



**HOMEBUYER LOAN APPLICATION**

The information collected below will be used to determine whether you qualify as a borrower under The State HOME Investment Partnerships Program. It will not be disclosed outside the HOME Program Agency without your consent except to your employer for verification of information, obtaining credit information from a national credit-reporting agency, and as required and permitted by law. You do not have to provide the information; however, if you object your application for a loan may be delayed or rejected.

**ADDRESS OF PURCHASE:** \_\_\_\_\_ **CITY** \_\_\_\_\_  
**SELLER(S):** \_\_\_\_\_

**APPLICANT INFORMATION:**

Buyer: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AR  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Daytime \_\_\_\_\_  
How many people will live at the above address? \_\_\_\_\_

**Marital Status:**  Married  Unmarried/Single  Separated

**Employment Information:**

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CO-APPLICANT INFORMATION:**

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AR  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital Status:**  Married  Unmarried/Single  Separated

**Employment Information:**

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

(List the head of your household and all members who will live in your home. Give the relationship of each family member to the head of household)

	Full Name	Relationship	Age	Social Security No.
1		Self		
2				
3				
4				
5				
6				
7				
8				

1. Does anyone live with you now that is not listed above?  Yes  No

2. Does anyone plan to live with you in the future that is not listed above?  Yes  No

*Please explain if you answered "Yes" to either question above.*

3. Are you or anyone living in the household related to any staff member of the agency to which you are applying for HOME funds?  Yes  No

*Please explain if you answered "Yes" to either question above.*

## ANNUAL HOUSEHOLD INCOME PROJECTED FOR THE NEXT 12 MONTHS

(Based on gross)

The ADFA HOME program looks at a household's current income circumstances will continue for the next 12 months, unless there is verifiable evidence to the contrary. The exception to this rule is when documentation is available or provided that shows current circumstances are about to change.

Source (Provide Evidence)	Applicant	Co-Applicant	Other Household Member(s) 18 +	Sum Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Etc., Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Other				
<b>TOTAL ANNUAL HOUSEHOLD INCOME</b>				
<b>TOTAL MONTHLY HOUSEHOLD INCOME</b>				

**LIABILITIES:**

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in).

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Payment Date
<b>TOTAL</b>				

