

Fuller Center for Housing NWLA



Application Information

The Fuller Center for Housing NWLA will look at three distinct areas of selection criteria when reviewing potential “homeowner partners.

These selection criteria are:

- Your family’s actual housing need based on the suitability of your current shelter.
- Your income and ability to pay a monthly mortgage payment.
- Your willingness to participate as a partner with The Fuller Center for Housing NWLA.

In order to process your application you will need to provide the following items listed: **Incomplete application will not be accepted.**

1. A \$15.00 application fee *(MONEY ORDER) Only
2. Verification of household income- copies of your (4) most recent check stubs (if employed) and copies of award letters for any benefits you may receive, including Food Stamps, AFDC and SSI.
3. Driver’s License or State issued ID
4. Social Security Card - (everyone that will live in the home)
5. Copy of Birth Certificate – (everyone that will live in the home)
6. Marriage Certificate/Divorce Decree
7. Rent/Landlord Receipts - last four paid rent receipts
8. Copy of each last (4) paid Utility Bills – Electric, Gas, Water
9. Bankruptcy Papers

If you do not include this information, we may not be able to process your application. All questions on the application must be answered for the application to be considered complete. Please note that the applicant and any co-applicant must both include all the information listed above.

EVACUEES: Please give last address and if you have and if you have identification with that address, please bring a copy.

***YOUR APPLICATION FEE IS DUE ON THE DAY WE RECEIVE YOUR APPLICATION.**



Fuller Center for Housing-Shreveport

Basic Credit Requirements/Guidelines

Your income must fall within the income limits described below:

| <u>Number in the Family</u> | <u>Gross Annual Income Range</u> |
|-----------------------------|----------------------------------|
| 2 | \$16,800 to \$27,985 |
| 3 | \$18,000 to \$29,185 |
| 4 | \$18,390 to \$34,350 |
| 5 | \$18,990 to \$36,530 |
| 6 | \$19,830 to \$38,960 |
| 7 | \$20,780 to \$41,390 |

If you filed for Chapter 13 Bankruptcy:

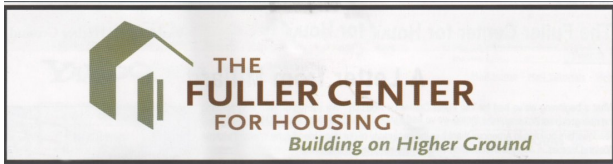
- 1 You must obtain permission from your trustee to obtain additional debt
- 2 Your most recent 12 months of bankruptcy payments must have been made on time
- 3 There must be no new collections or charge-offs or late pays AFTER the bankruptcy

If filed for Chapter 7 Bankruptcy:

- 1 You must have discharge papers from your attorney
- 2 Eligibility is accepted 18 months after the discharge date
- 3 Some form of traditional credit must be re-established
- 4 Absolutely no charge-offs, collection of late payments are accepted after the bankruptcy

The following documents may be requested:

- 1 Completed Application
- 2 Authorization to release information
- 3 Most recent pay stubs
- 4 Public assistance income documents
- 5 Award letters
- 6 Divorce Decree
- 7 Bankruptcy Papers
- 8 Copy of State issued ID card or driver's license
- 9 Copy of Social Security Card



Return completed application and all requested documents to:
The Fuller Center for Housing of NWLA
P.O. Box 3173
Shreveport, LA 71133

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Dear Applicant: **The FCHNWL**A will only accept applicants with minor or disable children. We need you to complete this application to determine if you qualify for a Fuller Center house. Please fill out the application as completely as possible and attach any documents that we requested. **We will not accept incomplete applications**. All information on this application will be kept strictly confidential.

1. APPLICANT/CO-APPLICANT INFORMATION

| | | | | | |
|--|--|---|--|--|---|
| Applicant's Name | | | Co-Applicant's Name | | |
| Social Security Number | Date of Birth | Age | Social Security Number | Date of Birth | Age |
| Home Phone | Best Time To Reach | | Home Phone | Best Time To Reach | |
| Work Phone | Best Time To Reach | | Work Phone | Best Time To Reach | |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) | | | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed) | | |
| Dependents and Others who will live with you (not listed by co-applicant) | | | Dependents and Others who will live with you (not listed by applicant) | | |
| Name | Age | Male/Female | Name | Age | Male/Female |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| Present Address (street, city, state, zip code) | | | Present Address (street, city, state, zip code) | | |
| Number of Years: | <input type="checkbox"/> Own <input type="checkbox"/> Rent | | Number of Years: | <input type="checkbox"/> Own <input type="checkbox"/> Rent | |
| If Living at the Present Address for Less than Two Years Complete the Following | | | | | |
| Last Address (street, city, state, zip code) | | | Last Address (street, city, state, zip code) | | |
| Number of Years: | <input type="checkbox"/> Own <input type="checkbox"/> Rent | | Number of Years: | <input type="checkbox"/> Own <input type="checkbox"/> Rent | |

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--|------------------------|
| Date Application Received _____ | More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Letter Sent _____ |
| Date Application Completed _____ | Date Sent to Committee _____ | |
| Date of Home Visit _____ | <input type="checkbox"/> Accepted <input type="checkbox"/> Denied | Date Letter Sent _____ |

5. MONTHLY INCOME AND COMBINED MONTHLY BILLS

| Gross Monthly Income | Applicant | Co-Applicant | Others in Household | Monthly Bills | Monthly Amounts |
|-------------------------|-----------|--------------|---------------------|------------------------|-----------------|
| Base Employment Income* | \$ | \$ | \$ | Rent | \$ |
| AFDC/TANF | | | | Utilities | |
| Food Stamps | | | | Car Payments | |
| Social Security | | | | Insurance (Life / Car) | |
| SSI | | | | Phone/Cell | |
| Disability | | | | Cable | |
| Alimony | | | | Credit Card Payment | |
| Child Support | | | | Food | |
| Other (specify) | | | | Alimony/Child Support | |
| TOTAL | \$ | \$ | \$ | TOTAL | \$ |

Please attach copies of last month's bills as listed above.

* NOTE: Self-employed applicant(s) should provide additional documentation such as latest tax returns and/or financial statements. DOCUMENTATION VERIFYING ALL SOURCES OF INCOME MUST BE SUBMITTED WITH APPLICATION.

**Others In Household: List additional household members over age 18 who receive income:

| Name | Social Security Number | Age | Monthly Wages | Relationship |
|------|------------------------|-----|---------------|--------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

6. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

If you are selected for homeownership, you will be required to make a \$550 down payment; and pay closing costs of approximately \$550 prior to moving into your Fuller house. Where will you be getting the money to meet this financial obligation (for example saving, parents)? If you are borrowing money to pay these costs, explain how and from whom:

| Applicant | Co-Applicant |
|--|--|
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$ | Account Number: Balance \$ |
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$ | Account Number: Balance \$ |
| Name and Address of Bank, Savings & Loan, or Credit Union: | Name and Address of Bank, Savings & Loan, or Credit Union: |
| Account Number: Balance \$ | Account Number: Balance \$ |

| | | | | | |
|----------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Do you own a: | Yes | No | Do you own a: | Yes | No |
| Stove | <input type="checkbox"/> | <input type="checkbox"/> | Car(#1) | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | Make and Year | | |
| Washer | <input type="checkbox"/> | <input type="checkbox"/> | Car (#2) | <input type="checkbox"/> | <input type="checkbox"/> |
| Dryer | <input type="checkbox"/> | <input type="checkbox"/> | Make and Year | | |

7. DEBT

| | | | | | |
|--|-----------------------|----------------------|---|-----------------------|----------------------|
| Car Name and Address of Company | Monthly Balance \$ | Unpaid Payment \$ | Other Name and Address of Company | Monthly Balance \$ | Unpaid Payment \$ |
| | | Mos. Left to pay: | | | Mos. Left to pay: |
| Furniture Name and Address of Company | Monthly Balance \$ | Unpaid Payment \$ | Other Name and Address of Company | Monthly Balance \$ | Unpaid Payment \$ |
| | | Mos. Left to pay: | | | Mos. Left to pay: |
| Credit Card(s) Name and Address of Company | Monthly Balance \$ | Unpaid Payment \$ | Alimony/Child Support | \$ | / month |
| | | Mos. Left to pay: | Job-Related Expenses | \$ | / month |
| | | | Child Care, Union Dues, Etc. | \$ | / month |
| Medical Name and Address of Company | Monthly Balance \$ | Unpaid Payment \$ | Column 2: Subtotal of Payments | \$ | / month |
| | | Mos. Left to pay: | Column 1: Subtotal of Payments | \$ | / month |
| Column 1: Subtotal of Payments | \$ | / month | Total Monthly Expenses | \$ | / month |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Applicant: Yes | No | Co-Applicant: Yes | No |
| A. Do you have any debt because of a court decision against you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you been declared bankrupt within the past seven years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you had property foreclosed on in the last seven years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are you currently involved in a lawsuit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you paying alimony or child support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are you a U.S. citizen or permanent resident? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question A through E, however, please explain on a separate sheet of paper and mark your additional comments with "A" for Applicant and "C" for Co-Applicant.

8. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing The Fuller Center for Housing to evaluate my actual need for a Fuller home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Fuller home, I may be disqualified from the program. The original or a copy of this application will be retained by The Fuller Center for Housing even if the application is not approved.

| | | | |
|----------------------------|-------------|-------------------------------|-------------|
| Applicant Signature | Date | Co-Applicant Signature | Date |
| X _____ | _____ | X _____ | _____ |



AUTHORIZATION TO CHECK CRIMINAL RECORD

I, _____ (first, middle, and last name of applicant), the undersigned, authorized the Fuller Center for Housing of NWLA to obtain information pertaining to any charges and/or convictions I may have for federal and state criminal law violations to determine if I meet the standards for receiving a Fuller Center Home. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state, or any state or federal government to the extent permitted by state and federal law.

Applicant _____ Date _____
(applicant's normal signature) (month/day/year applicant signed this form)

Co-Applicant _____
(print name) (signature)

PERSONAL DATA (please print)

Name of Applicant _____
(first, middle, last)

Social Security No. or State Photo ID card No. _____
(copied directly from applicant's card)

Driver's License No. _____ State of Issuance _____ Expiration Date _____
(copied directly from applicant's license)

Date of Birth (M-D-Y) _____