

**LEE COUNTY HOUSING DEVELOPMENT CORPORATION  
PROGRAM APPLICATION**

**APPLICANT INFORMATION**

|  |                    |                    |                         |
|--|--------------------|--------------------|-------------------------|
| <b>APPLICANT NAME:</b>                   |                    | <b>SS#:</b>        |                         |
| <b>CO-APPLICANT'S NAME:</b>              |                    | <b>SS#:</b>        |                         |
| <b>HOME PHONE:</b>                       | <b>WORK PHONE:</b> | <b>CELL PHONE:</b> |                         |
| <b>CURRENT ADDRESS (2 year history):</b> |                    |                    | <b># Yrs</b>            |
| <b>CITY:</b>                             | <b>STATE:</b>      | <b>ZIP:</b>        | <b>CURRENT RENT: \$</b> |
| <b>LANDLORD NAME &amp; ADDRESS:</b>      |                    |                    | <b>PHONE:</b>           |
| <b>PREVIOUS ADDRESS:</b>                 |                    |                    | <b>#Yrs</b>             |
| <b>CITY:</b>                             | <b>STATE:</b>      | <b>ZIP:</b>        | <b>CURRENT RENT: \$</b> |
| <b>LANDLORD NAME &amp; ADDRESS:</b>      |                    |                    | <b>PHONE:</b>           |

*\*List additional addresses on back page.*

**DECLARATIONS (circle one)**

|   | <b>A</b> |    | <b>CO-AP .</b> |    |
|---|----------|----|----------------|----|
| Are you a US citizen or Permanent resident alien?   | Yes      | No | Yes            | No |
| Have you and/or your spouse or co-applicant owed a home during the past three years?                            | Yes      | No | Yes            | No |
| Do you have any outstanding unpaid collections or judgments?  | Yes      | No | Yes            | No |
| Have you been declared bankrupt within the past 7 years?  | Yes      | No | Yes            | No |
| Have you had property foreclosed upon or given title or deed in lieu of foreclosure?                            | Yes      | No | Yes            | No |
| Are you a party in a lawsuit?   | Yes      | No | Yes            | No |
| Have you applied for a home through any other non-profit agency?  | Yes      | No | Yes            | No |
| Have you disposed of any major assets in the past two years? If so how much \$ _____                            | Yes      | No | Yes            | No |
| Do you or your Co-Applicant's combined value of assets exceed \$5,000.00  | Yes      | No | Yes            | No |
| Have you ever been awarded child support for any of your children, Regardless of weather or not it is received? | Yes      | No | Yes            | No |
| If yes, in what State or County was it awarded _____  | Yes      | No | Yes            | No |

**HOUSEHOLD INFORMATION**

| Name(s) | Social Security Number | Date of Birth | Sex | Relationship to Applicant | Marital Status<br>M,S,W, D |
|---------|------------------------|---------------|-----|---------------------------|----------------------------|
|         |                        |               |     |                           |                            |
|         |                        |               |     |                           |                            |
|         |                        |               |     |                           |                            |
|         |                        |               |     |                           |                            |
|         |                        |               |     |                           |                            |

Is applicant, co-applicant or any other household member over the age of 18 a full time student? Yes    No

If so, who \_\_\_\_\_

Is anyone in your household expecting a child? Yes    No

Number of persons:    Elderly \_\_\_\_\_    Handicapped \_\_\_\_\_    Native American/Indian \_\_\_\_\_  
                                   White \_\_\_\_\_    Black \_\_\_\_\_    Hispanic \_\_\_\_\_    Indian \_\_\_\_\_    Asian \_\_\_\_\_    Other \_\_\_\_\_  
                                   Farm worker \_\_\_\_\_    Developmentally Disabled \_\_\_\_\_    Homeless \_\_\_\_\_    Other \_\_\_\_\_

Household Type:    Single \_\_\_\_\_    Two-Parent \_\_\_\_\_    Single-Parent \_\_\_\_\_

**APPLICANTS EMPLOYMENT**

|                           |                        |             |
|---------------------------|------------------------|-------------|
| <b>EMPLOYER:</b>          | <b>PHONE:</b>          | <b>FAX:</b> |
| <b>ADDRESS:</b>           | <b>YEARS EMPLOYED:</b> |             |
| <b>POSITION:</b>          | <b>SUPERVISOR:</b>     |             |
| <b>PREVIOUS EMPLOYER:</b> | <b>PHONE:</b>          | <b>FAX:</b> |
| <b>ADDRESS:</b>           | <b>YEARS EMPLOYED:</b> |             |
| <b>POSITION:</b>          | <b>SUPERVISOR:</b>     |             |

