

## HOUSING APPLICATION INFORMATION

The Fuller Center for Housing of Louisville will look at three distinct areas of selection criteria when reviewing potential homeowner partners.

These selection criteria are:

- Your family's actual housing need based on the suitability of your current shelter.
- Your income and ability to pay a mortgage payment.
- Your willingness to participate as a partner with The Fuller Center for Housing of Louisville

### Basic Credit Requirements/Poverty Guidelines

Your income must fall within the income limits described below:

<u>NUMBER IN FAMILY</u>	<u>POVERTY GUIDELINE</u>
1	\$13,400 to \$26,700
2	\$15,300 to \$30,600
3	\$17,200 to \$34,400
4	\$19,100 to \$38,200
5	\$20,650 to \$41,300
6	\$22,200 to \$44,350
7	\$23,700 to \$47,400
8	\$25,250 to \$50,450
9	\$26,750 to \$53,500
10	\$28,300 to \$56,550



## Applicant Checklist

*Please note, your application will not be accepted or deemed complete without the following items being presented all at one time:*

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ \$25.00 Applicant Fee
- \_\_\_\_\_ \$12.00 Co-Applicant Fee
- \_\_\_\_\_ Release Form and Criminal Record Check Form
- \_\_\_\_\_ Driver's License or \_\_\_\_\_ State Issued ID (for all applicants)
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Recent Paystubs (last 4 months)
- \_\_\_\_\_ Award Letters (SSI, Food Stamps, AFDC, VA must be dated current year)
- \_\_\_\_\_ Birth Certificate (for everyone in home or court documents for custody)
- \_\_\_\_\_ Marriage Certificate or \_\_\_\_\_ Divorce Decree

Last 4 payments or bills on all monthly bills:

- |                               |   |
|-------------------------------|---|
| _____ LG&E                    | _____ TV/Internet                                     |
| _____ Water                   | _____ Credit cards                                    |
| _____ Rent Receipts and Lease | _____ Childcare                                       |
| _____ Renters Insurance       | _____ Medical   |
| _____ Car loan                | _____ Bankruptcy Paperwork                            |
| _____ Car insurance           | _____ (discharge letter)                              |
| _____ Cell phone/landline     | _____ 1040 Tax form or W2                             |
|                               | _____ (W2 only if you haven't filed current year yet) |

Include last 4 payments or bills on all other monthly bills not listed here.

**\*\*If something on this list does not apply to you please put "NA" on the line\*\***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Fuller Center Signature \_\_\_\_\_ Date \_\_\_\_\_



Return completed application and all requested documents to:

Fuller Center for Housing Louisville

1351 Catalpa St.  
Louisville, KY 40211

Phone: (502) 272-1377

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a Fuller Center house. Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted to the Fuller Center. All information on this application will be kept strictly confidential.

**1. APPLICANT/CO-APPLICANT INFORMATION**

Applicant's Name			Co-Applicant's Name		
Social Security Number	Date of Birth	Age	Social Security Number	Date of Birth	Age
Home Phone	Best Time To Reach		Home Phone	Best Time To Reach	
Work Phone	Best Time To Reach		Work Phone	Best Time To Reach	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Email Address:			Email Address:		
Dependents and Others who will live with you (not listed by co-applicant)			Dependents and Others who will live with you (not listed by applicant)		
Name	Age	Male/Female	Name	Age	Male/Female
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes -If yes please list address			Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes -If yes please list address		
If Living at the Present Address for Less than Two Years Complete the Following					
Last Address (street, city, state, zip code)			Last Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
<b>2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE</b>					
Date Application Received _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Letter Sent _____		
Date Application Completed _____	Date Sent to Committee _____		Date Letter Sent _____		
Date of Home Visit _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied				



### 3. WILLINGNESS TO PARTNER WITH THE FULLER CENTER

To be considered for a Fuller Center home, you and your family must be willing to complete \_\_\_\_\_ hours of "sweat equity"<sup>11</sup>. A minimum of \_\_\_\_\_ sweat equity hours must be completed by the applicant and immediate family.

I AM WILLING TO COMPLETE THE REQUIRED \_\_\_\_\_ HOURS OF SWEAT EQUITY: Applicant: ☐ Yes ☐ No  
Co-Applicant: ☐ Yes ☐ No

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Other (please describe)

If you rent your current residence, what is your monthly rent payment? \$ \_\_\_\_\_ per month  
(please supply a copy of your lease or a copy of a money order, or cancelled rent check)

In the space below, describe the condition of the house or apartment where you currently live. Why do you need a Fuller home?

If you are approved for a Fuller home, how should your name(s) appear on the legal documents?

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

### 4. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and Address of Current Employer	Years On This Job	Name and Address of Current Employer	Years On This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business	Position	Type of Business	Position

Verify your income by attaching copies of two (2) months of check stubs and/or award letters for applicant and co-applicant.

If Working at Current Job Less Than One (1) Year, Complete the Following Information

Name and Address of Last Employer	Years On This Job	Name and Address of Last Employer	Years On This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

5. MONTHLY INCOME AND COMBINED MONTHLY BILLS					
Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunches	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other (specify)				Alimony/Child Support	
TOTAL	\$	\$	\$	TOTAL	\$

Please attach copies of last month's bills as listed above.

\* NOTE: Self-employed applicant(s) should provide additional documentation such as latest tax returns and/or financial statements.  
DOCUMENTATION VERIFYING ALL SOURCES OF INCOME MUST BE SUBMITTED WITH APPLICATION.

\*\*Others In Household: List additional household members over age 18 who receive income:  
Name Social Security Number Age Monthly Wages Relationship

\$

\$

\$

6. SOURCE OF DOWNPAYMENT AND CLOSING COSTS  
If you are selected for homeownership, you will be required: to make a \$ down payment; and to pay closing costs of approximately \$ prior to moving into your Fuller house. Where will you be getting the money to meet this financial obligation (for example saving, parents)? If you are borrowing money to pay these costs, explain how and from whom:

Applicant	Co-Applicant
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$



Building Homes, Building Lives,  
Changing Communities... Get Involved

*Unless the Lord builds the house, they labor in vain who build it. ~ Psalm 127:1*

### Release Form

I, the undersigned represent that all the statements are true and correct and hereby authorize the person or firm to whom this application is made, any credit bureau, or other investigative agency employed by such person, to investigate all the references and information herein listed, or data obtained from me or any person, pertaining to my credit or personal history.

Owner \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

Co-Owner \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_



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Changing Communities... Get Involved**

*Unless the Lord builds the house, they labor in vain who build it. ~ Psalm 127:1*

## AUTHORIZATION TO CHECK CRIMINAL RECORD

I, \_\_\_\_\_ /  
(First, Middle, and Last Name of Applicant/s), the undersigned, authorized the Fuller Center for Housing of NWLA to obtain information pertaining to any charges and/or convictions I may have for federal and state criminal law violations to determine if I meet the standards for receiving a Fuller Center NWLA Home. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state, or any state or federal government to the extent permitted by state and federal law.

Applicant: \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_  
(M/D/Y applicant signed this form)

Co-Applicant: \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_  
(M/D/Y applicant signed this form)

### PERSONAL DATA (Please Print)

Name of Applicant \_\_\_\_\_  
(First, Middle, Last)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Copied directly from applicant's card)

Driver's Lic. or State Photo ID No. \_\_\_\_\_ State of Issuance \_\_\_\_\_  
(Copied directly from applicant's license or ID)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(M/D/Y) (M/D/Y)

Name of Co-Applicant \_\_\_\_\_  
(First, Middle, Last)

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Copied directly from co-applicant's card)

Co-Applicant Driver's Lic. or State Photo ID No. \_\_\_\_\_ State of Issuance \_\_\_\_\_  
(Copied directly from co-applicant's license or ID)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(M/D/Y) (M/D/Y)