



WEST CENTRAL MINNESOTA COMMUNITIES ACTION INC.
AFFORDABLE HOUSING PROGRAM APPLICATION

Section I. PERSONAL INFORMATION

Name of Applicant _____

Date of Birth _____ Social Security # _____

Marital Status: _____ Married _____ Unmarried Race _____

Address _____
 (Street) (City) (State) (Zip)

Home telephone() _____ Cell Phone/Work telephone() _____

What City or Community would you like us to build your home? _____

If a house were not available in that city or community, what distance would you be willing to purchase a home from that location? 0 miles 10 miles 20 miles 30 miles

Do you presently live in Public Housing? Y N Are you a first time homebuyer? Y N

Have you attended Home Stretch Classes Y N If yes do you have a Home Stretch Certificate? Y N

Are you currently working with a lender? Y N If yes who? _____

Is anyone in the household disabled? Y N If yes, who? _____

Name of Co-Applicant, if any _____

Date of Birth _____ Social Security _____

Marital Status: _____ Married _____ Unmarried Race _____

All Other Household Members	Age	Relationship	Race
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section II. INCOME INFORMATION

A. **INCOME AND EMPLOYMENT.** Information on employment and ALL SOURCES OF INCOME for you, your spouse, and other residents of your household age 18 and over must be disclosed. For the purpose of this program, "residents" includes all persons living in a housing unit for at least nine months of the year and who do not pay rent, or who are claimed as dependents for Federal Income Tax purposes. Verification of your income will be requested before your application may be processed.

1. Individuals Receiving Regular Paychecks:

a. _____
 Employer's name _____

 Employer's business address _____

 Name of income earner _____ Monthly earnings _____

 How long employed _____ Business telephone _____

b. _____
 Employer's name _____

 Employer's business address _____

 Name of income earner _____ Monthly earnings _____

 How long employed _____ Business telephone _____

B. Other Sources of Income: MFIP, GA, Unemployment, Child support, etc.
 Specify Source _____ Monthly amount _____
 Specify Source _____ Monthly amount _____

Section VI. SIGNATURES

I/we certify that the statements contained in this application are true, accurate, and complete to the best of my/our knowledge and belief.

I/we hereby authorize the release of any information necessary for West Central Minnesota Communities Action, Inc. to obtain a credit report and process this application.

West Central MN Communities Action, Inc. may make copies of this letter to distribute to any party with which I/we have a financial or credit relationship and that party may treat that copy as an original.

 Applicant _____ Date _____

 Co-applicant _____ Date _____

Return Application to:

**West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531
1-800-492-4805 Ext. 103 Or 113**

