

Unless the Lord builds the house, they labor in vain who build it. ~ Psalm 127:1

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 four 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 (of everyone that will live in the home)
- 5. Copy of Birth Certificate (of everyone that will live in the home)
- 6. Marriage Certificate / Divorce Decree
- 7. Rent/Landlord Receipts- the **last** (4) paid rent receipts
- 8. Copy of last (4) paid Utility Bills (4) Electric, (4) Gas, & (4) Water Bills
- 9. Bankruptcy Papers

If you do not include this information, we may not be able to process your application. All questions on the applications 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.

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

If, you have any questions please call our office at (318) 865-1237



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Basic Credit Requirements/Poverty Guidelines Your income must fall within the income limits described below:

Number in the Family	Poverty Guideline				
1	\$12,250 to \$32,600				
2	\$14,000 to \$37,250				
3	\$15,750 to \$41,900				
4	\$17,450 to \$46,550				
5	\$18,850 to \$50,300				
6	\$20,250 to \$54,000				
7	\$21,650 to \$57,750				
8	\$23,050 to \$61,450				

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 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



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Release Form

I, the undersigned represent that all the statements are true and correct and hereby authorize the person or firm to whom this application is made, any credit bureau, or other investigative agency employed by such person, to investigate all the references and information herein listed, or data obtained from me or any person, pertaining to my credit or personal history.

Owner			
Signature	Date		
Co-Owner			
Signature	Date		



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AUTHORIZATION TO CHECK CRIMINAL RECORD

I,	
(First, Middle, and Last Name of Applicant/s	s), the undersigned, authorized the Fuller Center for
	ning to any charges and/or convictions I may have for
federal and state criminal law violations to deter	rmine if I meet the standards for receiving a Fuller
	clude but not be limited to allegations and convictions
for crimes committed upon minors and will be s	gathered from any law enforcement agency of this state,
or any state or federal government to the extent	
·	
Applicant(Signature)	Date(M/D/Y applicant signed this form)
(Signature)	(M/D/Y applicant signed this form)
Co-Applicant	Date
Co-Applicant(Signature)	Date (M/D/Y applicant signed this form)
PERSONAL	DATA (Please Print)
N	
Name of Applicant	le, Last)
(Filst, Midd	ie, Last)
Social Security No//(Copied directly from applicant's ca	_
(Copied directly from applicant's ca	ard)
	G AY
Driver's Lic. or State Photo ID No.	State of Issuance
(Copied aire	ctly from applicant's license or ID)
Date of Rirth / Evn	iration Date / /
Date of Birth $\underline{\hspace{1cm}}/\underline{\hspace{1cm}}/\underline{\hspace{1cm}}$ Exp	(M/D/Y)
$(\mathcal{H}\mathcal{B}, \Gamma)$	
Name of Co-Applicant	
(First, Midd	le, Last)
Social Security No//	_
(Copied directly from co-applicant	's card)
Co Amelicant Driver's Lie on State Photo ID M	Ctata of Laguage
Co-Applicant Driver's Lic. or State Photo ID N	o State of Issuance d directly from co-applicant's license or ID)
(Сорге	d directly from co-applicant's needse of 1D)
Date of Birth / / Exp	iration Date / /
Date of Birth $\underline{\hspace{1cm}}/\underline{\hspace{1cm}}/\underline{\hspace{1cm}}/\underline{\hspace{1cm}}$ Exp	iration Date//



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Please call and schedule an appointment to return completed application with all requested documents to The Fuller Center for Housing of NWLA 4221 Linwood Avenue Shreveport, LA 71108

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.

(318) 865-1237 Office (318) 865-1239 Fax

Dear Applicant: Complete this application to determine if you qualify for a Fuller Center NWLA house. Please fill out the application completely 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-APPLICA	INT INFORMATION	ON						
Applicant's Name			Co-Applicant's Name					
Social Security Number	Date of Birth	Age	Social Security N	lumber	Date of Birth	1	Age	
Harra Bhana	Dood Time To	Danah	Hama Bhana		Doot Time To		1-	
Home Phone	Best Time To	Reach	Home Phone		Best Time To	o Kea	acn	
Work Phone	Best Time To	Reach	Work Phone		Best Time To	Rea	ach	
□Married □Separated □Unmar	ried (single, divorce	ed, widowed)	□Married □Separ	ated □Unm	<u> </u> ıarried (single, di	ivorce	d, widowed)	
Dependents and Others who wi	Il live with you (not	listed by co-	Dependents and	Others who	will live with you	(not	listed by	
applicant) Name	Age Male/	Female	applicant) Name		Age M	Male/	Female	
If more than, 4 dependents ple sheet.	ease list them or	n a separate	If more than, 4 de sheet.	ependents	please list the	m or	ı a separat	
Present Address (street, city, state, zip code)		Present Address (street, city, state, zip code)						
Number of Years:	□Own □Re		Number of Years		Own □Re	nt		
		dress for Less	than Two Years Co	•				
Last Address (street, city, state	e, zip code)		Last Address	(street, city	, state, zip code)			
Number of Years:	□Own □R	ent	Number of Years	s:	□Own □F	Rent		
	2. FOR OFFICE	USE ONLY - I	OO NOT WRITE IN T	HIS SPACE				
Date Application Recvd	Date ser	nt to V. O. A.		Approved	d	ed		
Date Application Comp	Date Ser	nt to Family Sel.	Commit Date Apprv. / Denied				<u> </u>	
More Info Requested: ☐Yes ☐ No Date sent to FCHNWLA Bo			Board	pard Date Letter Sent				

4	applicant and immedia	et be willing to complete 350 hours of "Sweat Equity¹ In Ite family.	¹ . A minimum	01 100
*** ****			Ye	
AM WILLING TO COMPLETE THE REC	JUIRED 350 HOUI		olicant: ☐ plicant: ☐	
Number of bedrooms in home where go and the rooms in the place where you and Kitchen ☐ Bathroom ☐ Living Ro	e currently living:	•		
f you rent your current residence, what is your Please supply a copy of your lease or a copy o n the space below, describe the condition of th	f a money order, or ca		er Center NWL <i>i</i>	∖ home?
f you are approved for a Fuller Center NW Applicant EMPLOYMENT INFORMATION		uld your name(s) appear on the legal docume		
Applicant		Co-applicant		
Applicant Name and Address of Current Employer	Years On This Job	Name and Address of Current Employer	Years Or	
			Job	This
	Gross Monthly Wages \$			
Гуре of Business / Phone #		Type of Business / Phone #	Job Gross Mo	
)	Wages \$ Position	()	Job Gross Mowages\$ Position	onthly
) Verify your income by attaching copies o	Wages \$ Position f two (2) months of	Type of Business / Phone # () check stubs and/or award letters for applican (1) Year, Complete the Following Inform	Job Gross Me Wages\$ Position	onthly
) Verify your income by attaching copies o	Wages \$ Position f two (2) months of	() check stubs and/or award letters for applican	Job Gross Me Wages\$ Position	onthly licant.
) Verify your income by attaching copies o If Working at Current Jo	Wages \$ Position f two (2) months of the block of the control of	() check stubs and/or award letters for applican (1) Year, Complete the Following Inform	Job Gross Mowages\$ Position at and co-appration	onthly licant. s On Job
) Verify your income by attaching copies o If Working at Current Jo	Wages \$ Position f two (2) months of ob Less Than One Years On This Job Gross Monthly	() check stubs and/or award letters for applican (1) Year, Complete the Following Inform	Job Gross Mowages\$ Position It and co-appation Year This Gross Montal Co-appation Gross Mo	onthly licant. s On Job sthly es \$

5. MONTHLY INCOME AND (Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts	
Base Employment Income*	\$	\$	\$	Rent	\$	
AFDC / TANF	\$	\$	\$	Utilities (Electric, Gas, & Water)	\$	
Food Stamps	\$	\$	\$	Car Payment	\$	
Social Security	\$	\$	\$	Insurance (Life / Car)	\$	
SSI	\$	\$	\$	Phone / Cell	\$	
Disability	\$	\$	\$	Cable	\$	
Alimony	\$	\$	\$	Credit Card/s Payment	\$	
Child Support	\$	\$	\$	Food	\$	
Other (specify)	\$	\$	\$	Alimony/Child Support	\$	
TOTAL	\$	\$	\$	TOTAL	\$	
* NOTE: Self-employed applicant DOCUMENTATION VERIFYING ALI **Others In Household: List a	t(s) should provide L SOURCES OF INC dditional household	additional docume OME MUST BE SU I members over ag	BMITTED WITH APPLICA e 18 who receive income	c returns and/or financial ATION. o:	statements.	
Name S	Social Security I	Number Age	e Monthly Wages \$	s Relationship		
			\$			
			\$			

6.SOURCE OF DOWN PAYMENT AND CLOSING COSTS

If you are selected for a Fuller Center home, you will be required to pay closing costs of approximately \$1,100 prior to the dedication of your new home. Additional closing cost not to exceed \$2,000 will be added to the no interest cost of your home. Where will you be getting the money to meet this financial obligation (for example saving, parents)?

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

Do you own a:	Yes		NO	Do you own a:		Yes	ı	No	
Stove				Car(#1)	ar(#1)		[-	
Refrigerator			Make and Year						
Washer	_			Car (#2)			ſ	J	
Dryer	_			Make and Year					
7. DEBT									
Car		Monthly	Unpaid Balance	Other		Monthly	Unpaid	l	
Name of Company		Payment \$	\$	Name of Company		Payment \$	Balanc \$	e	
Address		Months Left to	pay:	Address		Months Left	t to pay:		
Phone / Cell		Monthly	Unpaid Balance	Other		Monthly	Unpaid	l	
Name of Company		Payment \$	\$	Name of Company		Payment \$	Balanc \$	e	
Address		Months Left to	pay:	Address		Months Left	t to pay:		
Credit Card(s) Name of Company		Monthly Payment	Unpaid Balance \$	Alimony/Child Supp	ort	\$	/ Monthl	ly Payment	
y		\$	•						
Address		Months Left to	pay:	Job-Related Expens	ses	\$	/ Month	ly Payment	
Medical		Monthly	Unpaid Balance	Child Care, Union D	ues, Etc.	\$	/ Month	ly Payment	
Name of Company		Payment \$	\$						
Address		Months Left to	nths Left to pay: Total Monthly Ex		nses	\$	/ Month	ly Payment	
Column 1: Subtotal of Payme	mn 1: Subtotal of Payments		Column 2: Subtotal	Column 2: Subtotal of Payments		\$ / Monthly Payment			
				Applicant: Yes	No C	o-Applicar	nt: Yes	No	
A. Do you have any debt be	cause	e of a court dec	ision against you?	-	_		_	_	
B. Have you been declared	bankı	rupt within the	past seven vears?						
C. Have you had property for		•	· -					П	
D. Are you currently involve	ed in a	a lawsuit?	-						
E. Are you paying alimony									
F. Have you ever been conv		••							
G. Have you ever been regis		•	to register as a sex	_	_		_		
offender?		•	· ·	_				_	
H. Are you A U.S. citizen or Answering yes to these ques				vou If you answered	U ves to any du	usetion A thro	Uah G ha	 wever	
Please explain on a separate									
8. AUTHORIZATION AND									
I understand that by filing this a NWLA home, my ability to repa that the evaluation will include phave answered all the question denied, and that even if I have a application will be retained by T	y the opersor s on the alread	no-interest loan nal visits, employ his application tr ly been selected	and other expenses ment verification, a cuthfully. I understan to receive a Fuller h	of homeownership and credit check, a criminal d that if I have not answ ome, I may be disqualif	my willingness background ch vered the quest lied from the pro	to be a partne eck, and a sex ions truthfully,	er family. I x offender o , my applic	understand check. I ation may be	
Applicant Signature			Date	Co-Applicant Sig	nature		Date		