## **HOMEBUYER APPLICATION**

APPLICANT — General Information	CO-APPLICANT — General Information					
Name:	Name:					
Address:	Address:					
City/Town:State:Zip:	City/Town:State:Zip:					
Phone Number:	Phone Number:					
E-mail address:	E-mail address:					
Social Security #:	Social Security #:					
Hispanic: Yes No	Hispanic: Yes No					
Race (check all that apply):	Race (check all that apply):					
APPLICANT — G	Seneral information					
Marital Status: Unmarried  Married Separated  Separated						
Total number of people in household: Adv	ults 18 or older: Children 17 or younger:					
• •	omaten 17 or younger.					
11ge(3).						
APPLICANT — Employment History	CO-APPLICANT — Employment History					
Job 1: Employer Name, Address, and Phone Number:	Job 1: Employer Name, Address, and Phone Number:					
Position/Title:	Position/Title:					
Business Type:	Business Type:					
Full time Part time Have a second (a. a. a	Full time Part time   Have after a side (a.g., wealth, bit wealth).					
How often paid (e.g., weekly, bi-weekly):	How often paid (e.g., weekly, bi-weekly):					
Years/months worked for your current employer?	Years/months worked for your current employer?					
Job 2 (if applicable):	Job 2 (if applicable):					
Employer Name, Address, and Phone Number:	Employer Name, Address, and Phone Number:					
Position/Title:	Position/Title:					
Business Type:	Business Type:					
Full time Part time	Full time Part time					
How often paid (e.g., weekly, bi-weekly):	How often paid (e.g., weekly, bi-weekly):					
Years/months worked for your current employer:	Years/months worked for your current employer:					
If Self-Employed:	If Self-Employed:					
Please provide a business credit report, a Federal Income Tax Return for the last two years, and, if available, audited Profit &	Please provide a business credit report, a Federal Income Tax Return for the last two years, and, if available, audited Profit &					
Loss Statements and Balance Sheets for the same period.	Loss Statements and Balance Sheets for the same period.					

## HOUSEHOLD COMPOSITION List the head of your household and all members who live in your home. Give the relations of each family member to the head of household. Member # Full Name Relationship Social Security # Age 1 2 3 4 5 6 7 No 🗌 No 🔲 Does anyone live with you now who is not listed above? 1. Yes \_\_\_ 2. Does anyone plan to live with you in the future who is not listed above?

Please explain on an additional sheet of paper if you answer "Yes" to either of the questions above.

## GROSS MONTHLY HOUSEHOLD INCOME (before taxes)

Sources of Income	Applicant	Co-Applicant	Other Household Members 18 or Older*	Monthly Total
Wages/Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net income from business				
Social Security (children included), pensions, retirement funds, etc.,				
Unemployment benefits				
Worker's Compensation, etc.				
Welfare payments				
Other (including alimony and child support)				
Gross Monthly Income				
	GROS	S ANNUAL HOUSEHOL	D INCOME	

The gross annual	income from	m all sourc	es of all adults	(18	vears old and	older*)	living in	the ho	nisehold	is:
The gross annual	meome mo	m an sourc	cs of all addition	(IU	y cars ora and	oluci )	111 1111 2 1111	the m	Jusciioiu	10.

Exception: Include Social Security payments for all household members, including children.

## RENT

	My/our current monthly l	housing-related payment (rent) of \$
	is paid to	·
Inc. (ECHO information misstatemer	), to access a Credit Report on my provided to the lender in connecti	in the last three years. I authorize Eastern Connecticut Housing Opportunities, self/ourselves and to obtain from my mortgage lender any personal financial on with my application for a mortgage. I understand that any willful for disqualification. I hereby certify that the above information provided is true e and belief.
Signatu	ure of Applicant	Signature of Co-Applicant
Date		Date

Eastern Connecticut Housing Opportunities, Inc. (ECHO) 165 State Street, Suite 311, New London, CT 06320

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