

Universal Program Application



Applicant

| | | |
|------------|-----------|-------|
| First Name | Last Name | Email |
| | | |

| | | | |
|------------|--------------|------------|---|
| Home Phone | Mobile Phone | Work Phone | Preferred Phone |
| | | | <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work |

| | | |
|-----------------|-----------------------|-------------|
| Mailing Address | Date moved to address | |
| | | |
| City | State | Postal Code |
| | | |

| | | |
|--|--|---|
| Date of Birth | Primary Language | Marital Status |
| | | <input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Gender | Race | Ethnicity |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond |

| Educational Attainment | Employment Status |
|--|---|
| <input type="checkbox"/> Less than HS Diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree | <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work |

Co-Applicant

| First Name | Last Name | Social Security |
|------------|-----------|-----------------|
| | | |

| Date of Birth | Phone | Email |
|---------------|-------|-------|
| | | |

| Gender | Race | Ethnicity |
|--|--|--|
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond |

| Educational Attainment | Employment Status |
|--|---|
| <input type="checkbox"/> Less than HS Diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree | <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work |

Additional Household Member #1

| | | |
|--|--|--|
| First Name | Last Name | Date of Birth |
| | | |
| Gender | Race | Ethnicity |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond |
| Is this person a dependent of the Applicant and/or Co-Applicant? | Does this person live in the house more than 50% of the time? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Additional Household Member #2

| | | |
|--|--|--|
| First Name | Last Name | Date of Birth |
| | | |
| Gender | Race | Ethnicity |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond |
| Is this person a dependent of the Applicant and/or Co-Applicant? | Does this person live in the house more than 50% of the time? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Additional Household Member #3

| | | |
|--|--|--|
| First Name | Last Name | Date of Birth |
| | | |
| Gender | Race | Ethnicity |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond |
| Is this person a dependent of the Applicant and/or Co-Applicant? | Does this person live in the house more than 50% of the time? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Additional Household Member #4

| | | |
|--|--|--|
| First Name | Last Name | Date of Birth |
| | | |
| Gender | Race | Ethnicity |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond |
| Is this person a dependent of the Applicant and/or Co-Applicant? | Does this person live in the house more than 50% of the time? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Additional Household Member #5

| | | |
|--|--|--|
| First Name | Last Name | Date of Birth |
| | | |
| Gender | Race | Ethnicity |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond |
| Is this person a dependent of the Applicant and/or Co-Applicant? | Does this person live in the house more than 50% of the time? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Financial History

| |
|--|
| How many times have you been late with your bill payments in the last year? |
| <input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 or more times |
| How much do you typically pay on your monthly credit card bill? |
| <input type="checkbox"/> No credit cards <input type="checkbox"/> The full balance <input type="checkbox"/> Less than the full balance, more than the minimum required <input type="checkbox"/> The minimum required <input type="checkbox"/> Less than the minimum required |
| If have you've been involved in the foreclosure process, what was the date of your first notice of foreclosure? |
| <input type="checkbox"/> / / <input type="checkbox"/> Does not apply |
| If you've declared bankruptcy in the past 7 years, what was the date of your bankruptcy discharge? |
| <input type="checkbox"/> / / <input type="checkbox"/> Does not apply |

Assets

Please list the current the value of all household Assets.
Please enter numbers without dollar signs.

| |
|-------------------------------|
| Checking accounts: |
| |
| Savings accounts: |
| |
| Retirement accounts: |
| |
| Investments: |
| |
| Real Estate: |
| |
| CDs (Certificate of Deposit): |
| |
| |
| Other: |
| |

Debts

Please list all household Debts. Please enter numbers
without dollar signs.

| | |
|------------------|-----------------|
| Credit cards: | Monthly Payment |
| | |
| Education loans: | Monthly Payment |
| | |
| Auto loans: | Monthly Payment |
| | |
| Lines of Credit: | Monthly Payment |
| | |
| Mortgages: | Monthly Payment |
| | |
| Other: | Monthly Payment |
| | |

Employment / Income Source Information

Include each income source any household member receives. Sources of income include earned income from employment as well as benefits, social security and child support.

Income Source #1

| Wage Earner | Income Type | Gross Annual Income |
|--|--|---------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other | |
| Date of Hire | Occupation Description | |
| | | |

Income Source #2

| Wage Earner | Income Type | Gross Annual Income |
|--|--|---------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other | |
| Date of Hire | Occupation Description | |
| | | |

Income Source #3

| Wage Earner | Income Type | Gross Annual Income |
|--|--|---------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other | |
| Date of Hire | Occupation Description | |
| | | |

Income Source #4

| Wage Earner | Income Type | Gross Annual Income |
|--|--|---------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other | |
| Date of Hire | Occupation Description | |
| | | |

Income Source #5

| Wage Earner | Income Type | Gross Annual Income |
|--|--|---------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other | |
| Date of Hire | Occupation Description | |
| | | |

Current Living Situation

| | |
|---|---|
| What best describes your current living situation | How many bedrooms are in your current home? |
| <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents / Relatives / Friends <input type="checkbox"/> Lease Purchase <input type="checkbox"/> Work Housing <input type="checkbox"/> Other | <input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| Current Monthly Rent | Monthly Utilities (gas, water, electricity, etc) |
| | |
| Please describe any special needs or accommodations required by your household. For example, "one-level only" or "at least one ADA-accessible bathroom required." | |
| | |

Homeownership Goals

| | |
|--|--|
| <p>Will you be a first-time homebuyer?</p> | <p>What is your primary reason for wanting to purchase a home?</p> |
| <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><input type="checkbox"/> Desire to own a home of my own <input type="checkbox"/> Desire for larger home <input type="checkbox"/> Change in family situation <input type="checkbox"/> Affordability of homes <input type="checkbox"/> Desire for a home in a better area <input type="checkbox"/> Desire to be closer to job/school/transit <input type="checkbox"/> Financial security <input type="checkbox"/> Provides stability for children <input type="checkbox"/> High rental costs in relation to income <input type="checkbox"/> Other</p> |
| <p>Which of the following are barriers to buying a home?</p> | <p>In how many months do you expect to be financially ready to purchase a home?</p> |
| <p><input type="checkbox"/> Residency <input type="checkbox"/> Insufficient income <input type="checkbox"/> Over income <input type="checkbox"/> Too many assets <input type="checkbox"/> Poor credit history <input type="checkbox"/> Insufficient savings for down payment <input type="checkbox"/> Debt <input type="checkbox"/> Lack of references <input type="checkbox"/> Pending divorce <input type="checkbox"/> Pets <input type="checkbox"/> Own existing home <input type="checkbox"/> None</p> | <p><input type="checkbox"/> Less than 1 month <input type="checkbox"/> 2-4 months <input type="checkbox"/> 5-7 months <input type="checkbox"/> 7-9 months <input type="checkbox"/> 10 or more months</p> |
| <p>How much do you currently have saved specifically for buying a home (down payment, closing costs, etc)?</p> | <p>In which areas are you interested in purchasing? Please click the link above to view a list of neighborhoods, then choose the Wards from the list below.</p> |
| | |
| <p>What is most important to you about the neighborhood in which you purchase a home? Choose your top 3.</p> | <p>How many bedrooms would you like in your new home?</p> |
| <p><input type="checkbox"/> Schools <input type="checkbox"/> Safety/crime <input type="checkbox"/> Proximity to work/school <input type="checkbox"/> Proximity to amenities <input type="checkbox"/> Proximity to family/friends <input type="checkbox"/> Strong housing market <input type="checkbox"/> Part of the shared equity program</p> | <p><input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> |