

## **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**

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

<u>Number in the Family</u>	<u>Poverty Guideline</u>
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 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



## Building Homes, Building Lives, Changing Communities... Get Involved

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

### 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** \_\_\_\_\_





Northwest Louisiana

# Building Homes, Building Lives, Changing Communities... Get Involved

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



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

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

*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: 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-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"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female
If more than, 4 dependents please list them on a separate sheet.			If more than, 4 dependents please list them on a separate sheet.		
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 Recvd _____	Date sent to V. O. A. _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date Application Comp _____	Date Sent to Family Sel. Commit _____	Date Apprv. / Denied _____
More Info Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date sent to FCHNWLA Board _____	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 (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	\$
<b>TOTAL</b>	\$	\$	\$	<b>TOTAL</b>	\$

**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 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)?

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

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. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever been registered, or is required to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. 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 G, 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 NWLA to evaluate my actual need for a Fuller Center NWLA 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, employment verification, a credit check, a criminal background check, and a sex offender check. 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 NWLA even if the application is not approved.

<b>Applicant Signature</b>	<b>Date</b>	<b>Co-Applicant Signature</b>	<b>Date</b>
_____	_____	_____	_____