

Total number in Household: _____ Please list all of your household (including applicant) below:

NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

HIGHEST LEVEL OF EDUCATION COMPLETED:

Applicant #1	Applicant #2	
		Attended High School
		Graduated High School or GED
		Attended College
		Graduated College
		Attended Graduate School
		Graduated Graduate School

EMPLOYMENT STATUS:

Applicant #1	Applicant #2	
		Part Time
		Full Time
		More than full time (overtime or working more than one job)
		Laid off, waiting for call back
		Unemployed, seeking employment
		Currently in school or job training program
		Homemaker, not seeking employment
		Disabled, not seeking employment
		Retired, not seeking employment
		Other (please specify) _____

MONTHLY GROSS INCOME OF YOUR HOUSEHOLD

(Household Income applies to everyone 18 years or older in your household)

\$ _____	Formal Employment (total for all household members employed)
\$ _____	Self Employment (selling things you make, doing laundry, sewing, childcare, etc.)
\$ _____	Government assistance (TANF, Food Stamps, SSI, Social Security, Unemployment benefits, Veterans' benefits) for all household members Type of assistance: _____
\$ _____	Child support/Alimony payments
\$ _____	Friends and family
\$ _____	Investment income
\$ _____	Other (please specify) _____
\$ _____	TOTAL MONTHLY GROSS INCOME

LIABILITIES:
(Installment and Credit Accounts)

LIST ALL OUTSTANDING DEBTS SUCH AS AUTO LOANS, CREDIT CARDS,
DEPARTMENT/FURNITURE/JEWELRY STORES/INSURANCE COMPANIES

CREDITOR		BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$
CREDITOR	_____	BALANCE	\$	PAYMENT/MO.	\$

TOTAL MONTHLY DEBT OBLIGATIONS: \$ _____

Have you received Public Assistance?	Yes	No
Do you currently receive any type of Public Assistance?	Yes	No
Do you have Health insurance?	Yes	No
Do you have Life insurance?	Yes	No

Which agency referred you to the HIP IDA program?

Which individual?

Please describe in greater detail what you hope to do with your HIP IDA savings. For instance, what type of house or neighborhood do you hope to live in?

I represent that all information provided, is true and accurate to the best of my knowledge. I understand that any intentional misrepresentations can be grounds for termination from the HIP IDA Program.

Signature _____ Date _____

Signature _____ Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is required by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so.

_____ I do not wish to furnish this information

_____ I do wish to furnish this information

RACE/NATIONAL ORIGIN

Applicant #1	Applicant #2	
		American Indian
		Black, non-Hispanic
		White, non-Hispanic
		Hispanic
		Asian
		Other

CERTIFICATION:

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand that the completion of the application in no way guarantees me that I will receive housing. I hereby authorize the City of Gastonia Community Development Department to obtain a Credit Bureau Report in my name and/or to request information of income and residence.

Signature

Date

Signature

Date

The coalition of agencies operating the HIP IDA Program in Gastonia have established a policy that NO person shall be subject to discrimination based upon race, creed, color, gender, national origin, age or disability as defined by the Federal or State Civil Rights statutes, laws, regulations or executive orders.