



Nazareth Housing Development Corporation • 795 Russell Avenue Akron, OH 44307 • (330) 374-1526 • Fax (330) 374-1569

FULL APPLICATION FOR NAZARETH HOUSING DEVELOPMENT CORPORATION

APPLICANT INFORMATION

Housing Interest: Homeownership Rental Lease Purchase Section 8 Voucher

	Primary Applicant	Co-Applicant
Name (First, Middle, Last):		
Address (Include City & ZIP):		
Primary Phone #	<input type="checkbox"/> Cell	<input type="checkbox"/> Cell
Email Address		
Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male

If you want to purchase a home, please fill out this section. If you want to rent a home, go on to Employment section.

Are you a first-time Homebuyer? (No property in your name in the last 3 years) Yes _____

Name of Bank: _____ Phone Number: _____

Have you attended a Homebuyer's Education Course? Yes* No
*PLEASE ATTACH A COPY OF YOUR HOMEBUYER'S EDUCATION CERTIFICATE OF COMPLETION

If yes Where? _____ When was the course completed? _____

LIST ALL SOURCES OF EMPLOYMENT INCOME FOR THE PAST TWO (2) YEARS

	Primary Applicant		Co-Applicant		Total Monthly
	Name, Address, Contact of Employer	\$ Earned	Name, Address, Contact of Employer	\$ Earned	
Currently					
Last Year					



Nazareth Housing Development Corporation – Affordable Housing Programs

Rental Program Questionnaire

Rental/Residence History			
	Current Residence	Previous Residence	Prior Residence
Street Address			
City State & ZIP			
Last Rent Amount Paid			
Owner Name &			
Phone Number			
Reason for leaving			
Is/Was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Who pays utilities?			
	From/To	From/To	From/To
Dates of Residency			

General Information	
Have you ever been served a late rent notice?	
How many people who would be living there smoke?	
How long do you think you would be renting from us?	
When would you want to move in?	
Have you ever been served an eviction notice? When?	
Have you ever filed for bankruptcy? If so, when?	
How many pets do you have (list type, breed, approximate weight)	
Have you had any reoccurring problems with your current landlord? If yes, please explain:	
Why are you moving from your current address?	
If you were to run into financial difficulty and could not come up with the money to pay your rent, do you have someone who would loan you enough to pay rent? If so please provide their name, phone number, address and relationship so that we can use them as a reference for you.	
Have you been a party to a lawsuit in the past? If yes, please explain why:	
We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?	
How did you hear about us?	

Nazareth Housing Development Corporation – Affordable Housing Programs

PLEASE LIST ALL OTHER SOURCES OF INCOME AND/OR ASSISTANCE FOR THE PAST 2 YEARS

	Total Amount per Month		
	Current Year	Year Prior	Two Years Prior
Child Support			
Alimony			
Pension			
Social Security or SSI			
Disability Benefits			
Food Stamps			
HEAP or PIPP			
Do you have any other income?	If Yes, please attach a separate sheet listing other income		

ASSETS

PLEASE LIST ALL CURRENT ACCOUNTS AS WELL AS ANY THAT WERE OPEN DURING THE PAST TWO (2) YEARS, , EXCLUDING IRA ACCOUNTS.

Name & Contact # of Financial Institution	Checking or Savings Account	Balance

HOUSEHOLD COMPOSITION

INCLUDING YOURSELF AND THE CO-APPLICANT, LIST EVERY PERSON THAT WILL RESIDE IN THE HOME. WE ONLY NEED SSN FOR APPLICANT AT THIS TIME

Name	Relationship	Date of Birth	Social Security #
	YOURSELF		
			NOT REQUIRED
			UNTIL YOU BECOME
			NAZARETH HOUSING
			RENTER OR PURCHASER

DEMOGRAPHIC INFORMATION

BECAUSE WE MUST REPORT ETHNICITY NUMBERS (NOT NAMES) TO HUD, PLEASE SELECT ONE OF THE FOLLOWING THAT BEST DESCRIBES YOU:

APPLICANT _____

CO-APPLICANT _____

- | | | |
|--|--|---|
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE | <input type="checkbox"/> ASIAN |
| <input type="checkbox"/> CAUCASIAN | <input type="checkbox"/> HISPANIC/LATINO | <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC NATIVE |
| <input type="checkbox"/> BLACK/AFRICAN AMERICAN/WHITE | <input type="checkbox"/> ASIAN/WHITE | <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE/WHITE |
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE/BLACK/AFRICAN AMERICAN | | <input type="checkbox"/> OTHER/MULTI-RACIAL |

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DEBTS & EXPENSES

PLEASE TAKE TIME TO THINK ABOUT ALL OF YOUR EXPENSES. HOW DO YOU SPEND YOUR MONEY? IF SOMETHING DOES NOT APPLY TO YOU WRITE IN ZERO (0). IT IS VERY IMPORTANT THAT YOU UNDERSTAND YOUR HOUSEHOLD EXPENSES. IF YOU DON'T KNOW HOW TO MAKE A BUDGET, WE CAN HELP. ALL OUR RENTERS ARE REQUIRED TO COVER ALL UTILITIES, INCLUDING WATER & SEWER, AND THESE MUST BE PAID IN FULL, ON TIME, EVERY MONTH.

CURRENT MONTHLY PAYMENTS

	Monthly amount due	Notes
Rent Payment		
Utilities – Gas, Electric, Water, Sewer		
Utilities – Internet, Cable, Telephone, etc.		
Food, groceries, snacks, fast food, cigarettes, beer, etc.		
Auto Costs: gas, repairs, insurance, maintenance		
Education Costs: Uniforms, tuition, books, fees etc.		
Extras: Hair, nails, video games, movies, etc.		
Insurances: Health, Renter's, Children's Life, etc.		
Students Loans, Credit Cards, Other Loan Payments		
Medical/Dental Debt		
Savings Account(s) Monthly amount deposited		
Child Support, other Helping out family & friends		
Other Monthly Expenses		
Total Monthly Payments		

HOUSING PREFERENCES

PLEASE TELL US ABOUT YOUR IDEAL HOUSING PREFERENCES AND NEEDS

#BEDROOMS: _____ # BATHROOMS: _____ NEIGHBORHOOD: _____

HOUSE STYLE: 2-STORY RANCH CAPE COD SPLIT-LEVEL OTHER: _____

PLEASE WRITE ANY OTHER HOUSING PREFERENCES YOU WISH US TO CONSIDER:

References & Emergency Contacts

Name	Street Address	City, Zip	Phone Number & Relationship

By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the home for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

SIGNATURE(S) _____ *Date Signed* _____