



# ARCHITECTURE FOR CHARITY OF TEXAS, INC.

14841 Dallas Parkway, Suite 125. Dallas, TX 75254. 469-841-2282

## HOME OWNERSHIP APPLICATION

EQUAL HOUSING OPPORTUNITY

(No discrimination on the basis of race, color, religion, sex, national origin, familial status or disability)

### APPLICANT INFORMATION

DATE: \_\_\_\_\_

FULL NAME:

Last

First

Middle

SOCIAL

SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(A copy of the original SS Card is required)

HOME

ADDRESS:

Street

City

State

Zip

PHONE: \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_ YEARS \_\_\_\_ MONTHS

LANDLORD INFORMATION:

Name

Address

Phone

**IF CURRENT ADDRESS LESS THAN TWO (2) YEARS, PLEASE PROVIDE PREVIOUS ADDRESS:**

HOME

ADDRESS:

Street

City

State

Zip

HOW LONG AT THIS ADDRESS? \_\_\_\_ YEARS \_\_\_\_ MONTHS

LANDLORD INFORMATION:

Name

Address

Phone

DRIVER'S LICENSE (STATE / NUMBER): \_\_\_\_\_ (A copy of the original Driver's License is required)

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING ONE ANSWER:**

1. HAVE YOU LIVED IN THE CITY OF DALLAS FOR AT LEAST ONE (1) YEAR? [Y] \_\_\_ [N] \_\_\_
2. HAVE YOU AND/OR YOUR SPOUSE OWNED A HOME IN THE PAST THREE (3) YEARS: [Y] \_\_\_ [N] \_\_\_
3. ARE YOU AT LEAST 18 YEARS OF AGE? [Y] \_\_\_ [N] \_\_\_
4. WHAT IS YOUR MARITAL STATUS? [SINGLE] \_\_\_ [MARRIED] \_\_\_ [CIVIL UNION] \_\_\_ [DIVORSED] \_\_\_ [WIDOWED] \_\_\_
5. ARE YOU AND/OR YOUR SPOUSE A PERMANENT RESIDENT OR US CITIZEN? [Y] \_\_\_ [N] \_\_\_
6. HOW MANY HOUSEHOLD MEMBERS ARE OVER THE AGE OF 18? [1] \_\_\_ [2] \_\_\_ [3] \_\_\_ [4] \_\_\_ [5] \_\_\_ [6+] \_\_\_
7. HOW IS YOUR IS YOUR CREDIT? [BAD] \_\_\_ [FAIR] \_\_\_ [GOOD] \_\_\_ [EXCELENT] \_\_\_ [DON'T KNOW] \_\_\_
8. ARE YOU AND/OR YOUR SPOUSE IN DELINQUENT STATUS WITH THE IRS? [Y] \_\_\_ [N] \_\_\_
9. ARE YOU AND/OR YOUR SPOUSE IN DELINQUENT STATUS WITH STUDENT LOANS? [Y] \_\_\_ [N] \_\_\_
10. WOULD YOU BE ABLE TO CONTRIBUTE WITH A MINIMUM OF \$1,000.00 DOWN PAYMENT? [Y] \_\_\_ [N] \_\_\_
11. HOW MANY HOUSEHOLD MEMBERS ARE EMPLOYED? [1] \_\_\_ [2] \_\_\_ [3] \_\_\_ [4] \_\_\_ [5] \_\_\_ [6+] \_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS RELATED TO YOUR INCOME AND EXPENSES:**

12. WHAT IS THE TOTAL HOUSEHOLD GROSS ANNUAL INCOME? \$ \_\_\_\_\_
13. SELECT ALL THE YEARS OF INCOME TAX RETURNS YOU HAVE AVAILABLE: [2021] \_\_\_ [2020] \_\_\_ [2019] \_\_\_
14. HOW ARE YOU PAID? [HOURLY] \_\_\_ [SALARY] \_\_\_ / [WEEKLY] \_\_\_ [BI-WEEKLY] \_\_\_ [MONTHLY] \_\_\_  
 SPOUSE? [HOURLY] \_\_\_ [SALARY] \_\_\_ / [WEEKLY] \_\_\_ [BI-WEEKLY] \_\_\_ [MONTHLY] \_\_\_ [N/A] \_\_\_
15. WHAT IS THE METHOD OF PAYMENT? [CASH] \_\_\_ [CHECK] \_\_\_ [DIRECT DEPOSIT] \_\_\_  
 SPOUSE? [CASH] \_\_\_ [CHECK] \_\_\_ [DIRECT DEPOSIT] \_\_\_
16. HOW LONG HAVE YOU BEEN WITH CURRENT EMPLOYER? \_\_\_ YEARS \_\_\_ MONTHS  
 SPOUSE? \_\_\_ YEARS \_\_\_ MONTHS
17. DO YOU RENT OR LIVE WITH FAMILY? \_\_\_\_\_ WHAT IS YOUR MONTHLY RENT? \$ \_\_\_\_\_
18. DO YOU OWE MORE THAN \$1,000.00 IN MEDICAL BILLS? [Y] \_\_\_ [N] \_\_\_

WHAT MONTHLY PAYMENTS DO YOU CURRENTLY MAKE?	
MAJOR CREDIT CARDS:	\$ _____
DEPARTMENT STORE CREDIT CARDS:	\$ _____
AUTO LOAN:	\$ _____
STUDENT LOANS:	\$ _____
FINANCE COMPANY LOAN:	\$ _____
CHILD SUPPORT:	\$ _____
ALIMONY:	\$ _____
OTHER: _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

HOW MANY MEMBERS IN YOUR HOUSEHOLD?		
CHECK ONE	HOUSEHOLD SIZE	INCOME LIMIT
<input type="checkbox"/>	1	\$ 48,300.00
<input type="checkbox"/>	2	\$ 55,200.00
<input type="checkbox"/>	3	\$ 62,100.00
<input type="checkbox"/>	4	\$ 68,950.00
<input type="checkbox"/>	5	\$ 74,500.00
<input type="checkbox"/>	6	\$ 80,000.00
<input type="checkbox"/>	7	\$ 85,500.00
<input type="checkbox"/>	8	\$ 91,050.00

DO YOU RECEIVE ANY ADDITIONAL INCOME PER MONTH?	
SOCIAL SECURITY BENEFITS:	\$ _____
DISABILITY:	\$ _____
WORKERS COMP:	\$ _____
UNEMPLOYMENT:	\$ _____
CHILD SUPPORT:	\$ _____
ALIMONY:	\$ _____
OTHER: _____	\$ _____
OTHER: _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**HOUSEHOLD MEMBERS**

NAME	DATE OF BIRTH	YEARS OF SCHOOL	RELATIONSHIP	SOCIAL SECURITY	MONTHLY INCOME
			HEAD	____ - ____ - ____	\$ _____
				____ - ____ - ____	\$ _____
				____ - ____ - ____	\$ _____
				____ - ____ - ____	\$ _____
				____ - ____ - ____	\$ _____
				____ - ____ - ____	\$ _____

**FINANCIAL AND ASSETS INFORMATION**

ACCOUNT TYPE	BANK NAME	ACCOUNT NUMBER	BALANCE
CHECKING			\$ _____
CHECKING			\$ _____
SAVINGS			\$ _____
SAVINGS			\$ _____
OTHER ASSETS			AMOUNT / VALUE
CASH SAVINGS:			\$ _____
STOCK & BONDS / 401K / RETIREMENT:			\$ _____
AUTOMOBILE OWNED:			\$ _____
AUTOMOBILE OWNED:			\$ _____

**LAST 2 YEARS EMPLOYMENT HISTORY**

HEAD OF HOUSEHOLD

DATE MONTH & YEAR	EMPLOYER NAME	ADDRESS	POSITION HELD
FROM:			
TO:			
FROM:			
TO:			

SPOUSE / OTHER

DATE MONTH & YEAR	EMPLOYER NAME	ADDRESS	POSITION HELD
FROM:			
TO:			
FROM:			
TO:			

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application.

SIGNATURE:

PRINT NAME

DATE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

PRINT NAME AND TITLE

DATE: