

Neighborhood Housing Partnership OF GREATER SPRINGFIELD

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|------------------------------|--|-----------------------|----------------------|
| Personal Information: | | Date: _____ | |
| Applicant: _____ | | SSN# : _____ | Date of Birth: _____ |
| Street Address: _____ | | | |
| City/State: _____ | | Zip: _____ | |
| Phone#(home): _____ | | Phone#(work): _____ | |
| Marital Status: _____ | | Household size: _____ | |
| Dependents: Name/Age _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Co-applicant: _____ | | SSN# : _____ | Date of Birth: _____ |
| Street Address: _____ | | | |
| City/State: _____ | | Zip: _____ | |
| Phone#(home): _____ | | Phone#(work): _____ | |

| | |
|-------------------------------|-------------------------|
| Income Information: | |
| Applicant Employer: _____ | Annual Income: \$ _____ |
| _____ | _____ |
| Co-applicant Employer: _____ | Annual Income: \$ _____ |
| _____ | _____ |
| Source of Other Income: _____ | Annual Income: \$ _____ |
| _____ | _____ |
| Total Annual Income: \$ _____ | |

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| <p>First-time Homebuyer Survey:</p> <p><i>Have you owned a home in the last 3 years?</i> YES/NO</p> <p><i>Do you have a contract on a home?</i> YES/NO</p> <p><i>Are you working with a Realtor?</i> YES/NO</p> <p><i>Have you contacted a lender?</i> YES/NO</p> | <p>In which program are you interested?</p> <p>Credit Counseling <input type="checkbox"/> Homebuyer Education <input type="checkbox"/> Home Repair/Improvement <input type="checkbox"/></p> <p>Money Management <input type="checkbox"/> Downpayment Assistance <input type="checkbox"/></p> <p>Delinquency Counseling <input type="checkbox"/></p> <p><i>How did you hear about our programs?</i> _____</p> |
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| Home Repair/Homeowner Survey: | |
| <i>Is the home in the city limits?</i> YES/NO | <i>Is the home your primary residence?</i> YES/NO |
| <i>Does the home have three or less dwelling units?</i> YES/NO | |
| <i>What repair or improvement does the home need?</i> _____ | |
| _____ | |