

Application Information

The Fuller Center for Housing NWLA will look at three distinct areas of selection criteria when reviewing potential “homeowner partners.”

The selection criteria are:

- Your family’s actual housing needs based upon your current living conditions.
- Your credit – debt ratio, credit report, income and ability to pay closing cost and repay a monthly mortgage payment.
- **Your willingness to participate as a partner and complete a minimum 350 sweat equity hours with a minimum of 10 hours per month upon approval, prior to, and during the construction of your home and a minimum of 52 hours a year following the completion and occupancy of your home.**

In order to process your application, you will need the following documents listed below:

1. **Application Processing Fees: \$26.00* Single & \$52.00* Couple** (fee subject to change w/o notice)
*Payable with (“**MONEY ORDER Only**”) **NO CASH or CHECK**
2. **Verification of household income- if employed copies of your (4) most recent check stubs, copies of Award letter/s for ALL Benefit/s you may receive, a copy of the Award Letter for Food Stamps, Aid to Families with Dependent Children (AFDC) and/or Supplemental Security Income (SSI) for everyone that will live in the home.**
3. **Copy of driver’s license or State issued valid state ID**
4. **Social Security Card/s – (Copies for everyone that will live in the home)**
5. **Copy of Birth Certificate/s - (Copies for everyone that will live in the home)**
6. **Marriage Certificate / Divorce Decree**
7. **Rent/Landlord Receipts- (Copies of your last (4) current rent receipts) or a written letter from a parent or relative that you may be residing with if you do not have a rental agreement.**
8. **Copy of last (4) current Utility Bills - (4) Electric (4) Gas & (4) Water Bills**
9. **Bankruptcy – (Discharge Papers or Letter from Bankruptcy Lawyer)**

Incomplete applications will not be accepted. All questions on the applications must be answered for the application to be considered complete. **Please note that the Applicant and any Co-Applicant must both include all the documents listed above.**

**YOUR APPLICATION FEE IS DUE ON THE DAY WE RECEIVE YOUR APPLICATION
ALL APPLICATIONS MUST BE RECEIVED IN PERSON BY APPOINTMENT ONLY**

If you have any questions please contact the Fuller Center office at (318) 865-1237

Basic Credit Requirements/Guidelines

Your income must fall within the income limits described below:

<u>Number in the Family</u>	<u>Gross Annual Income Range*</u>
1	\$12,880 to \$33,350
2	\$17,420 to \$38,100
3	\$21,960 to \$42,850
4	\$26,500 to \$47,600
5	\$31,040 to \$51,450
6	\$34,550 to \$55,250
7	\$36,900 to \$59,050
8	\$39,300 to \$62,850

*Subject to change w/o notice

If you have filed a Chapter 13 Bankruptcy within the past 3 years.

- 1 You must provide written permission from your trustee to obtain additional debt
- 2 There must be no new collections or charge-offs or late payments AFTER the bankruptcy
- 3 present a certificate demonstrating that you received the mandatory credit counseling education from an agency approved by the United States Trustee's office

If you have filed for a Chapter 7 Bankruptcy:

- 1 You must have discharge papers from your attorney
- 2 Show proof of completion of credit counseling from an agency approved by the United States Trustee
- 3 Eligibility is accepted 12 months after the discharge date
- 4 There must be no new collections or charge-offs or late payments AFTER the bankruptcy

Release Form

I / we, the undersigned represent that all the statements are true and correct and hereby authorize the person or firm to whom this application is made, any credit bureau, or other investigative agency employed by such person, to investigate all the references and information herein listed, or data obtained from me or any person, pertaining to my credit or personal history.

Owner
Signature _____ Date _____

Co-Owner
Signature _____ Date _____

MCDC Client Privacy Policy

MCDC and its agents are committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your ‘nonpublic personal information,’ such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Certificate and Authorization Agreement. We may also use anonymous aggregate case file information for evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history

You may opt-out of certain disclosures

- 1) You have the opportunity to ‘opt-out’ of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- 2) If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision regarding your “opt-out”, you may call us at 318-741-5941 and do so.
- 3) Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signed by: _____
Owner

Date: _____

Signed by: _____
Co-Owner

Date: _____



Please call our office to schedule an Appointment, to BRING your completed APPLICATION IN PERSON with ALL REQUESTED DOCUMENTS:

The Fuller Center for Housing of NWLA
4221 Linwood Ave.
Shreveport, LA 71108
(318) 865-1237 Office (318) 865-1239 Fax

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Please complete this application to determine if you qualify for a Fuller Center of Northwest Louisiana home. Please fill out the application completely and attach ALL documents that are requested. **Incomplete application will not be accepted.** All information on this application will be kept strictly confidential.

1. APPLICANT/CO-APPLICANT INFORMATION

Applicant's Name			Co-Applicant's Name		
Social Security Number	Date of Birth	Age	Social Security Number	Date of Birth	Age
Home Phone	Best Time To Reach		Home Phone	Best Time To Reach	
Work Phone	Best Time To Reach		Work Phone	Best Time To Reach	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Dependents and Others who will live with you (not listed by co-applicant)			Dependents and Others who will live with you (not listed by applicant)		
Name	Age	Male/Female	Name	Age	Male/Female
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Present Address (Street, City, State, Zip Code)			Present Address (Street, City, State, Zip Code)		
Number of Years:	<input type="checkbox"/> Own <input type="checkbox"/> Rent		Number of Years:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
If Living at the Present Address for Less than Two Years Complete the Following					
Last Address (Street, City, State, Zip Code)			Last Address (Street, City, State, Zip Code)		
Number of Years:	<input type="checkbox"/> Own <input type="checkbox"/> Rent		Number of Years:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE					
Date Application Received _____	Date sent to Credit Review: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Date Application Completed _____	Date sent to Family Sel. Committee: _____		Date Apprv. / Denied _____		
More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sent to FCHNWLA Board _____		Date Letter Sent _____		

3. WILLINGNESS TO PARTNER WITH THE FULLER CENTER

If, you are approved for a Fuller Center home, ALL applicants agree to complete a minimum of 350 "Sweat Equity Hours" with the "Fuller Center for housing of Northwest Louisiana Inc.

	Yes	No
I AGREE TO COMPLETE A MINIMUM OF 350 HOURS OF SWEAT EQUITY:	Applicant: <input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant: <input type="checkbox"/>	<input type="checkbox"/>

*Number of bedrooms where you live now (Please Circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other (please describe)

If you rent your current residence, what is your monthly rent payment? \$ _____ per month
(Please supply a copy of your lease or a copy of a money order, or cancelled rent check)

In the space below, describe the condition of the house or apartment where you currently live.
Explain below why do you need a Fuller Center home?

If you are approved for a Fuller Center NWLA home, how should your name(s) appear on the legal documents?

Applicant _____ (Please Print) Co-Applicant _____ (Please Print)

4. EMPLOYMENT & EDUCATION INFORMATION

Applicant		Co-applicant	
Name and Address of Current Employer	# Years on This Job	Name and Address of Current Employer	# Years on This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business / Phone # ()	Position	Type of Business / Phone # ()	Position

If Working at Current Job Less Than One (1) Year, Complete the Following Information

Name and Address of Last Employer	# Years on This Job	Name and Address of Last Employer	# Years on This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business / Phone # ()	Position	Type of Business / Phone # ()	Position

Highest level of education completed:

5. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	\$
AFDC/TANF	\$	\$	\$	Utilities Electric, Gas & Water Payments	\$
Food Stamps	\$	\$	\$	Car Payments	\$
Social Security	\$	\$	\$	Insurance (Life / Car)	\$
SSI	\$	\$	\$	Phone / Cell	\$
Disability	\$	\$	\$	Cable	\$
Alimony	\$	\$	\$	Credit Card/s Payment	\$
Child Support	\$	\$	\$	Food	\$
Other (specify)	\$	\$	\$	Alimony/Child Support	\$
TOTAL	\$	\$	\$	TOTAL	\$

Please attach copies of last (4) month's bills as listed above.

* NOTE: Self-employed applicant(s) should provide additional documentation such as latest tax returns and/or financial statements. DOCUMENTATION VERIFYING ALL SOURCES OF INCOME MUST BE SUBMITTED WITH APPLICATION.

**Others In Household: List additional household members over age 18 who receive income:

Name	Social Security Number	Age	Monthly Wages	Relationship
			\$	
			\$	
			\$	

6. Banking and Saving account information. If you do not possess a saving or checking account check N/A in this session

Name and Address of Bank, Saving & Loan, or Credit Union:	Name and Address of Bank Savings & Loan, or Credit Union:

If, you are approved for a Fuller Center Home, you will be **REQUIRED** to **PAY** the **FULL AMOUNT** of your **DOWN PAYMENT / CLOSING COST** not to exceed \$3,500 prior to the occupancy of your **NO Interest NO Finance Home**. You may begin paying toward your closing cost upon approval. Please explain when you will begin and how you be paying your closing cost. (For example, monthly payments, income tax return, etc.). We do not encourage or endorse borrowing money to pay your closing cost. You may pay this through monthly installments or through a savings plan: **Please write your payment plan out and attached the document to this page.**

Do you own a:	Yes	No	Do you own a:	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		

7. DEBT						
Car	Monthly Balance	Unpaid Payment	Other	Monthly Balance	Unpaid Payment	Balance
Name and Address of Company	\$	\$		\$	\$	
	Mos. Left to pay:		Name and Address of Company	Mos. Left to pay:		
Phone / Cell	Monthly Balance	Unpaid Payment	Other	Monthly Balance	Unpaid Payment	Balance
Name and Address of Company	\$	\$		\$	\$	
	Mos. Left to pay:		Name and Address of Company	Mos. Left to pay:		
Credit Card(s)	Monthly Balance	Unpaid Payment	Alimony/Child Support	\$	/ month	
Name and Address of Company	\$	\$	Child Care, Union Dues, Etc.	\$	/ month	
	Mos. Left to pay:		Column 2: Subtotal of Payments	\$	/ month	
Medical	Monthly Balance	Unpaid Payment	Column 1: Subtotal of Payments	\$	/ month	
Name and Address of Company	\$	\$	Total Monthly Expenses	\$	/ month	
	Mos. Left to pay:					
Column 1: Subtotal of Payments	\$	/ month				

	Applicant:		Co-Applicant:	
	Yes	No	Yes	No
A. Do you have any debt because of a court decision against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you had property foreclosed on in the last seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are you currently involved in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you paying alimony or child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever been registered, or is required to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answering "YES" to these questions "DOES NOT" automatically disqualify you. If you answered "YES" to any question A through G, however, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER and mark your additional comments with "A" for Applicant and "C" for Co-Applicant.

8. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing The Fuller Center for Housing NWLA to evaluate my actual need for a newly constructed home, my ability to pay the FULL CLOSING COST, a minimum of \$3,500.00 and repay the no-interest loan and my willingness to be a partner family by performing a minimum of 350 Sweat Equity Hours pre and during construction, and a minimum of 52 hours a year upon occupancy of my home. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Fuller Center Home, I may be disqualified from the program. The original or a copy of this application will be retained by The Fuller Center for Housing NWLA even if the application is not approved. I hereby grant the Fuller Center for Housing Inc., the right to photograph and record me, and my family and use the photographs and recordings to further the organizations mission.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____