



Dear Applicant:

Thank you for your interest in North Grand Neighborhood Services' Solomon Project housing program. We would love to have you as a resident. As part of our pre-screening process, we ask that you complete the attached application. This preliminary application focuses upon your financial situation and was designed to help us determine whether you are an appropriate candidate for our program, allowing us to match you with the best method for successful home-ownership. Once we have determined your financial eligibility, we will ask you to complete an additional application, which will focus more heavily upon your motivations and commitment to the community we are striving to empower.

Before you begin our application process, however, you must know that there are many responsibilities involved in homeownership. Please apply only if you are willing to complete our program requirements and actively work on acquiring the necessary skills to become a competent homeowner. You must also be willing to work towards the greater goals of NGNS, teaming with our agency and the other families in the program to improve our neighborhood and community.

In addition to completing the attached application, we ask that you sign the attached Credit Authorization form, granting NGNS permission to check your credit rating.

Please return these items along with your completed application as soon as possible. If you have any questions, please give us a call at 449-1821. Thank you for your interest in our program. We hope to hear back from you soon!

God Bless,

A handwritten signature in cursive script, appearing to read "G. M. Meier".

Gary Meier
Executive Director
North Grand Neighborhood Services

**North Grand Neighborhood Services
Preliminary Housing Application**

Applicant's Name: _____
(last, first middle)

Birth Date: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

How long have you lived at the above address? _____

Landlord's Name _____ Phone _____

Marital Status:

Married Single Divorced Widowed Separated

Co-Applicant's Name: _____
(last, first middle)

Birth Date: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

How long have you lived at the above address? _____

Landlord's Name _____ Phone _____

List below the names of those people who will reside in your home, including yourself:

Name	Age	M/F	Relationship to Applicant
1.			SELF
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Income

Applicant:

Co-Applicant:

Gross Monthly Income
from Employment: \$ _____

Gross Monthly Income
from Employment: \$ _____

Net Monthly Salary: \$ _____

Net Monthly Salary: \$ _____

Social Security: \$ _____

Social Security: \$ _____

Food Stamps: \$ _____

Food Stamps: \$ _____

Disability: \$ _____

Disability: \$ _____

Total Monthly Income: \$ _____

Total Monthly Income: \$ _____

Assets

Applicant:

Co-Applicant:

Cash/Savings/CDs: \$ _____

Cash/Savings/CDs: \$ _____

Vehicle: \$ _____

Vehicle: \$ _____

Other (please list): \$ _____

Other (please list): \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total Assets: \$ _____

Total Assets: \$ _____

Employment

Applicant:

Co-Applicant:

Place of
Employment: _____

Place of
Employment: _____

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Position: _____

Position: _____

Supervisor: _____

Supervisor: _____

Length of Employment: _____

Length of Employment: _____

Expenses

If the information for Co-Applicant is the same as the main applicant, leave the space blank for Co-Applicant

	Applicant:		Co-Applicant:
Rent:	\$ _____	Rent:	\$ _____
Car Payments:	\$ _____	Car Payments:	\$ _____
Monthly Groceries:	\$ _____	Monthly Groceries:	\$ _____
Utilities:	\$ _____	Utilities:	\$ _____
Insurance:	\$ _____	Insurance:	\$ _____
Other ():	\$ _____	Other ():	\$ _____
Total Monthly Expenses:	\$ _____	Total Monthly Expenses:	\$ _____

Are there special circumstances for why your expenses are higher recently, lower recently, or are your recent expenses normal? _____

How did you hear about North Grand Neighborhood Services? Please explain your relationship to our agency and the area we serve. _____



CREDIT AUTHORIZATION

I/we agree that the usual credit inquiries may be made for the purpose of extending credit.

I/we hereby grant permission for North Grand Neighborhood Services to check the consumer & commercial credit bureaus.

Applicant Name: _____

Address: _____

Social Security # _____

Signature

Date

Co-Applicant Name: _____

Address: _____

Social Security # _____

Signature

Date