

**HOUSE PROGRAM
Pre-Application**

Name of Tenant / Head of Household:		Birth Date:		Social Security Number:	
Address (Street/City/State/ZIP Code):					
Home Phone Number:	Work Phone Number:	Gender (circle one): Male Female	Marital Status (circle one): Married Single (never married) Separated Divorced		Total number of Household Members: <input type="text"/>
Housing Specialist/Agent:				County:	

Please answer each question below:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you a Family Self-Sufficiency Participant in LCHA's FSS Program?
<input type="checkbox"/>	<input type="checkbox"/>	Do you owe LCHA any money?
<input type="checkbox"/>	<input type="checkbox"/>	Have you completed FSS Financial Management/Economic Literacy counseling? Credit score: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you received TANF in past 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Are you disabled or age 62 or older? If YES, do you receive SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in an Individual Development Account (IDA) or other self-sufficiency program? If YES, what agency administers the IDA or self-sufficiency program? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever owned a home or any other real estate or had your name on any real estate deed?
<input type="checkbox"/>	<input type="checkbox"/>	Do you desire to purchase home with another person or co-borrower? If YES, complete the following:
		Co-Applicant name: _____ Social Security Number: _____
		Co-Applicant's relationship to Applicant (circle one): Spouse Unrelated Other Adult Relative
<input type="checkbox"/>	<input type="checkbox"/>	Are you employed? If YES, complete the following:
		Employer's Name: _____ Employer's Phone: _____
		Employer's Address (Street/City/State/ZIP Code): _____ Number of years on the job: _____
		Position: _____ Hours worked per week: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you received Rental Assistance from LCHA for more than 1 year?
<input type="checkbox"/>	<input type="checkbox"/>	If Section 8, are you in good standing with your landlord (including owing no past rent)?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a tenant caused HQS unit inspection violation in the past year?

Why do you want to own a home?

Income, Assets, and Debts – List the income, assets, and debts of ALL applicants

Sources of Income (List employment income, child support, welfare, alimony, social security, SSI, pension, etc.):

Source:	Amount per month: \$
Source:	Amount per month: \$
Source:	Amount per month: \$
Source:	Amount per month: \$

Sources of Assets:

Yes No

Does Applicant(s) have a checking account?
If YES, current balance: \$ _____

Does Applicant(s) have a savings account?
If YES, current balance: \$ _____

Applicant(s) Debt:

Yes No

Does Applicant(s) have credit card(s)?
If YES, current amount owed on ALL cards: \$ _____

Does Applicant(s) have an installment loan (car or furniture loan)?
If YES, current amount owed on ALL installment loans: \$ _____

Does Applicant(s) have other debts owed?
If YES, list amount owed: \$ _____

Is the Applicant(s) responsible for paying child support or alimony?
If YES, list monthly payments: \$ _____

Monthly Rent Payment (portion that you pay – do not include amount that LCHA pays on your behalf): \$ _____

Monthly Utility Payment: \$ _____

Is the Applicant(s) currently delinquent (late payments) or in default (failure to pay) on any debt, loan, or financial obligation? List debts: _____

Has Applicant(s) declared Chapter 7 bankruptcy in the past 7 years? If yes, date _____

Has Applicant(s) declared Chapter 11 bankruptcy in the past 7 years? If yes, date _____

Authorization:

I authorize the Lonoke County Housing Authority (LCHA) and/or its contracted agent to access any information they deem necessary to process my pre-application for the HCV Homeownership Program.

Applicant

Date

Applicant

Date

If you have questions or need more information please call: (870) 552-3554.

Return completed form to:

Lonoke County Housing Authority
Homeownership Program
PO Box 74
Carlisle, AR 72024-0074

LCHA Use Only	
Voucher Number: _____	FSS Number: _____
HAP: _____	FSS Escrow: _____
UAP: _____	FSS Initial Start Date: _____
Annual Income: _____	FSS Initial End Date: _____



Lonoke County Housing Authority

PO Box 74 617 N. Greenlaw Carlisle, AR 72024
E-mail: lonokepha@lonokepha.com

Office: (870) 552-3554, ext. 108 Fax: (870) 552-3555
TTD/TTY: 800-545-1833, ext. 828

Authorization for Release of Credit Reports

**This release is valid for 15 months from date signed.
A photocopy of this release is as valid as the original.**

Client Name: _____

SSN: _____ Birth date: _____

I authorize the release of the following information for verification purposes the following applicable information:

- ◇ Past and present employment or income records,
- ◇ Bank account, stock holdings, and any other assets balances,
- ◇ Past and present landlord references,
- ◇ Credit report,
- ◇ and any other consumer credit references.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et. seq., LCHA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that my financial records will be available to LCHA without further notice or authorization, but will not be disclosed or released by LCHA to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

Your prompt reply is greatly appreciated.

Signature

Date