



Homeownership Opportunities through The Home Trust

P.O. Box 307, Carrboro, NC 27510 919-967-1545

www.communityhometruster.org

Contact our Sales & Marketing Team Today!

DEANNA CARSON
919-967-1545 ext.302

CRYSTAL FISHER
919-967-1545 ext.301



HOMEOWNERSHIP INTAKE FORM

Submit to: Sales Team 104 Jones Ferry Road, Suite C
Carrboro, NC 27510

Date Submitted: ____/____/____

HOUSEHOLD INFORMATION

Primary Applicant

Name:

Last

First

MI

Birthdate: ____/____/____

E-Mail

Street Address

State

Zip Code

Cell: (____) ____-____

Work: (____) ____-____

Fax: (____) ____-____

Have you lived/ worked in Orange County, NC for at least one year? Yes No If no, how long? _____

Marital Status (please circle): Single Married Divorced Separated Widowed

Co-Applicant

Name:

Last

First

MI

Birthdate: ____/____/____

E-Mail

City

Home: (____) ____-____

Cell: (____) ____-____

Work: (____) ____-____

Fax: (____) ____-____

Have you lived/ worked in Orange County, NC for at least one year? Yes No If no, how long? _____

Total Family/Household Size _____

Dependents (18 yrs. or younger), if any:	Date of Birth	Relationship
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Will any of the dependents be enrolled in a full-time undergraduate program within 12 months of this application? Yes No

Has either applicant owned a home within the past 3-years? If yes, please explain.

Is either applicant presently an: undergraduate, graduate or post-graduate student?
Yes No If yes, please indicate which program and when you will graduate.

The following information is requested by the Federal Government for certain types of housing loan applications, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so.

APPLICANT

CO-APPLICANT

_____ I do not wish to furnish this information _____ I do not wish to furnish this information

Race/National Origin

- _____ American Indian, Eskimo, or Aleut
- _____ Asian or Pacific Islander
- _____ African American
- _____ Hispanic origin
- _____ Caucasian
- _____ Other

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- _____ African American
- _____ Hispanic origin
- _____ Caucasian
- _____ Other

Sex: _____ Female _____ Male

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INCOME

Type of Income	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Pension Income		
Self-Employment Income		
Dependent SSI Income		
Disability Income		
Other		

Can you document your child support/alimony income? Yes No

If your child or a family member receives SSI, how many more years will the payments continue? _____

If you receive disability income, is it for a permanent disability? Yes No

PRIMARY APPLICANT EMPLOYMENT

(Circle One) Part-Time Full-Time

Primary Occupation/ Job Title: _____

Primary Employer: _____

Street Suite

City State

Zip Code

Supervisor's Phone: (_____) _____-_____

Gross Annual Income (before taxes): \$ _____

You are paid: ___ weekly ___ every two weeks ___ bi-monthly ___ monthly

Are you paid on a 10 or 12 month basis? _____

Secondary Occupation./ Job Title: _____

Secondary Employer: _____

Street Suite

City State

Zip Code

Supervisor's Phone: (_____) _____ - _____

Gross Annual Income (before taxes): \$ _____

You are paid: ___ weekly ___ every two weeks ___ bi-monthly ___ monthly

Are you paid on a 10 or 12 month basis? _____

CO-APPLICANT EMPLOYMENT

(Circle One) Part-Time Full-Time

Primary Occupation./ Job Title: _____

Primary Employer: _____

Street Suite

City State

Zip Code

Supervisor's Phone: (_____) _____ - _____

Gross Annual Income (before taxes): \$ _____

You are paid: ___ weekly ___ every two weeks ___ bi-monthly ___ monthly

Are you paid on a 10 or 12 month basis? _____

Secondary Occupation./ Job Title: _____

Secondary Employer: _____

Street _____ Suite _____

City _____ State _____

Zip Code _____

Supervisor's Phone: (_____) _____-_____

Gross Annual Income (before taxes): \$_____

You are paid: ___weekly ___every two weeks ___bi-monthly ___monthly

Are you paid on a 10 or 12 month basis? _____

DEBT

Please list all recurring monthly debt you have, including credit cards, auto loans, student loans, etc. Please use additional sheets, if necessary.

Paid To	Current Balance	Monthly Payment

APPLICANT CO-APPLICANT

Have you made on-time payments?

in the last 12 months? Yes No Yes No

Have you had a Chapter 13 or 11 bankruptcy? Yes No Yes No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, when was it discharged? _____

Please list the approximate value of the following:

LIVING EXPENSES

AVERAGE MONTHLY COSTS	APPLICANT	CO-APPLICANT
Rent		
Electricity		
Gas		
Phone		
Cable		
Water		
Child Care		

LIQUID ASSETS/INVESTMENTS

	APPLICANT	CO-APPLICANT
Checking Account		
Savings Account		
Cash		
CD's		
Securities (stocks, bonds, etc)		
Retirement Account		
Other		

Buyers must be able to pay minimum costs for buying and owning a home. How much do you have available to apply to the purchase of your home? _____

ADDITIONAL INFORMATION

	APPLICANT		CO-APPLICANT	
	Yes	No	Yes	No
Have you reviewed your credit report in the last 12 months?				
Are you a Veteran?				
Are you presently working with a Real Estate Agent?				
How did you hear about the Home Trust? (Please circle all that apply):				
Print Advertisement		Bank		Employer
Radio		Realtor		Walk-In
				Staff/Board Member
				Friend
				Other _____
If you were referred by a bank or Realtor, which one? _____				

AUTHORIZATION

I authorize Community Home Trust to:

- (a) Contact client via telephone numbers and email addresses provided on Intake form
- (b) Provide and request information to lenders, government agencies, attorneys, counselors, and employers as necessary to facilitate my home purchase transaction.

Certification:

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand the completion of this application does not guarantee that I will receive housing.

Applicant's Signature

Date

Co-Applicant's Signature

Date