

HOMEOWNERSHIP ASSISTANCE APPLICATION

Making a Difference, One Home at a Time

Please complete this application in full. This form is intended to keep the process clear and respectful while maintaining strong qualification standards. Additional documentation may be requested during review.

1. APPLICANT INFORMATION

Full Name		Date of Birth	
Phone Number		Email Address	
Current Address			
City / State / ZIP			

2. HOUSEHOLD INFORMATION

Number of people in household

Names and ages of household members

3. EMPLOYMENT AND INCOME

Current Employer		Position / Title	
Length of Employment		Monthly Household Income	

Applicants are expected to demonstrate at least 5 years of consistent employment history.

Previous Employment (last 5 years)

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4. FINANCIAL OVERVIEW

Estimated Credit Score (if known)

Current Savings

Monthly Rent / Mortgage

Do you currently have any of the following? (check all that apply)

☐ Credit card debt

☐ Student loans

☐ Auto loans

☐ Other

5. HOUSING NEED

Why are you seeking homeownership assistance?

Current housing situation

☐ Renting

☐ Living with family

☐ Temporary housing

☐ Other

If other, please explain

6. PERSONAL STATEMENT (REQUIRED)

Please provide a personal statement below or attach a separate letter. Tell us your story and background, what homeownership means to you and your family, what you are seeking through this program, and why you believe you are a strong candidate.

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7. REFERENCES (THREE REQUIRED)

Please provide three references who can speak to your character, reliability, or circumstances. Letters of recommendation are not required with this application. After eligibility is determined, letters will be requested from these references if you move forward in the process. Moving forward in the process does not guarantee approval or assistance.

Reference 1

Name	Relationship
Phone / Email	

Reference 2

Name	Relationship
Phone / Email	

Reference 3

Name	Relationship
Phone / Email	

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8. PROGRAM UNDERSTANDING AND CERTIFICATION

Please check each statement to confirm your understanding.

- ☐ I understand that this program maintains high qualification standards while striving to keep the process simple and accessible.
- ☐ I certify that all information provided is accurate and complete.
- ☐ I understand that all applicable federal, state, and local requirements will apply.
- ☐ I agree to provide additional documentation if requested.

9. SIGNATURE

Applicant Signature

Date

Printed Name

APPROVAL CLARIFICATION

Submitting an application or being selected for further consideration does not guarantee approval, funding, or assistance. All applications are subject to review, verification of eligibility, and the availability of program resources.

OUR COMMITMENT

Our organization is committed to removing unnecessary barriers while maintaining integrity and accountability. We believe every family deserves access to a safe, healthy home, and we strive to make that path clear, respectful, and achievable.