

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, fax: (480) 517-1490, or can be dropped off at Newtown's office.

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		Would you like to receive E-Newsletters from Newtown? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about Newtown?					
Race (please check one of the following): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <i>and</i> White <input type="checkbox"/> Asian <i>and</i> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <i>and</i> White <input type="checkbox"/> American Indian or Alaska Native <i>and</i> Black or African American <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"/> Other <input type="checkbox"/> Married without children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Male-headed single parent					
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:		Have you paid rent late in past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Members (List and provide information below for all household members). You <u>do not</u> have to enter your own information again.					
First Name	Last Name	Relationship to Applicant	Gender	Birthdate	Age
Are any household members <u>NOT</u> a US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					

Household Income: Please list all household members with income who are age 18 years and older.

* Provide employer's name and if full-time or part-time; self-employment; and any other sources of income (SSI / SSDI; child support; alimony, unemployment; disability compensation, pension, etc.).

* List the frequency (how often received - weekly, every two weeks, twice a month, or monthly) and the gross amount of income received (before taxes).

Household Member with Income	Employer or Other Income Source	Start Date	Frequency	Gross Amount
			TOTAL	

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 \$_____ Bankruptcy (discharge date)_____ Foreclosure (date)_____

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

Other Information

What assistance or services are you interested in (check all that apply)?

Credit counseling / debt reduction Financial coaching / education IDA (saving for homeownership)

Help buying a house Homebuyer education course Other _____

Buy a Community Land Trust (CLT) house. List address if there's a specific CLT house: _____

If you are applying for a specific CLT house do not pay the \$40 application fee until you are notified that your application is accepted.

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

If you are wanting to buy a house where do you want to live (please check one or more of the following):

Chandler Mesa Phoenix Scottsdale Tempe Other: _____

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? Yes No If yes, list agency / case worker:

Are you an FSS Participant? Yes No If yes, list case worker / city:

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.

[] Please check here if submitting this form electronically. I am submitting this application form electronically. 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.



Be sure to save your completed form before submitting

