## **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.

Current Address:	Property you are applying for Completed applications can be		y email: ne	ewtowr	n@newtown	cdc.org, or fax:	(480) 517-1490.	_	
City: State: ZIP Code:  Phone: Email:  How should we contact you?   Phone   Email   How did you hear about Newtown?  Race (please check one or more of the following):   American Indian or Alaska Native   Black or African American   Native Hawaiian or other Pacific Islander   White   Asian   Other    Ethnicity (check one):   Not Hispanic or Latino   Hispanic or Latino   Preferred Language:   English   Spanish   Other    Ethnicity (check one):   Not Hispanic or Latino   Hispanic or Latino   Preferred Language:   English   Spanish   Other    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   No    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 children   Female-headed single parent   Male-headed single parent      Other   Married without children   Two or more unrelated adults    Number in household:   Number of Adults (over 18):   Number of Children (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.	Applicant Name (First, MI, Last):						Date:		
Phone:   Email:   How should we contact you?   Phone   Email   How did you hear about Newtown?   Race (please check one or more of the following):   American Indian or Alaska Native   Black or African American   Native Hawaiian or other Pacific Islander   White   Asian   Other	Current Address:								
How should we contact you?   Phone   Email   How did you hear about Newtown?	City:			State:			ZIP Code:		
Race (please check one or more of the following):    American Indian or Alaska Native	Phone:			Email:					
American Indian or Alaska Native	How should we contact you? □ Phone □ Email			How did you hear about Newtown?					
White	Race (please check one or more of	the following):							
Ethnicity (check one): Not Hispanic or Latino	☐ American Indian or Alaska Nativ	re $\Box$	Black or A	frican American 🔲 Native Hawaiian or other Pacific Islander					
Gender:    Birthdate:   Disabled?   Yes   No	☐ White		Asian	□ Other					
If disabled, explain if you have special needs:  Highest Level of	<b>Ethnicity</b> (check <u>one</u> ): ☐ Not Hispa	anic or Latino 🗆	] Hispanic o	r Latino	Preferred Lan	<b>ıguage:</b> 🗆 Englisl	ı □ Spanish □ Othe	r	
Highest Level of 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 children Female-headed single parent Male-headed single parent Married without children Two or more unrelated adults  Number in household: Number of Adults (over 18): Number of Children (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.	Gender:	E	Birthdate:			Disabled?	risabled? ☐ Yes ☐ No		
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 children   Female-headed single parent   Male-headed single parent     Other   Married without children   Two or more unrelated adults     Number in household:   Number of Adults (over 18):   Number of Children (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.     Relationship   Birthdate	If disabled, explain if you have	e special needs	s:						
Are you a US Citizen?	Highest Level of ☐ High School/GED ☐ Certificate Program ☐ AA Degree ☐ Some College								
Marital Status:       Single       Married       Divorced       Separated       Widowed       Domestic Partner         Household Type:       Single Adult       Married with children       Female-headed single parent       Male-headed single parent         Other       Married without children       Two or more unrelated adults         Number in household:       Number of Adults (over 18):       Number of Children (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.       Relationship       Birthdate	Any household member a Veteran? ☐ Self ☐ Other ☐ No Any household member active US Military? ☐ Self ☐ Other ☐ No								
Household Type: Single Adult Married with children Female-headed single parent Male-headed single parent Other Married without children Two or more unrelated adults  Number in household: Number of Adults (over 18): Number of Children (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.  Relationship Birthdate	Are you a US Citizen? ☐ Yes ☐ No Are you a Permanent Resident? ☐ Yes ☐ No								
Other ☐ Married without children ☐ Two or more unrelated adults  Number in household: Number of Adults (over 18): Number of Children (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.  Relationship Birthdate	Marital Status: ☐ Single       ☐ Married       ☐ Divorced       ☐ Separated       ☐ Widowed       ☐ Domestic Partner								
Number in household:         Number of Adults (over 18):         Number of Children (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.         Relationship         Birthdate	<b>Household Type:</b> ☐ Single Ac	dult 🗆 Married	with childre	en 🗆	Female-headed	d single parent 🗆	Male-headed single pa	arent	
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.  Relationship Birthdate	□ Other	☐ Married	without chi	nildren 🔲 Two or more unrelated adults					
again. Please add an additional page if you have additional household members.  Relationship Birthdate	Number in household:	Number	of Adults (	(over 18): Number of Children (under 18):					
Relationship Birthdate						You <u>do not</u> have to	o enter your own infor	mation	
		_			Relationship			Age	
Are any household members NOT a US Citizen or Permanent Resident?	Ave any household	F o HC C:+!	Down	4 Do	+3	- N	[ [		

	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 Please tell us if you have a checon provide the dates.	on 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 \$				
$\square$ Collections (amount owe		nkruptcy/Foreclosure				
	m monthly payment for all debts (credit		-	7.37		
Current Housing: ☐ Re	yer (have not owned a home during to not Section 8 / Public or Subsidized ner:		☐ Yes ☐	□ Own Home		
Years at Current Address:		Monthly Rent: \$				
Are you currently working with a REALTOR?						
Are you working with another	program/agency or FSS?   Yes   No	If yes, list agency /	case worker:			
any false statements or informat	on furnished in this application is true ar cion can result in a denial of assistance. I my written consent and authorization.					
order to receive housing counse	oligation to receive, purchase or utilize a eling services. Prior to your appointmer rvices provided by Newtown, as well as ssociates.	nt with a housing couns	selor, you will be pro	vided a Disclosure		
	ally and I understand that an electronic yping my name below, I am electronicall			oe enforced in the same		
Applicant Signature	Date	Co-applicant Signati	ure	Date		

Household Income: LIST all household members with income (including members under 18 if they are receiving payments of any kind)

CREATING HOPE AND POSSIBILITY

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.