

HOME PARTNERSHIP, INC.
626 Towne Center Drive, Suite 301
Joppatowne, Maryland 21085
Phone: 410-679-3200

APPLICATION

WORKFORCE HOMEOWNERSHIP PROGRAM

Intake Interviewer: _____

Borrower Name: _____

Address: _____

City, State, Zip & County: _____

Home Phone: _____ Work Numbers: _____

Other (cell, pager, etc.): _____

Social Security Number: _____

Marital Status: Married Separated Divorced Single

Y / N Head of Household (Circle One) M / F Gender (Circle One)

Race: American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Pacific Islander White Hispanic

Other, please specify: _____

Co-Borrower Name: _____

Address: _____

City, State, Zip & County: _____

Home Phone: _____ Work Numbers: _____

Other (cell, pager, etc.): _____

Social Security Number: _____

Marital Status: Married Separated Divorced Single

Y / N Head of Household (Circle One) M / F Gender (Circle One)

Race: American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Pacific Islander White Hispanic

Other, please specify: _____

Total number of persons in household: _____

List the names, ages and relationship of all household members including you:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income

Borrower

Employer: _____
Phone Number: _____
Contact Person: _____
How Long: _____
Position: _____
Annual Gross Income: \$ _____
Rate of Pay / Period \$ _____

Co-Borrower

Employer: _____
Phone Number: _____
Contact Person: _____
How Long: _____
Position: _____
Annual Gross Income: \$ _____
Rate of Pay / Period \$ _____

Employer: _____
Phone Number: _____
Contact Person: _____
How Long: _____
Position: _____
Annual Gross Income: \$ _____
Rate of Pay / Period \$ _____

Employer: _____
Phone Number: _____
Contact Person: _____
How Long: _____
Position: _____
Annual Gross Income: \$ _____
Rate of Pay / Period \$ _____

Additional annual income for all household members:

Child Support/Foster Care	\$ _____	Alimony	\$ _____
SS/Social Security	\$ _____	Public Assistance	\$ _____
Veterans Benefits/Disability	\$ _____	Other	\$ _____
Earned Income from all other household members not listed above	\$ _____		

Total: \$ _____

Current Housing:

Own___ Rent___ Live with Family___ Live with Friend___ Housing payment:\$_____

Have you ever owned a home? Yes___ No___

Is your name on title of any residential property Yes___ No___

If yes to any question, please explain:_____

First Mortgage Lender: _____

Contact Name: _____

Phone: _____

Realtor: _____

Phone #: _____

Authorization to Release Information – I hereby give permission to release information included in this application and any and all supporting documents provided herewith, or from my continuing file, to Home Partnership, Inc. and funding sources for this loan agreement.

Loan Terms – I am applying for a **loan** in the amount of _____ for the acquisition and/or rehabilitation of the Real property at _____. I understand and acknowledge that this loan will be secured against the property at an interest rate of Zero percent (0%), with **repayment** upon cessation of the use of the property as my/our principal residence, sale of the property, or default of the terms of the loan.

Borrower Date

Borrower Date