

SSD Home Counseling Application

Date: _____

Referral From: _____

Name: _____

DOB: _____

SSN#: _____

Phone: _____ (H)

Married/Single: _____

Phone: _____ (W)

Have you owned a home before (Yes/No): _____

If yes, how long ago?: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Number of Years at Address: _____

Name of Landlord/Landlord Address: _____

Previous Address: _____
"Lifting Families As Communities Climb"

City: _____ State: _____ Zip: _____

Number of Years at Address: _____

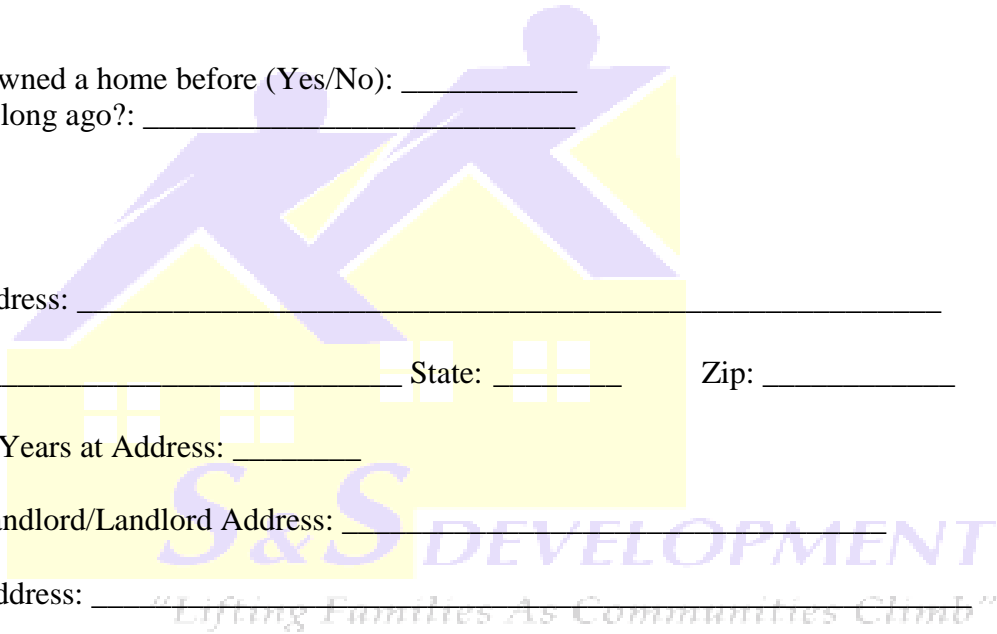
Name of Landlord/Landlord Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Number of Years at Address: _____

Name of Landlord/Landlord Address: _____



Income/Expense Information

Current Monthly Income: \$ _____

Other Income: \$ _____

Monthly Rental Payment: \$ _____

Monthly Expenses (Car Note, Credit Cards, Student Loans, etc.): \$ _____

Car Year/Make/Model: _____

Car Note Company: _____

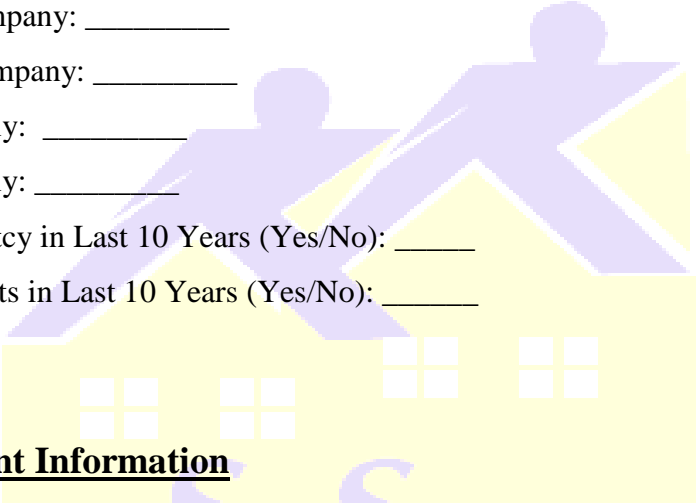
Mortgage Company: _____

Loan Company: _____

Loan Company: _____

Any Bankruptcy in Last 10 Years (Yes/No): _____

Any Judgments in Last 10 Years (Yes/No): _____



Employment Information

Employer: _____

Date of Employment: _____
"Lifting Families As Communities Climb"

Years with Employer: _____

Position: _____

Salary (Annual or Hourly): _____

Previous Employer: _____

Date of Employment: _____

Years with Employer: _____

Position: _____

Salary (Annual or Hourly): _____

Previous Employer: _____

Date of Employment: _____

Years with Employer: _____

Position: _____

Salary (Annual or Hourly): _____

Bank Accounts

Name of Bank: _____ Type of Account(s): _____

Home Preference

Preferred Home Type: Co-op Condo Single-Family Home Multi-Family Home

Primary Preferred Location: _____

"Lifting Families As Communities Climb"

Secondary Preferred Location: _____

Tertiary Preferred Location: _____

When do you see yourself getting a home (Circle One):

6 Months or Less 6-12 Months 12-16 Months 16-24 Months 24 Months or More