



COMMUNITY HOUSING
I N I T I A T I V E

INFORMATION NEEDED FOR **ALL** HOUSEHOLD MEMBERS
PLEASE MAKE COPIES OF THE FOLLOWING ITEMS:

1. W-2's and the **complete** tax returns for previous two (2) years. If you have not filed your income taxes, please contact the IRS at 800-829-1040 for printout stating this.
2. Current, consecutive pay stubs for the past thirty (30) days. If transferring to Brevard County for employment, provide offer letter to include start date, hourly rate and whether the new position will be part-time or full-time.
3. \$28.00 check made payable to Community Housing Initiative, Inc. for Employment Verification Fee for The Work Number
4. Benefits Planning Query (B P Q Y) Form from Social Security Administration if you receive benefits.
5. If self-employed, last two (2) years complete tax returns with all schedules.
6. Name(s) / Address of Employers for previous two (2) years. If your employer uses The Work Number (Equifax Verification Services) for third party verification purposes, you will need to pay \$27.99 in order for C.H.I. to obtain the third party verification.
7. Name(s) / Address of Landlords and a copy of current lease.
8. Current, consecutive bank statements for the past four (4) months including names, account numbers, and balances for all bank accounts.
9. Contact information for any retirement accounts. If account holder does not accept a faxed verification request, we require a letter from the retirement account agency, stating: Current Value, Withdrawal Penalty, and Rate of Return.
10. Name(s) / Address / Account Number / Balance / Monthly Payments for all open loans.
11. Copy of Child Support Order, if applicable. Copy of all documents related to child support, including enforcement orders/actions.
12. Copy of divorce decree, if applicable.
13. Need to see Social Security Cards for all household members to be included in "Family Size".
14. If applicable, green card.
15. Birth Certificates for all children (17 years and younger) in the household.
16. Full-time student status, if applicable, for household members 18 years of age and older.
17. Credit Report, with credit scores from all 3 credit-reporting bureaus. Either call the following: Equifax: 800-997-2493; Experian: 888-397-3742; Trans Union: 800-888-4213 or go to the web address of Mycreditreport.com.
18. Driver Licenses
19. \$290.00 check made payable to Community Housing for property inspection. This is non-refundable, **UNLESS** you never find a home.
20. Fully executed contract if maximum eligible sales price is less than \$125,000.
21. The required minimum financial contributions must be in checking or savings account prior to application process. We will be looking at the six-month average balance.
22. Closing Costs Worksheet (AKA a Good Faith Estimate) from your lender. Interest rate & fees must be at market rates.
23. If separated, please provide the following: copy of estranged spouse's lease, estranged spouse's driver's license, a copy of estranged spouse's utility bill and a statement of explanation from both parties.

GATHERING THE ABOVE DOCUMENTS DOES NOT GUARANTEE FUNDING!!



**COMMUNITY HOUSING
INITIATIVE**

PERSONAL INFORMATION				
Client Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Co-Client Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Address No. / Street	City	County	State	Zip Code
Home Phone			Marital Status	
Cell Phone w/ area code			Client Ethnicity/Race	
Total # in Household			Co-Client Eth/Race	
EMAIL ADDRESS		EDUCATION LEVEL		Ex: high sch/GED/vocational / AA / BA / MBA/ PhD
Client			Client	
Co-Client			Co-Client	
HOUSING	Do you Rent/Own/Other?	Your Monthly Payment?	Current? Y or N	If no, how many months are you behind?
Client				
Co-Client				
How many years have you lived at your current address:				
	Client		Co-Client	
VEHICLE	Do you lease or own?	Monthly Payment	Current? Y or N	If no, how many months are you behind?
Client				
Co-Client				
INCOME				
Client		Co-Client		
Employer Name		Employer Name		
Your Job Title		Your Job Title		
Are you Full/Part Time		Are you Full/Part Time		
Date Started		Date Started		
Your Hourly Rate		Your Hourly Rate		
# Hours working per week		# Hours working per week		
Are you paid weekly/biweekly/semi-monthly/monthly?		Are you paid weekly/biweekly/semi-monthly/monthly?		
Do you receive Social Security income?		Do you receive Social Security income?		
Do you receive disability income?		Do you receive disability income?		
Do you have court ordered child support?		Do you have court ordered child support?		
If yes, what is the court ordered amount?		If yes, what is the court ordered amount?		



**COMMUNITY HOUSING
I N I T I A T I V E**

	TOTAL	
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Client Signature _____

Co-Client Signature _____

Other HH members 18
yoa & older Signature _____

Other HH members 18
yoa & older Signature _____



BUDGET

EXPENSES	MONTHLY PAYMENT	Use this space to explain any special circumstances such as living with family or paid by employer
<i>FIXED: Expenses that are the same each month, such as housing, insurance & installment loans</i>		
Rent/Mortgage		
Insurance (life, health, car)		
Car payment		
Paying child support / alimony		
Savings		
TOTAL FIXED		
EXPENSES	MONTHLY PAYMENT	
<i>VARIABLE: Expenses that may vary from one month to the next. These are usually averaged.</i>		
Utilities - electric, water, sewer, garbage		
Telephone -home & cell		
Cable & internet		
Gas/oil		
Food at home		
Eating out (school, work)		
Family clothing		
Personal toiletries		
Medications		
Day Care/baby needs		
Miscellaneous - barber/beauty shop, cleaning supplies, allowances, pet expenses, storage		
Contributions/donations/tithe		
Tobacco/Alcohol		
Entertainment/Movies/sports		
Student Loans		
Credit cards		
Tax payments		
TOTAL VARIABLE:		
<i>PERIODIC: Expenses which do not occur on a regular basis. These expenses will be divided by 12.</i>		
Home repairs		
Car (repairs, tags, tires)		
Veterinary		
Medical - vision, dental, etc		
Gifts		
Vacations		
School supplies/tuition/uniforms		
TOTAL PERIODIC		
TOTAL MONTHLY PERIODIC (divide by 12)		



Client _____

Co-Client _____

**LIABILITIES
AND
ASSETS**

List Liabilities	Amount Owed	Monthly Payment	Current? Y or N	If no, how many months behind are you?	Account Belongs to? Client or co-client or Other
1st Mortgage					
2nd Mortgage					
HELOC					
Vehicle #1					
Vehicle #2					
ATV					
Motorcycle					
Student Loan #1					
Student Loan #2					
RV					
Credit Card #1					
Credit Card #2					
Credit Card #3					
Furniture Loan					
RAC Loan					
Additional lines if needed:					

List Assets	Account Number	Current Balance	NAME OF INSTITUTION	Account Belongs to? Client or co-client or Other
Example: checking account	10005110368	200	SunTrust Bank	Client

Client _____

Co-Client _____



CAUSE AND GOALS
Where am I? Where do I want to
go?

Please help us help you by filling out the following. Use additional paper as needed.

1. Explain what has happened to bring you to us. For example: loss of income, divorce

2. What do you hope to gain from using C.H.I. services?

3. What are your
goals?

Short Term (0 months - 1 year)

Mid-Term (1-3 years)

Long-Term(3-5 years)

Client: _____

Co-Client