



**You can also have a decent home to live and work in our community**

## **HOMEOWNERSHIP APPLICATION**

### **WHAT TO KNOW:**

CHMSN Inc is helping you to pull community resources together to leverage your investment through our leasehold homeownership program. Low-income households are given priority for charitable purposes. Your willingness to cooperate is critical.

You must effectively participate in our homeownership and financial management training sessions with flexible schedules and opportunities to discuss how CHMSN Inc can help.

You must accept our real estate management terms in the lease agreement. The terms will be clearly explained during the training sessions.

Volunteering to help in our community-based nonprofit real estate management program is highly recommended but optional. How you can help will be explained during our training sessions.

For the lease agreement to be personalized and mutually beneficial, you must willingly release and/or discuss details of some confidential information with delegated staff of CHMSN Inc. **ATTACH DOCUMENTS REQUESTED TO YOUR APPLICATION.**

In line with universal human right declaration, the goal in the Housing Act of 1949 is a decent home as landed property for every American family because housing is a basic need to work and live in any community. Therefore, CHMSN Inc. pledges adherence to the letter and spirit of the United States public policy of equal housing opportunity.

**RETURN COMPLETED APPLICATION TO:**

CHMSN Inc., 9113 Lantana Drive, Louisville KY 40229

Applicant Name		Co-Applicant Name	
Social Security Number	Date of Birth ----- Age	Social Security Number	Date of Birth ----- Age
Tel	Time to Reach	Tel	Time to Reach
Work Tel.	Time to Reach	Tel	Time to Reach

Dependents, Age, Male/Female	Dependents, Age, Male/Female

Present Address, City, State, Zip	Present Address, City, State, Zip
Number of years -----own -----rent ----sharing	Number of years -----own -----rent ----sharing

Monthly rent/payment \$----- (attach copy of receipts, checks, or bank statement as evidence)

Are you and the co-applicant willing to effectively participate in our homeownership and financial management training sessions? -----

Are you willing to volunteer as donation to our community development programs? -----

Are you willing to volunteer as needed with minimum compensation? -----

Please explain why you want to move out of the present house or apartment and how CHMSN Inc homeownership program can help you

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PLEASE PRINT HOW YOUR NAMES SHOULD APPEAR ON LEGAL DOCUMENTS:

Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Applicant Employers and Addresses/Telephone	Years on the Job	Type of Business	Your Position
Co-Applicant Employers and Addresses/Tel.	Years on the Job	Type of Business	Your Position

Attach at least 4 current pay stubs and copy of bills below

Gross Monthly Inc.	Applicant	Co-Applicant	Other Household	Monthly Bills	Amount (\$)
Employment Income				Rent	
AFDC/TANF				Utilities	
Food Stamps				Total Car Loans	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunches	
Alimony				Total Credit Paymt	
Child Support				Student Loan Paymt	
Others (Specify)				Alimony/Support	
<b>TOTAL</b>				<b>TOTAL</b>	

Self-employed applicants should provide latest tax returns and financial statements and/or Co-applicant provide all the information on the previous page. Other members of the household should provide the following information:

Name	Social Security Number	Age	Monthly Income/Wage	Relationship

**SOURCE OF GOOD-FAITH DEPOSIT**

If you are selected for CHMSN Inc homeownership program, before moving in, you will be required to make good-faith deposit ranging from \$300.00 to \$1000.00. Where will you get the money? If you are borrowing the money explain from whom and/or how.

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Applicant	Co-Applicant
Name/Address of Bank, Savings & Loan or Credit Union	Name/Address of Bank, Savings & Loan or Credit Union
Account Number ----- Balance (\$)	Account Number ----- Balance (\$)
Name/Address of Bank, Savings & Loan or Credit Union	Name/Address of Bank, Savings & Loan or Credit Union
Account Number ----- Balance (\$)	Account Number ----- Balance (\$)
Name/Address of Bank, Savings & Loan or Credit Union	Name/Address of Bank, Savings & Loan or Credit Union
Account Number ----- Balance (\$)	Account Number ----- Balance (\$)

Do you own?	Yes	No	Do you own?
Stove			Car # 1 Make and Year
Refrigerator			Car # 2 Make and Year
Washer			Car # 3 Make and Year
Dryer			

**DEBT OBLIGATION**

Car Company/Address	Monthly -----Unpaid Months left	Other Company/Address	Monthly -----Unpaid Months left
Furniture Company/Address	Monthly -----Unpaid Months left	Other Company/Address	Monthly -----Unpaid Months left
Credit Cards Company/Address	Monthly -----Unpaid Months left	Alimony/Child Support	\$
		Job related expenses	\$
Medical Company/Address	Monthly -----Unpaid Months left	Child Care, Union dues, etc	\$
Column 1: Subtotal	\$/month	Column 2: Subtotal	\$
		Column 1: Subtotal	\$
		Total Monthly Expenses	\$

	Applicant		Co-Applicant	
	Yes	No	Yes	No
1. Do you have any court judgment debt?				
2. Have you been declared bankrupt within the past seven years?				
3. Have you been properly foreclosed upon in the past seven years?				
4. Are you currently involved in lawsuit?				
5. Are you paying alimony or child support?				
6. Are you a U.S. citizen?				
7. Are you a permanent resident?				

Please explain numbers 1 to 5 on separate sheet as number if yes.

**Authorization and Release:** I understand that by signing below, I am authorizing CHMSN Inc to evaluate my need for the leasehold homeownership program and my ability to make the determined amount of monthly payments. I understand that CHMSN Inc. will verify of all information requested and my responses in this application. I understand I am qualified for CHMSN Inc homeownership program all the processes have been completed and the agreement is signed. The original copy of this application will be retained and protected by CHMSN Inc to extent permitted by the Privacy Act. I convey to CHMSN Inc all rights and title to photographic images, video, or audio recordings during the processes of this application for the purposes of public relations in their charitable endeavor.

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Your Current Address \_\_\_\_\_