

Newtown CDC Intake Application

Please answer all questions & provide all of the information requested. If the application is not completed in full, the application will be **REJECTED**. We will review your application & contact you for more information and/or to schedule your meeting with a Homeownership Counselor/Financial Coach.

There is a **\$60.00 application processing fee (nonrefundable)** due on or before the first meeting. Depending on the program or services you are applying for, you may be required to bring a number of documents to your first meeting; a list of those documents will be provided. ***If you are applying for a specific CLT house, do not pay the \$60.00 fee until you have been notified that your application has been accepted.***

Property you are applying for: _____
 Completed applications can be submitted by email: karina@newtowncdc.org

Primary Applicant Information			
Applicant-Name (First, MI, Last):			Date:
Current Address:			
City:	State:	ZIP Code:	
Phone:	Email:		
Preferred Method of Contact? <input type="radio"/> Phone <input type="radio"/> Email			
How did you hear about Newtown?			
Race (Check all that apply): <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> Native Hawaiian or other Pacific Islander			
Ethnicity (Check one): <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Hispanic or Latino		Preferred Language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other	
Gender:	Age:	Birthdate:	Disabled? <input type="radio"/> Yes <input type="radio"/> No
Number in Household:	Adults (over 18):	Children (Under 18):	
Highest Level of Education: <input type="radio"/> High school/ GED <input type="radio"/> BA/BS <input type="radio"/> Graduate Degree <input type="radio"/> Certificate Program <input type="radio"/> AA Degree <input type="radio"/> Some College <input type="radio"/> Other			
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed			
Current Housing: <input type="radio"/> Rent <input type="radio"/> Section 8/ FSS <input type="radio"/> Live with Family/Friend <input type="radio"/> Other <input type="radio"/> Public/ Subsidized Housing			
Years at Current Residence: _____ Monthly Rent:\$_____ Have you paid rent late in the past year? <input type="radio"/> Yes <input type="radio"/> No			
Household Type: <input type="radio"/> Single Adult <input type="radio"/> Married with Children <input type="radio"/> Married without Children <input type="radio"/> Other <input type="radio"/> Female-Headed single parent <input type="radio"/> Male-Headed single parent <input type="radio"/> Two or more unrelated adults			
Are you a Veteran? <input type="radio"/> Yes <input type="radio"/> No		Are you an active member of the US Military? <input type="radio"/> Yes <input type="radio"/> No	
Are you A US Citizen? <input type="radio"/> Yes <input type="radio"/> No		Are you a permanent Resident Alien? <input type="radio"/> Yes <input type="radio"/> No	
CO- Applicant Information			
CO-Applicant-Name (First, MI, Last):			
Phone:		Email:	
Preferred Method of Contact? <input type="radio"/> Phone <input type="radio"/> Email		Relationship to Primary Applicant:	
Race (Check all that apply): <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> Native Hawaiian or other Pacific Islander			
Ethnicity (Check one): <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Hispanic or Latino		Preferred Language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other	
Gender:	Age:	Birthdate:	Disabled? <input type="radio"/> Yes <input type="radio"/> No
Are you a Veteran? <input type="radio"/> Yes <input type="radio"/> No		Are you an active member of the US Military? <input type="radio"/> Yes <input type="radio"/> No	
Are you A US Citizen? <input type="radio"/> Yes <input type="radio"/> No		Are you a permanent Resident Alien? <input type="radio"/> Yes <input type="radio"/> No	

If there are other adults (Over 18) living in your household, please provide the above information (co-applicant section) on a separate sheet of paper and submit with your application.

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Other Household Members					
Please complete the following section for all household members under 18 years of age					
First & last Name	Relationship to Applicant(s)	Gender	Age	Birthday	# of months child lives with you during the year

Employment/ Income Information	
Liquid assets need to be completed for application acceptance; Please do not include your account/ routing number	
<p>Applicant: Current employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>Total Income Before Taxes: \$_____ per <input type="checkbox"/> Week <input type="checkbox"/> 2-Weeks <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Annual</p> <p>Occupation: _____ Employer: _____ Start Date: _____ End Date: _____</p> <p style="text-align: center;"><i>If you have a second job or worked less than 2 years at your current job then complete the following for previous employer:</i></p> <p>Occupation: _____ Employer: _____ Start Date: _____ End Date: _____ Annual Income: _____</p> <p>Other sources of Income (Interest, Child Support, SSI, trusts, Etc.) Source: _____ Monthly amount: \$ _____ Source: _____ Monthly amount: \$ _____</p> <p>Checking, Savings, Cash Source: _____ Amount: \$ _____</p>	<p>Co-Applicant: Current employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>Total Income Before Taxes: \$_____ Per <input type="checkbox"/> Week <input type="checkbox"/> 2-Weeks <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Annual</p> <p>Occupation: _____ Employer: _____ Start Date: _____ End Date: _____</p> <p style="text-align: center;"><i>If you have a second job or worked less than 2 years at your current job then complete the following for previous employer:</i></p> <p>Occupation: _____ Employer: _____ Start Date: _____ End Date: _____ Annual Income: _____</p> <p>Other sources of Income (Interest, Child Support, SSI, trusts, Etc.) Source: _____ Monthly amount: \$ _____ Source: _____ Monthly amount: \$ _____</p> <p>Checking, Savings, Cash Source: _____ Amount: \$ _____</p>

Self-Employment	
Please complete the following if either the Applicant or Co-Applicant is Self-Employed	
Who is Self- Employed? <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
Name of Business: _____	Annual Income: _____
Have you filed tax returns for your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many years do you have tax returns for? _____

Applicant Financial/ Credit Information	
Have you declared bankruptcy within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When was the discharge date? _____	
What was the reason for the Bankruptcy? _____	

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Have you gone through a foreclosure within the past 4 years? <input type="radio"/> Yes <input type="radio"/> No If yes, When? _____
Do you have any outstanding collections, judgements, or liens? <input type="radio"/> Yes <input type="radio"/> No If yes, Please explain:
Did you pay any bills late during the past year? <input type="radio"/> Yes <input type="radio"/> No If yes, Please explain:

Student Loans
Does the Applicant have student loans? <input type="radio"/> Yes <input type="radio"/> No If yes, are they in deferment? <input type="radio"/> Yes <input type="radio"/> No Until when? _____
What is the total balance of your student loans? \$_____ What is your minimum monthly student loan payment? \$_____
Does Co-Applicant have student loans? <input type="radio"/> Yes <input type="radio"/> No If yes, are they in deferment? <input type="radio"/> Yes <input type="radio"/> No Until when? _____
What is the total balance of your student loans? \$_____ What is your minimum monthly student loan payment? \$_____

Total Combined Debt
Credit Card/ Loan: _____ Balance owed \$_____ Minimum monthly Payment \$_____
Credit Card/ Loan: _____ Balance owed \$_____ Minimum monthly Payment \$_____
Credit Card/ Loan: _____ Balance owed \$_____ Minimum monthly Payment \$_____
Credit Card/ Loan: _____ Balance owed \$_____ Minimum monthly Payment \$_____
Credit Card/ Loan: _____ Balance owed \$_____ Minimum monthly Payment \$_____

If there are additional debts, please provide the above information on a separate sheet of paper and submit with your application

Additional Information	
Are you a first time homebuyer (have not purchased a home during the past 3 years)? <input type="radio"/> Yes <input type="radio"/> No	
Are you a first-generation homebuyer (your parents did not own a home)? <input type="radio"/> Yes <input type="radio"/> No	
Are you currently working with a Realtor? <input type="radio"/> Yes <input type="radio"/> No	Are you currently working with a Lender? <input type="radio"/> Yes <input type="radio"/> No
What is the minimum number of bedrooms needed? _____	Do you have special ADA housing needs? <input type="radio"/> Yes <input type="radio"/> No

I certify that all of the information furnished in this application is true and complete to the best of my knowledge and belief. I understand that any false statements or information can result in a denial of assistance. I understand that my personal information is confidential and will not be shared with anyone without my written consent and authorization.

Disclosure: You are under no obligation to receive, purchase or utilize any other services offered by Newtown, or its exclusive partners, in order to receive housing counseling services. Prior to your appointment with a housing counselor, you will be provided a Disclosure Statement that describes the services provided by Newtown, as well as any exclusive, financial or other relationships between Newtown and any of its industry partners or associates.

[] I am submitting electronically and I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below, I am electronically signing this application form.

Applicant Signature	Date	Co-applicant Signature	Date
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Newtown provides accessibility, participation, services and employment for all eligible persons regardless of race, color, religion/creed, national origin or ancestry, sex, age, physical/mental disability, veteran status, genetic information or citizenship.

CREATING HOPE AND POSSIBILITY



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