



Urban Light
CDC

**Transition to Homeownership
Program**

**Return this application to:
Urban Light Christian Development Corporation
c/o Joy Rediger, Executive Director
1400 S. Madison St. Muncie, IN 47302
765-748-3309**

APPLICATION

Today's Date _____

Name(s) _____

Address _____

City, State, Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Date(s) of Birth for all adults: _____

Social Security Number(s) for all adults: _____

How long have you lived at this address? _____ Monthly Rent \$ _____

Do you receive section 8 (or any type of) housing assistance? YES NO

If yes, amount \$ _____

Emergency Contact:

Name of a person not residing with you: _____

Address _____

City, State, Zip _____ Phone: _____

Relationship: _____

Please list each person who resides in your home.

	SELF		

Do you currently have a checking account? YES NO If No, have you in the past? YES NO

Do you currently have a savings account? YES NO If No, have you in the past? YES NO

Do you currently have a credit card? YES NO If No, have you in the past? YES NO

Have you obtained and reviewed your credit report in the last six months? YES NO

Please answer the following questions.

	APPLICANT	CO-APPLICANT
Are you willing to meet monthly with a Financial Friend?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to work on credit repair with the help of a Financial Friend?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to save money for a down payment for homeownership?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to set financial goals?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to work toward the goal of homeownership?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Why do you want to be a part of Urban Light CDC's Transition to Homeownership Program? _____

Why do you want to own a home? _____

We certify that the information being provided is true to our knowledge, and I/we authorize Urban Light CDC to obtain and access your credit report.

Once selected, I/we understand that if at any time employment status, income, or a family situation changes, I/we will disclose this information to Urban Light CDC.

The information provided in the application is confidential and will not be disclosed to a third party.

IF THIS IS A JOINT APPLICATION, BOTH INDIVIDUALS MUST SIGN.

Applicant Signature

Date

Co-Applicant Signature

Date

Consent and Authorization to Release Information

By signing below, the applicant(s) consent(s) to the disclosure and release of the following information to Urban Light Christian Development Corporation. Credit information may include verification of employment, savings and checking accounts, credit balances, consumer loan information, payment history, and income record. Other information gathered may include utility records, financial assistance records, hospital financial records, law enforcement agency records, and other governmental and financial records deemed necessary or convenient by Urban Light Christian Development Corporation for the inquiry and administration for the application for housing assistance.

Information gathered by Urban Light Christian Development Corporation during the course of this inquiry will be used for financial assessments and assistance for referrals for homeownership possibilities only and will not be released to any outside entity, except as required by law.

A photographic copy of this signed authorization may be deemed equivalent of the original and may be used as a duplicate of the original.

This authorization has been explained to me/us and is given knowingly in order to facilitate the process of my/our request for assistance. I/We understand that inquiries may be made to my/our past and present employers, financial institutions, landlords, Social Security offices, County agencies or Trustee offices, other federal, state and local agencies, and other entities deemed appropriate or convenient by Urban Light Christian Development Corporation.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Witness Signature _____ Date _____