



220 Meyers Street
 CHICO, CA 95928
 (530) 332-0821

Date Received: _____



APPLICATION FOR HOUSING

Applicant Applicant's Name		Co-Applicant Co-Applicant's Name	
SSN	Age	SSN	Age
Phone		Phone	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed)	
Dependents and others who live with you (not listed by Co-Applicant)		Dependents and others who live with you (not listed by Applicant)	
Name	Date of Birth	Name	Date of Birth
	DOB <input type="checkbox"/> M <input type="checkbox"/> F		DOB <input type="checkbox"/> M <input type="checkbox"/> F
	DOB <input type="checkbox"/> M <input type="checkbox"/> F		DOB <input type="checkbox"/> M <input type="checkbox"/> F
	DOB <input type="checkbox"/> M <input type="checkbox"/> F		DOB <input type="checkbox"/> M <input type="checkbox"/> F
	DOB <input type="checkbox"/> M <input type="checkbox"/> F		DOB <input type="checkbox"/> M <input type="checkbox"/> F
	DOB <input type="checkbox"/> M <input type="checkbox"/> F		DOB <input type="checkbox"/> M <input type="checkbox"/> F

PRESENT ADDRESS: OWN RENT

OF YEARS _____

PREVIOUS ADDRESS: OWN RENT

OF YEARS _____

PRESENT ADDRESS: OWN RENT

OF YEARS _____

PREVIOUS ADDRESS: OWN RENT

OF YEARS _____

MONTHLY INCOME:

Gross Monthly Income	Applicant	Co- Applicant	Others
Wages			
Welfare to Work/TANF			
Food Stamps			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Other			
Total	\$	\$	\$

List additional household members over 18 who receive income:

Name:	Age	Monthly Wages
_____	_____	\$ _____
_____	_____	\$ _____

Self Employment

Self employed applicants please include tax returns and financial statements as well as recording income below.

Name	Income Source	Monthly Income	Date of Birth

MONTHLY BILLS:

Monthly Bills	Monthly Amount \$\$
Rent	\$
Utilities	\$
Car Payments	\$
Insurance	\$
Child Care	\$
Internet service	\$
Cell phone and/or Land Line	\$
Alimony/Child Support	\$
Other	\$
Other	\$
Total	

DEBT: List even if it will not show up on your credit report

Account	APPLICANT			Co-APPLICANT		
	Monthly Payment	Unpaid Balance	Months Left to Pay	Monthly Payment	Unpaid Balance	Months Left to Pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TV's (includes rent-to-own)	\$	\$		\$	\$	

Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total Medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Debt to family or friends	\$	\$		\$	\$	
Total:	\$	\$		\$	\$	

ASSETS:

List Checking & Savings Accounts and any other assets

Assets can include: land, mobile home, stocks etc.

Name and Address of Bank	Account #	Balance
		\$
		\$
		\$
		\$
		\$

Do you own:

- Stove YES NO
- Refrigerator YES NO
- Washer YES NO
- Dryer YES NO

Other _____

Please list your primary vehicles:

Make and Year _____

Make and Year _____

DECLARATIONS:

Please check the box that best answers the following questions for you and the Co-Applicant.

- | | Applicant | Co-Applicant |
|--|--|--|
| 1. Do you have any debt because of a court decision against you? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you declared bankruptcy within the past 4 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you had property foreclosed on in the past 4 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Are you currently involved in a lawsuit? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Are you a registered sex offender? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Are you a US Citizen or permanent resident? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered “yes” to any questions 1-5 or “no” to question 6, please explain below or on separate piece of paper.

- | | Applicant | Co-Applicant |
|--|--|--|
| 1. Were you affected by wildfires? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. If yes, please include FEMA approval or denial letter or some other proof that you were affected. | | |

REFERENCES:

Please include the name and contact information for 2 professional references. Examples include employer, landlord, pastor, social worker, etc.

Reference 1	Reference 2
Name	Name
Relationship	Relationship
Phone	Phone

INFORMATION FOR GOVERNMENT ,MONITORING PROCESS

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Application	Co-applicant
<ul style="list-style-type: none"> I do not wish to furnish this information <p>Race: (applicant may select more than one racial designation)</p> <ul style="list-style-type: none"> American Indian or Alaska Native Native Hawaiian or other Pacific Islander Black/African-American White Asian <p>Ethnicity:</p> <ul style="list-style-type: none"> Hispanic or Latino Non-Hispanic or Latino <p>Sex:</p> <ul style="list-style-type: none"> Male Female <p>Birthdate: ____/____/____</p> <ul style="list-style-type: none"> Disabled Elderly (>62 years) 	<ul style="list-style-type: none"> I do not wish to furnish this information <p>Race: (applicant may select more than one racial designation)</p> <ul style="list-style-type: none"> American Indian or Alaska Native Native Hawaiian or other Pacific Islander Black/African-American White Asian <p>Ethnicity:</p> <ul style="list-style-type: none"> Hispanic or Latino Non-Hispanic or Latino <p>Sex:</p> <ul style="list-style-type: none"> Male Female <p>Birthdate: ____/____/____</p> <ul style="list-style-type: none"> Disabled Elderly (>62 years)
<ul style="list-style-type: none"> Female head of household 	<ul style="list-style-type: none"> Female head of household

