

HOUSING AUTHORITY OF THE CITY OF FREDERICK

HOMEOWNERSHIP PROGRAM APPLICATION

Date:		Voucher No.:		Number of People in Household:	
Current No. Of Bedrooms in rental unit:		Is Head of household disabled? ___ Yes ___ No		Is head of household elderly? ___ Yes ___ No	
Applicant Name: (Last, First, MI)		Drivers License #/State:	Date of Birth:		Social Security No.:
Applicant Name: (Last, First, MI)		Drivers License #/State:	Date of Birth:		Social Security No.:
Current Address:			Phone Number:		
Other Adult: (Last, First, MI)		Drivers License #/State:	Date of Birth:		Social Security No.:
List Dependent's Ages:					
Landlord Name:			Phone No.:	How Long? ___ Years ___ Months	
			Contract Rent Amount \$_____	Tenant rent amount \$_____	
Landlord Address: (Include City, State and Zip Code)					

EMPLOYMENT RECORD (Applicant and Co-Applicant)

Applicant's Present Employer:		Years Employed:	Gross Annual Income:	
Address:			\$	From: To: Present
Applicants Previous Employer:		Years Employed:	Gross Annual Income:	
Address:			\$	From: To: Present
Co-Applicants Present Employer:		Years Employed:	Gross Annual Income:	
Address:			\$	From: To: Present
Co-Applicants Previous Employer:		Years Employed:	Gross Annual Income:	
Address:			\$	From: To: Present

VEHICLES

Year Of Vehicle:	Make:	Model:	License Plate No.:
Year of Vehicle:	Make:	Model:	License Plate No.:

ASSETS

CHECKING ACCOUNT Bank: Address:		Account No.:	Balance: \$
SAVINGS ACCOUNT Bank: Address:		Account No.:	Balance: \$
IRA/INVESTMENT Accounts: Address:		Account No.:	Balance: \$
FSS Escrow through HACF? ___ Yes ___ No		Have you had any real estate investments in the past 3 years? ___ Yes ___ No	
Do you expect to receive gift money towards purchase of a home? ___ Yes ___ No If yes, where is the gift coming from and how much do you expect to receive?			

CREDIT CARD INFORMATION (Applicant and Co-Applicant)

Company Name: Address:	Account No.:	Current Balance: \$ Monthly Payment: \$
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Company Name: Address:	Account No.:	Current Balance: \$ Monthly Payment: \$
Company Name: Address:	Account No.:	Current Balance: \$ Monthly Payment: \$

OTHER DEBTS – Installment Loans, Retail Accounts, Student Loans, etc. (Applicant and Co-Applicant)

Company Name: Address:	Account No.:	Current Balance: \$ Monthly Payment: \$
Company Name: Address:	Account No.:	Current Balance: \$ Monthly Payment: \$
Company Name: Address:	Account No.:	Current Balance: \$ Monthly Payment: \$
Are you currently participating in a debt management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name of Debt Company: _____ Years on Plan: _____ Monthly Amount: \$ _____		
Have you every declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, month and year of discharge: _____		

Please be sure to include copies of *all* of the following with your application package:

- _____ Last 2 years' tax returns
- _____ Last 3 months' statements for all bank accounts
- _____ Last 3 pay stubs
- _____ Copy of credit report from within last 90 days for all borrowers
- _____ Mortgage pre-approval letter from lender
- _____ Homeownership Training Certificate
- _____ Picture ID
- _____ Social Security Cards and birth certificates for *all* household members

If you have questions, contact Anglie Liddiard at 301-662-3691 or aliddiard@hacfrederick.org.

Return completed application package to:

**Attn: Angie Liddiard
Housing Authority of the City of Frederick
209 Madison Street
Frederick, MD 21701**