

Co-Applicant Information: Married Separated Single (unmarried, divorced, widowed, etc.) Veteran

Name: _____
First Middle Initial Last
Birthdate (mm/dd/yy) Social Security # Home Phone Alternate Phone
Email Address Preferred Contact? Home Alternate Phone Email

Present Address: _____
Street Address City State Zip

Co-App. Employment Information: I am: Employed Unemployed Retired Unable to work
Employer's Name Work Phone Ok to call?

Street Address City State Zip I have been working there from: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Previous Employer (if less than 2 years at present employer) Work Phone
Street Address City State Zip I was there from: _____ to _____
(mm/dd/yy) (mm/dd/yy)

Check all that apply: Monthly Salary (\$_____) Social Security Income (\$_____) Child Support Income (\$_____) Disability Income (\$_____) Other Income (\$_____) Describe: _____

Highest level of education completed? High School GED Some College College Degree Other _____

How did you hear about INHP?

Advertisement (please specify TV, Newspaper, Radio, Flyer, Mail) _____
 CDC (please specify) _____
 Event (Presentation, Class, Booth- please specify when and where) _____
 Financial Institution (please specify name of company) _____
 Friend/Relative (please list name) _____ Internet Other _____
 Real Estate Agent or Broker (please specify name of realtor) _____

General Questions:

Are there any unpaid collections or judgments against you?
Have you declared bankruptcy in the last 7 years?
Have you had property foreclosed on in the last 7 years?
Are you obligated to pay child support?
Have you co-signed a loan for anyone?
Do you intend to occupy the property as your primary residence?
Do you currently own other property?
Do you have any need for special accommodations?

Applicant

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Co-Applicant

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

If Yes, please explain any necessary accommodations: _____

Appointment Availability:

Please rank the following appointment locations in order of your preference (1= most preferred; 3= least preferred)

_____ Homeownership Center at Glendale _____ INHP Main Office _____ John H. Boner Center
2602 E. 62nd St. Suite 2001 3550 N. Washington Blvd. 2236 E. 10th St.

Please rank the following times in order of your appointment preference (1= most preferred; 4= least preferred)

_____ Morning (8am-10am) _____ Afternoon (11am-2pm) _____ Late Afternoon (2pm-5pm) _____ Evening (5pm-7pm)

Please rank the following days in order of your appointment preference (1= most preferred; 6= least preferred)

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

I specifically authorize and request the release of my credit information and any other relevant information to INHP. A photocopy of this authorization will suffice in place of the original. I/We understand that a valid social security number must be provided to order a credit report; to receive a copy of our credit report we must present a current government issued photo identification. My/Our signature(s) below also acknowledge(s) that I/we have received a copy of INHP's Privacy Notice.

My/Our signature(s) below also authorizes INHP to create a "My INHP" online account at www.inhp.org and indicates my agreement to the account's terms and conditions, which have been provided to me.

Applicant's Signature Date Co-Applicant's Signature Date