

St. Tammany Homeownership Center

A Service of Habitat for Humanity St. Tammany West



Personal Profile Form

Type of Service Seeking: Home Purchase Education Rehab Assistance

APPLICANT INFORMATION

1. Applicant's Name: First _____ MI _____ Last _____

2. Current Street Address: _____ City: _____ Zip: _____

3. Current Mailing Address: _____ City: _____ Zip: _____

4. Number of years at this address: _____ If less than 2 yrs., list previous address:

Previous Street Address (No P.O. Boxes) _____

City: _____ State: _____ Zip Code: _____

6. Home Phone: _____ Work Phone: _____

Other Phone: _____ E-Mail: _____

7. Social Security #: _____ Age: _____ DOB: _____

8. Marital Status : Single (never married) Separated Divorced

Married Widowed

9. Is anyone in the home a veteran? Yes No Who? _____ Branch? _____

10. Disabled? Yes No Handicapped? Yes No

11. Highest level of education: _____ High School Diploma or GED _____ Two-Yr. College or Technical School

_____ Bachelor's Degree _____ Graduate Degree

12. Have you ever owned a home? Yes No

How did you learn about Habitat or the Homeownership Center? (Please check all that apply.)

_____ Friend _____ Staff or Board member _____ Newspaper or Magazine

_____ Other Agency _____ Sign _____ TV _____ Radio _____ Bank

Other (please list): _____

HOUSEHOLD INCOME

APPLICANT EMPLOYMENT STATUS:

____ Employed ____ Unemployed ____ Retired ____ Disabled ____ Other

WAGES: Please provide 2 years of work history, starting with your current job and working backward.

Current Employer: _____

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ Gross Wages (before taxes): _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Monthly

Prior Employer: _____

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ End Date: _____ Gross Wages: _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Monthly

Prior Employer: _____

Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

Type of Business: _____ Hourly Wage: _____

Job Title: _____ Supervisor's Name: _____

Hire Date: _____ End Date: _____ Gross Wages: _____

Wages paid: ___ Daily ___ Weekly ___ Every Two Weeks ___ Monthly

Other Income: Does anyone in the home receive any of the following?

Social Security, SSI, Disability:

Who? _____ Amt.\$ _____ How many more years? _____

Who? _____ Amt.\$ _____ How many more years? _____

Who? _____ Amt.\$ _____ How many more years? _____

Who? _____ Amt.\$ _____ How many more years? _____

Food Stamps: Who? _____ Amt.\$ _____

Pension: Who? _____ Amt.\$ _____

Other: Who? _____ Amt.\$ _____

Self-Employment Income: _____ (additional documentation will be required)

Note: Alimony, child support, or other maintenance payments need not be revealed unless the applicant wishes to rely on that income in the determination of creditworthiness. List if you wish to have this income included.

Child Support: Who? _____ Amt.\$ _____

Alimony or other maintenance payments: Who? _____ Amt. \$ _____

CURRENT HOUSING CONDITIONS

Which of these applies to you?

Rent Homeless
 Homeowner with mortgage living in part of someone else's home and **not**
 Homeowner with mortgage paid off paying rent

Other: _____ living in part of someone else's home and paying rent

My home is:

a house a trailer other subsidized housing
 an apartment public or Section 8 housing (rent based on income)

Other: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Number of people in household: _____

If Renting: Rent Amount: _____

Landlord's Name: _____

Address: _____

Phone #: _____

DEPENDENTS AND OTHERS IN THE HOUSEHOLD

1. Name: _____ 4. Name: _____

____ Male ____ Female Age: _____ ____ Male ____ Female Age: _____

Date of Birth: _____ Date of Birth: _____

Relationship to You: _____ Relationship to You: _____

2. Name: _____ 5. Name: _____

____ Male ____ Female Age: _____ ____ Male ____ Female Age: _____

Date of Birth: _____ Date of Birth: _____

Relationship to You: _____ Relationship to You: _____

3. Name: _____ 6. Name: _____

____ Male ____ Female Age: _____ ____ Male ____ Female Age: _____

Date of Birth: _____ Date of Birth: _____

Relationship to You: _____ Relationship to You: _____

Do you have custody of all of the children who will live in the home? ____ Yes ____ No

Are there any non-dependents who will be living in the home? ____ Yes ____ No

If yes, please list:

Name: _____ Relationship to You: _____ Age: _____

Name: _____ Relationship to You: _____ Age: _____

ASSETS	
1. Checking Account Financial Institution: _____ Balance: \$ _____	5. Securities (Stocks and bonds): Amount: \$ _____
2. Savings Financial Institution: _____ Balance: \$ _____	6. Retirement Account: Amount: \$ _____
3. Cash Amount: \$ _____	7. Are you about to receive other funds? (tax refund, law suit, Amount: \$ _____
4. Certificates of Deposit Amount: \$ _____	8. Do you own land or any other property? What? _____ Value: \$ _____
Do you own a car or truck? _____yes _____no If yes, please give make and year: _____	Do you own a mobile home? _____ yes _____no If yes, what is the value? \$ _____

DEBTS AND LIABILITIES			
Debts:	Company:	Monthly Payment:	Balance Due:
Car Loan:			
Credit Card:			
Credit Card:			
Credit Card:			
Finance Company:			
Student Loans:			
Other Loan:			
Medical:			
Other:			
Liabilities:			
Car insurance:			
Day care:			
Child support:			
Alimony:			
Cell Phone Contract:			
Other:			

BANKRUPTCY	
Have you ever filed for bankruptcy? _____ Yes _____ No	
If yes:	
Was it chapter 7 or chapter 13? _____	
Has it been discharged? _____ Yes _____ No	If yes, date of discharge: _____

ADDITIONAL INFORMATION: Applicant

- 1. Have you owned a home in the last three (3) years? ___ Yes ___ No
- 2. Are you a veteran? ___ Yes ___ No
- 3. Do you have a contract on a house at this time? ___ Yes ___ No
- 4. Are you currently working with a real-estate agent? ___ Yes ___ No
- 5. Most convenient time for an individual appointment: ___ AM ___ PM

AUTHORIZATION - Applicant

I authorize the HFHSTW to:

- a. Pull my credit report to review my credit file for housing counseling in connection with my pursuit of a loan to purchase real property.
- b. Pull my credit report and review my credit file for informational inquiry purposes; and
- c. Obtain a copy of the Closing Disclosure settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

Applicant Signature

Date



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, familial status, or national origin.

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**CO-APPLICANT INFORMATION**

1. Co- Applicant's Name: First _____ MI _____ Last _____

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12. Have you ever owned a home? Yes No

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_____ Friend _____ Staff or Board member _____ Newspaper or Magazine

_____ Other Agency _____ Sign _____ TV _____ Radio

Other (please list): _____

CO-APPLICANT INCOME**CO-APPLICANT EMPLOYMENT STATUS:**

Employed Unemployed Retired Disabled Other

WAGES: Please provide 2 years of work history, starting with your current job and working backward.

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Address: _____ Phone: _____

City, State, Zip _____ Full-Time: _____ Part-Time: _____

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Wages paid: Daily Weekly Every Two Weeks Monthly

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Job Title: _____ Supervisor's Name: _____

Hire Date: _____ End Date: _____ Gross Wages: _____

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Do you own a car or truck? _____yes _____no If yes, please give make and year: _____	Do you own a mobile home? _____ yes _____ no If yes, what is the value? \$ _____

DEBTS AND LIABILITIES

Debts:	Company:	Monthly Payment:	Balance Due:
Car Loan:			
Credit Card:			
Credit Card:			
Credit Card:			
Finance Company:			
Student Loans:			
Other Loan:			
Medical:			
Other:			
Liabilities:			
Car insurance:			
Day care:			
Child support:			
Alimony:			
Cell Phone Contract:			
Other:			

BANKRUPTCY

If yes:
Was it chapter 7 or chapter 13? _____

Has it been discharged? _____ Yes _____ No If yes, date of discharge: _____

ADDITIONAL INFORMATION: Co-Applicant

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AUTHORIZATION: Co- Applicant

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- b. Pull my credit report and review my credit file for informational inquiry purposes; and
- c. Obtain a copy of the Closing Disclosure settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

Co-Applicant Signature

Date



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Applicant's Name _____ Co-Applicant's Name _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read this Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin:	Race/National Origin:
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American <input type="checkbox"/> Other
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex:	Sex:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: ____/____/____	Birthdate: ____/____/____
Marital Status:	Marital Status:
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)
To Be Completed Only By the Person Conducting the Interview	

This application was taken by:

Face-to-face interview

By Mail

By Telephone

Interviewer's Name (print or type) _____

Interviewer's Signature _____ Date _____

Interviewer's Phone Number: _____

Dependents:

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

Name: _____
Race/National Origin: _____
Ethnicity: Hispanic Non-Hispanic

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