



Welcome,

Thank you for choosing the **Homeownership Program** to help you fulfill your dream of becoming a homeowner. We have the tools it takes to help make your dream become a reality.

By completing this application package we will provide **FREE housing counseling** that will help you take the steps you need to meet your goal of being a homeowner.

**All of our housing programs require that you have income and are income based programs.**

Inside this packet you will find a **housing counseling application and a checklist of information** that **MUST** be returned to process your application. **This application must be filled out completely and all supporting documentation provided.**

Please contact the contact the **Homeownership Department at 479-785-2303, 124** for application assistance or **if you need other methods of providing supporting documents. We can provide you other options.**

We are excited to take the homeownership journey with you and look forward to helping you reach your dreams. There are so many possibilities ahead!

Congratulations! You just took the first step to becoming a homeowner!

Homeownership & Asset Development Center

**CRAWFORD-SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL, INC.**

1617 South Zero, P O Box 180070, Fort Smith, AR 72918

479-785-2303

Fax 479-7849029

**Confidentiality Statement**

Information shared with C-SCDC  
staff will be kept strictly  
confidential. These forms will be  
maintained in locked files.

**Client #1 Head of Household (HoH):**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Current Residential Address:\_\_\_\_\_  
City, State, Zip:\_\_\_\_\_ County:\_\_\_\_\_  
Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_  
Email:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Preferred Language:\_\_\_\_\_ (If Other)\_\_\_\_\_  
Education:\_\_\_\_\_ Marital Status\_\_\_\_\_  
Veteran:\_\_\_\_\_ Active Military:\_\_\_\_\_ Disabled:\_\_\_\_\_  
Disabled Dependent:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid	Medicare
Employment Based	State Children's Health Insurance
Direct Purchase	State Health Insurance for Adults

**Work Status (Individuals 13+):**

Employed Full-Time	Employed Part-Time
Migrant Seasonal Farm Worker	Unemployed (Not in Labor Force)
Unemployed (Short-Term 6 months or less)	
Unemployed (Long-Term over 6 months)	

Employer:\_\_\_\_\_ Date of Hire:\_\_\_\_\_

**Client #3 Other Adult:**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Current Residential Address:\_\_\_\_\_  
City, State, Zip:\_\_\_\_\_ County:\_\_\_\_\_  
Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_  
Email:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Preferred Language:\_\_\_\_\_ (If Other)\_\_\_\_\_  
Education:\_\_\_\_\_ Relationship to HoH:\_\_\_\_\_  
Veteran:\_\_\_\_\_ Active Military:\_\_\_\_\_ Disabled:\_\_\_\_\_  
Disabled Dependent:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid	Medicare
Employment Based	State Children's Health Insurance
Direct Purchase	State Health Insurance for Adults

**Work Status (Individuals 13+):**

Employed Full-Time	Employed Part-Time
Migrant Seasonal Farm Worker	Unemployed (Not in Labor Force)
Unemployed (Short-Term 6 months or less)	
Unemployed (Long-Term over 6 months)	

Employer:\_\_\_\_\_ Date of Hire:\_\_\_\_\_

**Household Information:**

Gross Yearly Income (Income before taxes for ALL sources): \$ \_\_\_\_\_

Childcare Expenses (for children under age 12): \$ \_\_\_\_\_ How often Paid \_\_\_\_\_

Number in Houshold \_\_\_\_\_

Signature:\_\_\_\_\_ Date \_\_\_\_\_

Signature:\_\_\_\_\_ Date \_\_\_\_\_

Signature:\_\_\_\_\_ Date \_\_\_\_\_

Signature:\_\_\_\_\_ Date \_\_\_\_\_

**Client #2 Co-Applicant:**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Current Residential Address:\_\_\_\_\_  
City, State, Zip:\_\_\_\_\_ County:\_\_\_\_\_  
Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_  
Email:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Preferred Language:\_\_\_\_\_ (If Other)\_\_\_\_\_  
Education:\_\_\_\_\_ Relationship to HoH:\_\_\_\_\_  
Veteran:\_\_\_\_\_ Active Military:\_\_\_\_\_ Disabled:\_\_\_\_\_  
Disabled Dependent:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid	Medicare
Employment Based	State Children's Health Insurance
Direct Purchase	State Health Insurance for Adults

**Work Status (Individuals 13+):**

Employed Full-Time	Employed Part-Time
Migrant Seasonal Farm Worker	Unemployed (Not in Labor Force)
Unemployed (Short-Term 6 months or less)	
Unemployed (Long-Term over 6 months)	

Employer:\_\_\_\_\_ Date of Hire:\_\_\_\_\_

**Client #4 Other Adult:**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Current Residential Address:\_\_\_\_\_  
City, State, Zip:\_\_\_\_\_ County:\_\_\_\_\_  
Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_  
Email:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Preferred Language:\_\_\_\_\_ (If Other)\_\_\_\_\_  
Education:\_\_\_\_\_ Relationship to HoH:\_\_\_\_\_  
Veteran:\_\_\_\_\_ Active Military:\_\_\_\_\_ Disabled:\_\_\_\_\_  
Disabled Dependent:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid	Medicare
Employment Based	State Children's Health Insurance
Direct Purchase	State Health Insurance for Adults

**Work Status (Individuals 13+):**

Employed Full-Time	Employed Part-Time
Migrant Seasonal Farm Worker	Unemployed (Not in Labor Force)
Unemployed (Short-Term 6 months or less)	
Unemployed (Long-Term over 6 months)	

Employer:\_\_\_\_\_ Date of Hire:\_\_\_\_\_

**Child #1**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

**Child #2**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

**Child #3**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

**Child #4**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

**Child #5**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

**Child #6**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

**Child #7**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

**Child #8**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ SS#:\_\_\_\_\_  
Gender:\_\_\_\_\_ Race:\_\_\_\_\_ Ethnicity:\_\_\_\_\_  
Relationship to HoH:\_\_\_\_\_ Education Level:\_\_\_\_\_  
Disabled:\_\_\_\_\_ Health Insurance:\_\_\_\_\_

**Health Insurance Source:**

Medicaid                  Medicare                  Employer Based  
State Children's Health Insurance                  Direct Purchase

Signature:\_\_\_\_\_  
Head of Household (HoH)

Date:\_\_\_\_\_

Signature:\_\_\_\_\_  
Co-Applicant

Date:\_\_\_\_\_

# The Homeownership and Asset Development Center

## Housing Counseling Disclosure

Crawford-Sebastian Community Development Council, Inc. is a non-profit HUD approved housing counseling agency. These counseling services such as homebuyer education courses, one-on-one credit review and loan preparation counseling are at no charge to you. We recommend different mortgage options or programs to you as a result of this counseling; however, YOU are free to choose your lender, lending products, home and down payment assistance program if you qualify, regardless of the recommendation made by your counselor.

While C-SCDC does offer several programs such as down payment assistance, homes that we have for sale and partnerships with lenders for special loan products, you are at no obligation to use any of those additional services. Some of our down payment assistance programs do require administrative fees that are paid at closing. These fees are paid out of grant funds given to you at closing and are only charged if you close on your home. HUD may look at your file when C-SCDC has their annual review by HUD.

**Counseling Program: HUD**

**Date:** \_\_\_\_\_

**\*I acknowledge receipt of this disclosure and verify that I/we are receiving counseling from C-SCDC in the following areas:**

\_\_\_\_\_ Credit Review Counseling

\_\_\_\_\_ Individual Income Counseling

\_\_\_\_\_ Prepared a monthly budget

\_\_\_\_\_ Pre-Purchase & DPA

\_\_\_\_\_ Refresher Homebuyers Course

**\*I acknowledge that I/we are receiving information from C-SCDC in the following areas:**

For Your Protection: Get a Home Inspection & Ten Important Questions to ask your Home Inspector:

Privacy Policy and Practices of C-SCDC

Housing Services & Fees Price List

\_\_\_\_\_  
Signature: Head of Household (HoH)

\_\_\_\_\_  
Signature: Co-Applicant

**PRIVACY POLICY AND PRACTICES OF  
Crawford-Sebastian Community Development Council, Inc.**

**Home Ownership and Asset Development Center**

We at Crawford-Sebastian Community Development Council, Inc – Home Ownership and Asset Development Center value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

**Information We Collect**

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

**Information We Disclose**

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

**To Whom Do We Disclose**

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

*We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

**Confidentiality and Security**

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

**PRIVACY CHOICES FORM**

**If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box below to indicate your privacy choice.**

I do \_\_\_\_\_, or do not \_\_\_\_\_ allow disclosure of my personal information to unaffiliated 3rd parties (Lenders, Realtors, etc.)

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Signature: Head of Household (HoH)

---

Signature: Co-Applicant

---

Date

## CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my/our tri-merged consumer report, credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my counseling agency, Crawford-Sebastian Community Development Council (hereinafter collectively referred to as "Counselor") for Counselor to review for the purposes of providing housing counseling services, and/or information inquiry purposes. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" and that CREDCO makes no representation or warranty, express or implied, including, but not limited to, implied warranties of merchantability or fitness for a particular purpose and implied warranties arising from a course of dealing or a course of performance with respect to the accuracy, validity or completeness of the report or that it will meet my needs and CREDCO expressly disclaims all such representations and warranties.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss damages, expenses, costs or obligation of any kind of nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

**I authorize the Counselor to discuss with my lender my qualifications and terms of loan. I also, authorize Counselor to release information regarding my credit, income, or qualification assistance to lenders where I have applied for a home mortgage and to funders which provide assistance to homebuyers.**

Please check one: I do \_\_\_\_ or I do not \_\_\_\_ authorize C-SCDC to give specific information about my loan to my realtor.

My Realtor's name is (if applicable): \_\_\_\_\_

**There is no expiration date to this form. Copy is deemed as original.**

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
Signature: Head of Household (HoH)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Client #3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Client #4

\_\_\_\_\_  
Date

A program of Crawford-Sebastian Community Development Council, Inc.  
Affirmative Action/Equal Opportunity Employer

# The Homeownership and Asset Development Center

1617 South Zero Street - P O Box 180070  
Fort Smith, AR 72918  
Phone: 479-785-2303 Fax: 479-784-9029

## Certification of Zero Income

(To be completed by adult household members only, if appropriate)

Household Name: \_\_\_\_\_

**1 I HEREBY CERTIFY THAT I DO NOT INDIVIDUALLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:**

- A. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- B. Income from operation of a business;
- C. Rental income from real or personal property;
- D. Interest or dividends from assets;
- E. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- F. Unemployment or disability payments
- G. Public Assistance Payments;
- H. Periodic allowances such as alimony, child support, or monthly gifts received from persons not living in my household;
- I. Sales from self-employed resources (Avon, Mary Kay, etc);
- J. Any other source not named above.

2 I currently have no income of any kind and there is no imminent change expected in my financial status or employment status.

**SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENTS OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINE UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."**

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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Affirmative Action/Equal Opportunity Employer



# The Homeownership and Asset Development Center

1617 South Zero Street - P O Box 180070  
Fort Smith, AR 72918  
Phone: 479-785-2303 Fax: 479-784-9029

## Certification of No Child Support Income

(To be completed by adult household members only, if appropriate)

Household Name: \_\_\_\_\_

- 1 I hereby certify that I have \_\_\_\_ child or children under the age of 18, but I do not receive child support from the absent parent.
- 2 Please check the one that applies to your situation:
  - a. \_\_\_\_\_ I have a court order child support, but I do not receive any child support income.
  - b. \_\_\_\_\_ I don't have a court ordered child support, and I do not receive any child support income.
- 3 When was the last time you received any child support income from the absent parent?

Date: \_\_\_\_\_ How much? \_\_\_\_\_

**SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENTS OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTICIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FIND UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."**

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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Affirmative Action/Equal Opportunity Employer





# MONTHLY BUDGET WORKSHEET

Household Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Income

Monthly Net Income \$ \_\_\_\_\_

## Expenses

### Living Expenses

Rent	\$ _____
Gas/Oil	\$ _____
Electricity	\$ _____
Water, Sewer	\$ _____
Phone	\$ _____
Food	\$ _____
Cleaning Supplies	\$ _____
Cable TV/Internet	\$ _____
Eating Out	\$ _____
Laundry	\$ _____
Personal/Toiletries (Diapers, etc)	\$ _____
Gasoline	\$ _____
Clothing	\$ _____
Hair Care	\$ _____
Magazines/Books	\$ _____
Tobacco/Alcohol	\$ _____
Entertainment	\$ _____
Prescriptions	\$ _____
Medical Bills	\$ _____
Church/Charity	\$ _____
Child Support	\$ _____
Car Insurance	\$ _____
Pet Care	\$ _____
Misc.	\$ _____
<i>TOTAL LIVING EXPENSES</i>	\$ _____

### Debt Repayments

	%
Car Payment	\$ _____
Credit Card Payments	\$ _____
Other	\$ _____

Student Loans Balance:  \$ \_\_\_\_\_

**Total Debt with student loan debt** \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

**Surplus/Deficit** \$ \_\_\_\_\_

# **Fort Smith Homebuyers Assistance Program**

## **Application Check List**

Homeownership and Asset Development  
Center 1617 South Zero Street  
Fort Smith, AR 72901  
(479) 785-2303

**ALL ADULTS OVER THE AGE OF 18 MUST SIGN THESE DOCUMENTS AND REPORT ALL INCOME**

Completed, Signed, and Dated Application

Completed and Signed Privacy Policy and Practices Form

Signed Housing Counseling Disclosure Form

Signed and Dated Consumer Authorization and Release Form

Completed Monthly Household Budget Form

### **ALL Applicants (Including Children)**

Copy of ID or Driver's License

Copy of Social Security Cards

Copy of ALL Household Income ( All that apply)

\* Last 4 pay stubs

\*Last declaration letter for Social Security/SSI or VA Benefits

\*Child Support/Court Order/Divorce Decree/or Bank Statements showing proof of Child Support received.

\*Self-Employment - last 2 years tax returns

\*Any other form of income

**Your application will not be processed until, we have all of the forms thoroughly completed, signed, dated, attached with copies of ALL household income, I.D. or Driver's License, and Social Security Cards for ALL applicants.**