

**Homeownership and Housing Counseling:
Initial Applicant Information and Financial Worksheet**



Please complete and return to: Montana Home Choice Coalition; AWARE Inc.
616 Helena Ave. Ste 305; Helena, MT 59601
Contact for Questions: (406) 449-3120 OR montanahomechoice@aware-inc.org
A Coalition of Montana Citizens, Advocates, Providers, Federal, State, Tribal, and Local Agencies, the Housing Finance community, Realtors, and the Home-building industry working together to create



Name of Borrower: _____ Date: ____/____/____
Street address/City/State/Zip: _____
SS #: _____ - _____ - _____ Home Phone: _____ - _____ Email address: _____
Birth Date: ____/____/____ Number in household: _____ Number of dependents: _____

Gender: M F Marital Status: Married Separated Unmarried

Check all that apply: Single Head of Household Female Head of Household US Veteran
First Time Home Buyer Owned Home in Last 3 Years

Race: American Indian/Alaskan Native Asian/Pacific Islander Black/Non-Hispanic Hispanic
White/Non-Hispanic Other

Citizenship: US Citizen Permanent Resident Non-Resident

Residency Status: Own Rent Length of occupancy: ____ Years ____ Months
Are you currently using a Section 8 voucher?: Yes No
If yes, which agency gives you the voucher?: _____

Education Level : Below HS diploma HS diploma or equivalent 2-years College
Bachelor's Degree Masters or above

HOUSEHOLD INCOME

Please list all income in your household (the people expected to move with you). This includes social security, food stamps, child support, TANF, etc.

Type of Income	Amount (\$) Received Per Month	Who Receives this Income?
Wages		
SSI		
SSDI		
Food Stamps		

DEBT

Please list all debt including the type (credit cards, loans, medical bills, child support, etc.), creditor (which company/institution you owe the money to), the account number if appropriate, the balance (total amount you owe), the monthly payment (this is the minimum amount you have to pay each month). Also note if it is delinquent (overdue).

Type of Debt (Credit Card etc.?)	Creditor	Account #	Balance	Monthly Payment	Is it Delinquent? Yes/No?	Who owes?

Please list any credit issues (bankruptcies, foreclosures, repossessions etc.) and include the dates:

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Type (Bankruptcy, etc.)	Date Occurred	Date Resolved	Who has credit issue?



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ASSETS

List funds available for down payment (savings, trusts, family gift, etc.). Available funds is the amount you can currently withdraw for a down payment.

Type of Asset	Bank/Institution	Account #	Value	Available Funds	Who owns it?

NON-TRADITIONAL CREDIT

List monthly bills such as cable TV, telephone, electric, gas, rent, etc.

Type of Bill	Average Monthly Payment (\$)	Who pays it

PREVIOUS ADDRESS

IF YOU HAVE LIVED SOMEWHERE ELSE IN PAST 2 YEARS PLEASE FILL OUT:

Street Address/City/State/Zip: _____

Residency Status: Own Rent Length of occupancy: _____ Years _____ Months

EMPLOYMENT

If you are currently working, please fill out your current employment information:

Employer Name:	
Street Address/City/State/Zip:	
Contact Phone:	Position/Title:
Start Date:	End Date:

If worked someplace else in last two years, please fill out previous employment:

Employer Name:	
Street Address/City/State/Zip:	
Contact Phone:	Position/Title:
Start Date:	End Date:

Please provide info for EVERY PERSON living in your household.

If you have any questions or concerns do not hesitate to contact

Michael O'Neil, State Director of Montana Home Choice Coalition, at (406) 449-3120 ext. 11.

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**Please make copy of completed application, and mail back to address on 1st page.
call two days after mailing to schedule 1st appointment (phone or in-person). Thank you.**

Please

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In connection with seeking assistance related to obtaining housing financing, finding housing, resolving housing issues or other barriers related to my housing goals; I

authorize

do not authorize

The AWARE Inc Montana Home Choice Coalition to share with potential mortgage lenders, realtors, home sellers, home buyer assistance programs, funding agencies and/or homebuyer education/counseling agencies, housing authorities, housing providers, state housing agencies, land lords, fair housing advocates, legal advocates, energy assistance, and other beneficial assistance providers etc. ; information that I have provided, including any computations and assessments that have been produced based upon such information. These organizations may contact me to discuss loans, homebuyer assistance programs, homes or apartments, and other assistance for which I may be eligible.

I understand that I may revoke my consent to these disclosures by notifying AWARE Montana Home Choice in writing.

Borrower's Name (Print)

Borrower's Name (Print)

Borrower's Signature

Borrower's Signature

Social Security Number

Social Security Number

Date

Date

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