

Goodwill Industries – Manasota HomeBuyer's Club

Family/Household Size: _____ How many dependents (other than those listed by any co-borrower)? _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship	Age	Relationship	Age
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Annual Family or Household Income: \$ _____

Education (please circle one):

- | | |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College | 4. Bachelors Degree |
| 5. Masters Degree | 6. Above Masters Degree |

Referred to HomeOwnership Center by (please circle all that apply):

- | | | | |
|---------------------|---------|------------|-------|
| Print Advertisement | Bank | Government | TV |
| Staff/board member | Walk-In | Friend | Radio |

If you were referred by a bank, which one? _____

CUSTOMER EMPLOYMENT - Last 2 Years

Please Print Clearly

Primary Employer: _____

Title	Hire Date
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Street Address	City	State	Zip Code
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Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

Previous Employer: _____

Title	Hire Date
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Street Address	City	State	Zip Code
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Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Secondary Employer: _____

Title	Hire Date
-------	-----------

Street Address	City	State	Zip Code
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Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

If employed for **LESS THAN TWO** years at one place, continue listing employers on a separate sheet of paper.

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Previous Employer: _____

Title _____ Hire Date _____

Street Address _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Secondary Employer: _____

Title _____ Hire Date _____

Street Address _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

If employed for **LESS THAN TWO** years at one place, continue listing employers on a separate sheet of paper.

HOUSEHOLD INCOME Please Print Clearly

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Can you document your child support/alimony income? If yes, how long will it continue?	_____	_____	_____	_____
If your child or a family member receives SSI, how many more years will the payments continue?	_____	_____	_____	_____
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding seasonal employment, have you worked in this field for two years or more?	Yes	No	Yes	No

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LIABILITIES/DEBT

Please Print Clearly

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. DO NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt?</i> C=Customer A= Co-Applicant N=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
<i>Have your payments been made on time?</i>	Yes	No	Yes	No
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i> If yes, when did it begin? _____</i>				
<i> If yes, when will it be paid out? _____</i>				
<i> If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i> If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

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Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
 If yes, how much? \$

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric		
Water/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Have you attended a First-time HomeBuyer's Education Class?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment.		AM		PM

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize Goodwill Industries-Manasota, Inc. to obtain a credit report (for a fee) and all necessary information (job, rent, financial, etc.) to assist me/us in an evaluation of my/our capacity to successfully accomplish home ownership. I/We understand that the information may be shared with volunteer/advisors, and lenders, in an effort to determine eligibility for mortgage financing and/or develop a plan to correct qualification deficiencies in the pursuit of a mortgage approval.

I/We hereby acknowledge the above information to be true and accurate to the best of my/our knowledge. Goodwill Industries-Manasota, Inc. contracts with Sarasota County, Manatee County and the U. S. Department of Housing and Urban Development to provide services to potential homebuyers. I/We agree that Goodwill Industries-Manasota, Inc. may release information to the proper city/county/state/federal officials, in compliance with the contract and down payment assistance.

I/We hereby authorize Goodwill Industries-Manasota, Inc. to adjust, rearrange, change, satisfy and settle any or all of our debt, obligations, liability or commitments in credit transactions as they may determine to be necessary for our home ownership qualification.

Customer Signature

Date

Co-Applicant Signature

Date