

Newtown CDC Intake Application

Please answer all questions and provide all of the information requested. We will review your application and 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.

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|---|------------------|--|--|--|---|
| Applicant Name (First, MI, Last): | | | | Date: | |
| Current Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Phone: | | Email: | | | |
| How should we contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email | | | How did you hear about Newtown? | | |
| Race (please check one or more of the following): | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native | | <input type="checkbox"/> Black or African American | | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |
| <input type="checkbox"/> White | | <input type="checkbox"/> Asian | | <input type="checkbox"/> Other | |
| Ethnicity (check <u>one</u>): <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino | | | Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____ | | |
| Gender: | | Age: | Birthdate: | | Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If disabled, explain if you have special needs: | | | | | |
| Highest Level of Education: <input type="checkbox"/> High School/GED <input type="checkbox"/> Certificate Program <input type="checkbox"/> AA Degree <input type="checkbox"/> Some College <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other | | | | | |
| Any household member a Veteran? <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/> No | | | Any household member active US Military? <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/> No | | |
| Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner | | | | | |
| Household Type: <input type="checkbox"/> Single Adult <input type="checkbox"/> Married with children <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Other <input type="checkbox"/> Married without children <input type="checkbox"/> Two or more unrelated adults | | | | | |
| Number in household: | | Number of Adults (over 18): | | Number of Children (under 18): | |
| Current Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Section 8 / Public or Subsidized Housing <input type="checkbox"/> Live with Family/Friend <input type="checkbox"/> Own Home <input type="checkbox"/> Other:_____ | | | | | |
| Years at Current Address: | | | Monthly Rent: | | |
| Household Members (List and provide information below for all household members). You <u>do not</u> have to enter your own information again. Please add an additional page if you have additional household members. | | | | | |
| First Name | Last Name | Relationship to Applicant | Gender | Birthdate (MM/DD/YYYY) | Age |
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Are any household members NOT a US Citizen or Permanent Resident? Yes No N/A

Household Income: Please list all household members with income (including members under 18 if they are receiving payments of any kind)
 Provide employment history for the last 2 years; full-time or part-time; self-employment; and any other sources of income (SSI/SSDI; child support; alimony, unemployment; disability compensation, pension, etc.).

| Household Member with Income | Employer or Other Income Source | Occupation | Start Date | Yearly Income before Taxes |
|------------------------------|---------------------------------|------------|------------|----------------------------|
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Financial / Credit Information
 Please tell us if you have a checking account or savings and list current balances. Also tell us if you've had a bankruptcy or foreclosure and provide the dates.

Checking Account \$_____ Savings Account \$_____

Collections (amount owed) \$_____ Bankruptcy/Foreclosure (discharge date) _____

\$_____ Total minimum monthly payment for all debts (credit cards, auto & student loans)

Are you a first-time homebuyer (have not owned a home during the past three years): Yes No

Are you currently working with a REALTOR? Yes No Are you currently working with a lender? Yes No

Are you working with another program/agency or FSS? Yes No If yes, list agency / case worker:_____

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

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