

**HOUSING CHOICE VOUCHER HOME OWNERSHIP PROGRAM
APPLICATION**

Eastern Iowa Regional Housing Authority
7600 Commerce Park
Dubuque, IA 52002
(563 556-4166 OR 1-800-942-4648)

Office Use Only		
-- Confidential -- Personal Data	Date of Application:	

PERSONAL INFORMATION

1. Head of Household: _____ Maiden name: _____
(if necessary)

Social Security: _____ Date of Birth _____

Address: _____ How Long ? _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____

2. Co-Applicant: _____ Maiden name: _____
(if necessary)

Social Security: _____ Date of Birth _____

Address: _____ How Long ? _____
(if address is the same as above, state "Same as Above")

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____

Current Landlord: _____ Phone: _____

Address: _____

City, State, Zip: _____

OTHER LIVING AT THIS ADDRESS

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

(If self-employed, please submit copies of the last 3 years of income taxes)
(If more than one current employer, please include them on a separate sheet of paper)

1. Applicant's
Present Employer: _____ Start Date: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____
Gross Monthly Income: _____ End Date: _____

2. Co-Applicant's
Present Employer: _____ Start Date: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____
Gross Monthly Income: _____ End Date: _____

OTHER SOURCES OF INCOME

Please include Overtime, Bonuses, Dividends, Child Support, Alimony, Employment from others living in the household, and etc.....

Source	Monthly Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ASSETS

Include Banks, Credit Unions, and Saving & Loans

1. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account # _____ Balance: _____

Savings Account # _____ Balance: _____

Other Account #s _____ Balance: _____

2. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account # _____ Balance: _____

Savings Account # _____ Balance: _____

Other Account #s _____ Balance: _____

3. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account # _____ Balance: _____

Savings Account # _____ Balance: _____

Other Account #s _____ Balance: _____

OTHER ASSETS

Cash Value of Stocks, Bonds, Securities: _____

Cash Value of Life Insurance: _____

Retirement Funds: _____

Value of Personal Property: _____

(Include Furniture, Household Goods, Personal Belongings, and Etc...)

VEHICLES (include boats, campers, & trailers)

Year: _____ Make/Model: _____ Value: _____

Year: _____ Make/Model: _____ Value: _____

Year: _____ Make/Model: _____ Value: _____

Year: _____ Make/Model: _____ Value: _____

LIABILITIES

Credit Cards, Department Store Cards, Automobile Loans
Finance Companies, Student Loans, and Personal Loans

Attach additional sheets if Necessary

1. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

2. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

3. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

4. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

5. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

6. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

OTHER MONTHLY EXPENSES
Expenses That You Pay

Monthly Child Support: _____
 Monthly Alimony: _____
 Monthly Child Care: _____
 Monthly Medical Expenses: _____
 Other: _____

CURRENT MONTHLY HOUSING COST

Monthly Housing Cost, such as Rent: _____
 Personal Property Insurance Cost: _____
 Monthly Utilities Cost – Gas: _____
 Monthly Utilities Cost – Electric: _____
 Monthly Utilities Cost – Water/Sewer: _____

What TOTAL Monthly Housing Expense (including utilities) would you feel comfortable with? _____

	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
Are there any outstanding judgements against you?	_____	_____	_____	_____
Have you declared bankruptcy with in the last 7 years?	_____	_____	_____	_____
Are you party to a lawsuit?	_____	_____	_____	_____
Are you a co-signer or endorser on any other notes or loans?	_____	_____	_____	_____

OTHER ELIGIBILITY CONSIDERATIONS

Do You have Funds available to pay for a portion of the closing cost or Down payment? YES NO
() ()

If "YES" please indicate the amount and the source of the funds

Amount: \$ _____ Source: _____

Are there any other reasons why you feel your application deserves special consideration: _____

Have You or the Co-applicant ever owned a home before: _____

If "YES" when: _____

I / We certify that the information given to the Eastern Iowa Regional Housing Authority on this application is/are true to the best of my/our knowledge. I / We understand falsifying information may result in denial of my application.

Applicant

Date

Co-Applicant

Date

Check as Appropriate for Head of Household
(Optional, Statistical purposes ONLY)

____ African American ____ American Indian ____ Asian ____ Hispanic ____ White ____ Non-Hispanic

To prepare you for homeownership, It is important analyze your credit report; 1) To verify that it is correct and 2) To assist you with cleaning up any bad credit that may hinder your score. This process will confirm your credit worthiness prior to sending you to a local bank for financing.

We, the undersigned, acknowledge the Eastern Iowa Regional Housing Authority to obtain a credit report on me/us. The Credit Report will be used only in reference to the Public Housing Homeownership Program.

Applicant

Date

Co-Applicant

Date