Newtown CDC Intake Application

Please answer all questions & provide all of the information requested. 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 \$40.00 application processing fee (nonrefundable) due on or before the first meeting; however, in some cases the fee may be waived. We will let you know if you must pay the fee when we call to schedule your appointment. 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 \$40.00 fee until you have been notified that your application has been accepted.*

Completed applications can be submitted by email: newtown@newtowncdc.org, or fax: (480) 517-1490.

Applicant Name (First, MI, Last):	Date:							
Current Address:								
City:	State:			ZIP Code:				
Phone:	Email:							
How should we contact you? □ Phone □ Email	How di	How did you hear about Newtown?						
Race (please check one or more of the following):								
☐ American Indian or Alaska Native ☐ Black or A	African American Native Hawaiian or other Pacific Islander							
☐ White ☐ Asian		□ Other						
Ethnicity (check <u>one</u>): ☐ Not Hispanic or Latino ☐ Hispanic	or Latino	r Latino Preferred Language:						
Gender: Birthdate	:		Disabled?	☐ Yes ☐	□ No			
If disabled, explain if you have special needs:	· · · · · · · · · · · · · · · · · · ·							
Highest Level of ☐ High School/GED ☐ Certificate Program ☐ AA Degree ☐ Some College Education: ☐ BA/BS Degree ☐ Some Graduate School ☐ Graduate Degree ☐ Other								
Any household member a Veteran? ☐ Self ☐ Other ☐ No Any household member active US Military? ☐ Self ☐ Other ☐ No								
Are you a US Citizen? ☐ Yes ☐ No Are you a Permanent Resident? ☐ Yes ☐ No								
Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed □ Domestic Partner								
Household Type: ☐ Single Adult ☐ Married with childs	arried with children							
☐ Other ☐ Married without children ☐ Two or more unrelated adults								
Number in household: Number of Adults	Number of Adults (over 18): Number of Chi			ldren (under 18):				
Household Members (List and provide information below for all household members). You do not have to enter your own information again. Please add an additional page if you have additional household members.								
again rease and an additional page it you have additional now	Relationship			Birthdate				
First Name Last Name		to Applicant	Gender	(MM/DD/YYYY)	Age			
Are any household members NOT a US Citizen or Permanent Resident?								

nousenoiu income: List an in	iousenoia members with moome (mora	unig members under 1	o ii tiley are receivili	g payments of any kindj	
	or the last 2 years; full-time or part-time employment; disability compensation,		d any other sources o	of income (SSI/SSDI; child	
Household Member with Income	Employer or Other Income Source	Occupation	Start Date - End date	Yearly Income before Taxes	
Financial / Credit Information	an .				
·	cking account or savings and list curren	t balances. Also tell us	if you've had a bankı	ruptcy or foreclosure and	
☐ Checking Account \$		vings Account \$			
☐ Collections (amount owe	d) \$	nkruptcy/Foreclosure	(discharge date)		
\$ Total minimu	m monthly payment for all debts (credi	t cards, auto & student	loans)		
Are you a first-time homebu	yer (have not owned a home during t	the past three years):	☐ Yes ☐	□ No	
Current Housing: ☐ Ren ☐ Oth	nt Section 8 / Public or Subsidized	d Housing 🔲 Live w	rith Family/Friend	□ Own Home	
Years at Current Address: Monthly Rent: \$					
Are you currently working with	Are you currently working with a lender?				
Are you working with another	program/agency or FSS? \square Yes \square No	o If yes, list agency /	case worker:		
understand that any false sta	ation furnished in this application is tements or information can result in nd will not be shared with anyone w	n a denial of assistanc	ce. I understand tha	at my personal	
partners, in order to receive provided a Disclosure Staten	obligation to receive, purchase or the housing counseling services. Prior nent that describes the services propown and any of its industry partner	to your appointment vided by Newtown, a	with a housing co	unselor, you will be	
	nically and I understand that an election signature. By typing my name below	_	-		
Applicant Signature	 Date	Co-applicant Signat	ure	 Date	

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



