Number

Have you ever owned a home? Yes No If so, how long ago

Are you an employee/agent/boardmember or related to an employee/agent/board member of Kentucky River Foothills?

Yes No

If Yes, whom? Relationship:

Have you ever declared bankruptcy? Yes No If Yes, when was it discharged?

How did you hear about our program? Contact name & number:

II. EMPLOYMENT INFORMATION – Please include a 2 year history.

Applicant	Co-Applicant
*Employer's Name:	Employer's Name:
Address:	Address:
Phone Number:	Phone Number:
Position:	Position:
Dates Employed: to	Dates Employed: to
*Employer's Name:	Employer's Name:
Address:	Address:
Phone Number:	Phone Number:
Position:	Position:
Dates Employed: to	Dates Employed: to

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: Yes No

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:	<input type="checkbox"/> Guaranteed	<input type="checkbox"/> Likely to Continue	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it received regularly? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \$

V. MONTHLY DEBT

Please 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.

Debt	Applicant		Co-Applicant		Other Household Members	
	Monthly	Balance	Monthly	Balance	Monthly	Balance
Auto payment(s):						
Credit card:						
Credit card:						
Credit card:						
Medical bills:						
Student loan(s):						
Child Support:						
Child Care*:						
* Is this child care paid: <input type="checkbox"/> Weekly <input type="checkbox"/> 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:						
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	<u>Race/National Origin</u>	Co-Applicant	<u>Race/National Origin</u>
<input type="checkbox"/>	I do not wish to furnish this information	<input type="checkbox"/>	I do not wish to furnish this information
<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Black, not of Hispanic origin	<input type="checkbox"/>	Black, not of Hispanic origin
<input type="checkbox"/>	Asian or Pacific Islander	<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	White, not of Hispanic origin	<input type="checkbox"/>	White, not of Hispanic origin
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex: <input type="checkbox"/> Male <input type="checkbox"/> 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:
Co-Applicant Signature:	Date:
Interviewed By:	Date: