

JLHCA Homeowner Application Intake

Please identify the service in which you are most interested: Fair Housing _____ Homeownership Counseling _____
Reverse Mortgage _____ Foreclosure Prev. _____

Applicant

Name _____
Address _____ City/State/Zip _____
County _____ Phone _____
How long at current address? _____ Previous address, if less than 2 years _____
SS# _____ Race _____ Sex _____ Date of Birth _____
Place of Birth _____ Marital Status _____ # residing in household _____
Current Employer _____
Address _____
Phone _____ Position _____ Start Date _____
Hrs. Per Week _____ Monthly Income _____
Other source of Income _____ How much per month \$ _____

Co-Applicant

Name _____
Address _____ City/State/Zip _____
County _____ Phone _____
How long at current address? _____ Previous address, if less than 2 years _____
SS# _____ Race _____ Sex _____ Date of Birth _____
Place of Birth _____ Marital Status _____ # of Dependents in Household _____
Current Employer _____
Address _____
Phone _____ Position _____ Start Date _____
Hrs. Per Week _____ Monthly Income _____
Other source of Income _____ How much per month \$ _____

Other residents:

List:

_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____

Signed _____ Date _____
(Applicant)

Signed _____ Date _____
(Co-Applicant)

Attach Monthly Debt Analysis