



Homeward Housing Trust Fund Grant/Loan Application

I. APPLICANT INFORMATION

Applicant Name: _____
 Co-applicant's Name: _____
 Address: _____
 City: _____
 County: _____
 Home phone #: _____
 Cell phone #: _____
 Applicant's SS#: _____
 Co-applicant's SS #: _____

Names and ages of other household members:

<u>NAME</u>	<u>AGE</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. EMPLOYMENT AND INCOME INFORMATION

Gross Income on income tax return: _____
(If you don't have to file a tax return, please list gross income for year.)

Applicant's Employer: _____
 Monthly Income Before Taxes: _____

Co-applicant's Employer: _____
 Monthly Income Before Taxes: _____

Other possible sources of income, please fill in the information for all that apply:

<u>Source:</u>	<u>Monthly Amount Received</u>	<u>Received By:</u>		
Social Security	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Social Security Disability	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Pension / Retirement	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Welfare	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Unemployment / Worker's Comp	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Child Support / Alimony (optional)	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Rental Income	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Dividend / Annuity / IRA Income	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Other _____	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Other _____	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other

Please list the employer & address for any other household members 18 or older, who are not full-time students: _____

III. ASSET INFORMATION

	Approximate Balance
Checking	_____
Checking	_____
Savings	_____
Savings	_____
Investments/IRA's	_____
Cash Value - Life Insurance	_____
Other Real Estate Investments	_____

IV. Home Improvement Information if applicable

Address of property: _____
Total amount of project: _____
Grant amount requested: _____
Loan amount requested: _____
Description project: _____

V. Downpayment information if applicable

Address of property purchasing: _____
Purchase price: _____
Lender's name & address: _____
Downpayment required: _____
Grant amount requested: _____
Loan amount requested: _____

VI. AGREEMENT & WAIVER OF CONFIDENTIALITY

My/our signatures authorize Homeward, Inc. to investigate employment status, statements or other data obtained from me/us. A photocopy, or exact reproduction of this agreement and waiver, as Duly executed, shall have the same force and effect as this original.

VII. SIGNATURES

I (We), hereby verify that the information submitted in the application is true and accurate to the best of my (our) knowledge and that I (We), have truly and accurately declared all my (our) income and resources available to me (us). I (We), do also give my (our) permission to supply Homeward, Inc. with any and all information necessary to verify the above information.

In the event that any of the foregoing information is untrue or incomplete, this application shall be rendered null and void.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

Return completed application to: Homeward, Inc. Box 172, Clarion, IA 50525