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|-------|
| Date: |
| Time: |

# HOUSING AUTHORITY OF COVINGTON

|                                      |             |
|--------------------------------------|-------------|
| <b>PRE-QUALIFICATION APPLICATION</b> | Page 1 of 8 |
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**PLEASE PRINT LEGIBLY OR TYPE**

Name of Development Site: HOPE VI / COVINGTON HOMEOWNERSHIP ASSISTANCE PROGRAM

**APPLICANT INFORMATION:**

FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle)

HOME TELEPHONE NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CO-APPLICANT/OTHER ADULT INFORMATION:**

FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle)

HOME TELEPHONE NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F  
(Last) (First)

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F  
(Last) (First)

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F  
(Last) (First)

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F  
(Last) (First)

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F  
(Last) (First)



**GENERAL QUESTIONS:** (To be answered by Head of Household)

1. Have you ever owned a home? (check one)  No  Yes When/How Long? \_\_\_\_\_  
Reason you no longer own the home? \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever had a judgment against you? (check one)  No  Yes When? \_\_\_\_\_
3. Have you ever filed Bankruptcy? (check one)  No  Yes When? \_\_\_\_\_
4. Do you have any accessibility requirements? (check one)  No  Yes Describe: \_\_\_\_\_
5. Do you have Rental/Apartment insurance? (check one)  No  Yes
6. Have you ever had a fire in your home? (check one)  No  Yes
7. Have you or any member of your household been convicted of a felony? (check one)  No  Yes
8. Have you or any member of your household had to repay monies to any PHA? (check one)  No  Yes
9. Are you and all members of your household U.S. Citizens or Legal Residents? (check one)  No  Yes
10. Have you ever been evicted by the Housing Authority of Covington? (check one)  No  Yes
11. Do you agree to participate in pre and post homeownership training and counseling programs if selected to participate in the Homeownership Program? (check one)  No  Yes

**PERSONAL REFERENCES:**

(Other than Relatives or Employers)

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
|      |         |                  |
|      |         |                  |
|      |         |                  |

**EMPLOYMENT DATA:**

**APPLICANT:**

Present Employer: \_\_\_\_\_  
(Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No.: \_\_\_\_\_

Work Fax No.: \_\_\_\_\_

Gross Wages/Salary: \$ \_\_\_\_\_ (check one)  Hourly  Weekly  Monthly  Annual

Previous Employer: \_\_\_\_\_  
(Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No.: \_\_\_\_\_

**CO-APPLICANT/OTHER ADULT:**

Present Employer: \_\_\_\_\_  
(Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No.: \_\_\_\_\_

Work Fax No.: \_\_\_\_\_

Gross Wages/Salary: \$ \_\_\_\_\_ (check one)  Hourly  Weekly  Monthly  Annual

Previous Employer: \_\_\_\_\_  
(Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No.: \_\_\_\_\_

Income eligibility for the HOPE VI Homeownership Assistance Program (*HHAP*) is calculated according to federal guidelines. It is not used to determine credit-worthiness; it is only used to determine program eligibility. All income, as listed below, must be recorded and counted to determine Borrower eligibility, even if that income would be excluded under normal credit underwriting procedures. Therefore, it is possible, for income calculated for the HHAP qualifying purposes to be greater than the income counted for credit underwriting purposes.

**INCOME DATA:** **Total Earnings (Monthly)**

**(All Household Income must be disclosed)**

| TYPE  | APPLICANT | CO-APPLICANT | OTHER ADULT |
|---|-----------|--------------|-------------|
| Base Wages or salary  | \$        | \$           | \$          |
| Overtime, shift differential  |           |              |             |
| Bonuses   |           |              |             |
| Part-time employment  |           |              |             |
| Commission Income   |           |              |             |
| Income from the operation of a Business, including Rental Income  |           |              |             |
| Social Security   |           |              |             |
| Child Support/Alimony   |           |              |             |
| Periodic payment from trusts, annuities, pensions, inheritances, retirement plans, insurance policies, lottery winnings paid in periodic payments, recurring monetary contributions or gifts  |           |              |             |
| All public assistance (excluding Medicaid and Food Stamps)  |           |              |             |
| Interest/Dividends  |           |              |             |
| Amount by which education grants, scholarships or veteran administration benefits are intended as a substances allowance to cover rent, utility cost, and board of a student living away from home. (Do not include any portion of a student loan in income). |           |              |             |

(Please attach copies of the following: Verification of Income (i.e. paycheck stubs for previous three months) and Bank statements (all pages, for previous three months) for all adult family members whose signature will appear on any loan or mortgage documents.



**INCOME DATA: (continued) Total Earnings (Monthly)**

| TYPE  | APPLICANT | CO-APPLICANT | OTHER ADULT |
|---|-----------|--------------|-------------|
| Payments in lieu of earnings including employment benefits, workers compensation, severance pay, disability or death benefits.                    | \$        | \$           | \$          |
| All regular pay, special pay and allowances of a member of the armed forces, not including hazardous duty pay (whether or not living in the unit) |           |              |             |
| Imputed income from savings, stocks, bonds or other investment assets.  |           |              |             |
| <b>Total Monthly Housing Income from all Sources:</b>   |           |              | <b>\$</b>   |

**ASSETS:**

Bank and Branch: \_\_\_\_\_  
(Name and Location)

Checking Account(s): (check one)  No  Yes Balance: \$ \_\_\_\_\_  
(All Accounts)

Saving Account(s): (check one)  No  Yes Balance: \$ \_\_\_\_\_  
(All Accounts)

Bank and Branch: \_\_\_\_\_  
(Name and Location)

Checking Account(s): (check one)  No  Yes Balance: \$ \_\_\_\_\_  
(All Accounts)

Saving Account(s): (check one)  No  Yes Balance: \$ \_\_\_\_\_  
(All Accounts)

Bank and Branch: \_\_\_\_\_  
(Name and Location)

Checking Account(s): (check one)  No  Yes Balance: \$ \_\_\_\_\_  
(All Accounts)

Saving Account(s): (check one)  No  Yes Balance: \$ \_\_\_\_\_  
(All Accounts)

Automobile: \_\_\_\_\_ Present Value: \$ \_\_\_\_\_  
(Year/Make/Model)

Automobile: \_\_\_\_\_ Present Value: \$ \_\_\_\_\_  
(Year/Make/Model)

Other Assets:

Type: \_\_\_\_\_ Present Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Present Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_



**MONTHLY EXPENSES:**

| TYPE of EXPENSE                             | AVERAGE MONTHLY PAYMENT | REMAINING BALANCE |
|---|-------------------------|-------------------|
| Rent  | \$                      | \$                |
| Electricity                                 |                         |                   |
| Gas   |                         |                   |
| Heat (if other than Elect. Or Gas)          |                         |                   |
| Telephone                                   |                         |                   |
| Cable Service – Television                  |                         |                   |
| Computer Service                            |                         |                   |
| Water                                       |                         |                   |
| Sanitation                                  |                         |                   |
| Child Care Expenses                         |                         |                   |
| Life Insurance                              |                         |                   |
| Health Insurance                            |                         |                   |
| Car Insurance                               |                         |                   |
| Automotive Repair/Gasoline                  |                         |                   |
| Food  |                         |                   |
| Clothing                                    |                         |                   |
| Medical Bills                               |                         |                   |
| Dental Bills                                |                         |                   |
| Hospital Bills                              |                         |                   |
| Alimony                                     |                         |                   |
| Child Support                               |                         |                   |
| Student Loan                                |                         |                   |
| Other (church/lunches/etc.)                 |                         |                   |
| Other                                       |                         |                   |
| Other                                       |                         |                   |
| <b>TOTAL MONTHLY HOUSEHOLD EXPENSES: \$</b> |                         |                   |

Are your student loan payments current? (check one)  No  Yes



**MONTHLY EXPENSES:**

(Payment on Loans and Charge Accounts including Automobile and Personal)

| COMPANY or INDIVIDUAL  | MONTHLY PAYMENT | REMAINING BALANCE | PURPOSE of LOAN |
|--|-----------------|-------------------|-----------------|
|  | \$              | \$                |                 |
|  |                 |                   |                 |
|  |                 |                   |                 |
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|  |                 |                   |                 |
| <b>TOTAL MONTHLY PAYMENTS (Loans/Charge Accounts/Automobiles):</b> |                 |                   | <b>\$</b>       |

The Applicant understands that this pre-qualification application is a screening document to insure that potential buyers meet minimum requirements. This pre-qualification does not guarantee the Applicant has or will qualify for financing assistance.

Signature - Head of Household: \_\_\_\_\_

Signature – Co-applicant: \_\_\_\_\_



**APPLICANT’S DEMOGRAPHIC PROFILE:**

The following information is required by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. If you do not wish to furnish the information, please check this option below.

**PLEASE PRINT**

Name of Head of Household: \_\_\_\_\_  
 (Last) (First) (Middle)

- I do not wish to furnish this information.  
 -----
- I am a former resident of Jacob Price Homes and resided in the community between the years 2006-2011.
- I am a current resident of the Housing Authority of Covington.
- I am a current resident of the City of Covington’s Section 8 Program.

**Head of Household (check all that apply)**

- Single
- Married
- Elderly
- Single parent with children
- Two parents with children
- Other \_\_\_\_\_

**Head of Household Race/Ethnicity**

- African-American
- Native-American
- Asian-American or Pacific Islander
- Hispanic-American
- Caucasian

**Head of Household**

- Male
- Female

**Veteran**

- Yes

**Head of Household Education**

- Grades 1 thru 8
- Grades 9 thru 12
- Technical School
- Some Collage
- Collage Degree (AS/BS/Masters)

**Head of Household/Employed Full-Time (37+ hours/week)**

- Yes





**SIGNATURES**

**AFFIDAVIT:** I/We the undersigned understand that if any of the above information has been intentionally misrepresented, this application may be invalidated making me/us ineligible for the program. I/We hereby authorize the Housing Authority of Covington (“**HAC**”) or its authorized representative<sup>1</sup> to make all necessary inquiries for the purpose of verifying the facts herein stated and those additional documents attached.

|                      |  |              |
|----------------------|--|--------------|
| Applicant Signature: |  | Date Signed: |
| Print Name:          |  |              |

|                                     |  |              |
|-------------------------------------|--|--------------|
| Co-Applicant/Other Adult Signature: |  | Date Signed: |
| Print Name:                         |  |              |

**SIGNATURES MUST BE WITNESSED BY HAC STAFF OR ITS AUTHORIZED REPRESENTATIVE:**

I certify that I am an employee or authorized representative of the **HAC** and that this Application was signed by the above named individual(s) in my presence.

|                    |        |              |
|--------------------|--------|--------------|
| Witness Signature: |        | Date Signed: |
| Print Name:        | Title: |              |

**DO NOT WRITE BELOW THIS LINE, FOR HAC STAFF OR ITS AUTHORIZED REPRESENTATIVE’S USE ONLY**

Annualized Household Income: \$ \_\_\_\_\_

Percent of AMI based on family size: \_\_\_\_\_ %

Action Taken:  Approved  Not Approved  Provisional Approval

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|             |        |              |
|-------------|--------|--------------|
| Signature:  |        | Date Signed: |
| Print Name: | Title: |              |

<sup>1</sup> Any and all references made to authorized representative shall mean any of the following: contractor or subcontractor for HAC, HACs attorneys, authorized realtors; HAC subsidiaries or affiliates or any other specifically authorized representative.

