

# Homeownership Initiative: Initial Applicant Information and Financial Worksheet



**Please complete and return to:** Montana Home Choice Coalition; AWARE Inc.  
 616 Helena Avenue, Suite 305; Helena, MT 59601  
**Contact for Questions:** (406) 449-3120 OR [montanahomechoice@aware-inc.org](mailto:montanahomechoice@aware-inc.org)  
*A Coalition of Montana Citizens, Advocates, Providers, Federal, State, Tribal, & Local Agencies, the Housing Finance community, Realtors, and the Home-building industry working together to create better community housing choices for all people with disabilities.*



**Name of Borrower:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Street address/City/State/Zip:** \_\_\_\_\_

**SS #:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Home Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Number in household:** \_\_\_\_ **Number of dependents:** \_\_\_\_

**Gender:** M  F  **Marital Status:** Married  Separated  Unmarried

**Check all that apply:** Single Head of Household  Female Head of Household  US Veteran   
 First Time Home Buyer  Owned Home in Last 3 Years

**Race:** American Indian/Alaskan Native  Asian/Pacific Islander  Black/Non-Hispanic  Hispanic   
 White/Non-Hispanic  Other

**Citizenship:** US Citizen  Permanent Resident  Non-Resident

**Residency Status:** Own  Rent  **Length of occupancy:** \_\_\_\_ Years \_\_\_\_ Months  
**Are you currently using a Section 8 voucher?:** Yes  No   
**If yes, which agency gives you the voucher?:** \_\_\_\_\_

## HOUSEHOLD INCOME

Please list all income in your household (the people expected to move with you). This includes social security, food stamps, child support, TANF, etc.

Type of Income	Amount (\$) Received Per Month	Who Receives this Income?
Wages		
SSI		
SSDI		
Food Stamps		

## DEBT

Please list all debt including the type (credit cards, loans, medical bills, child support, etc.), creditor (which company/institution you owe the money to), the account number if appropriate, the balance (total amount you owe), the monthly payment (this is the minimum amount you have to pay each month). Also note if it is delinquent (overdue).

Type of Debt	Creditor	Account #	Balance	Monthly Payment	Is it Delinquent?	Who owes?
Credit Card					Yes/No?	

Please list any credit issues (bankruptcies, foreclosures, repossessions etc.) and include the dates:

Type (Bankruptcy, etc.)	Date Occurred	Date Resolved	Who has credit issue?



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**ASSETS**

List funds available for down payment (savings, trusts, family gift, etc.). Available funds is the amount you can currently withdraw for a down payment.

Type of Asset	Bank/Institution	Account #	Value	Available Funds	Who owns it?

**NON-TRADITIONAL CREDIT**

List monthly bills such as cable TV, telephone, electric, gas, rent, etc.

Type of Bill	Average Monthly Payment (\$)	Who pays it

**PREVIOUS ADDRESS**

IF YOU HAVE LIVED SOMEWHERE ELSE IN PAST 2 YEARS PLEASE FILL OUT:

Street Address/City/State/Zip: \_\_\_\_\_

Residency Status: Own  Rent  Length of occupancy: \_\_\_\_\_ Years \_\_\_\_\_ Months

**EMPLOYMENT**

If you are currently working, please fill out your current employment information:

Employer Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If worked someplace else in last two years, please fill out previous employment:

Employer Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please fill out a form for EACH borrower. You may skip if information is repeated. Thank you.

If you have any questions or concerns do not hesitate to contact Michael O'Neil, State Director of Montana Home Choice Coalition, at (406) 449-3120 ext. 11.



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## Guardian & Representative Payee Information

Complete this section **ONLY** if applicant has a court appointed guardian or representative payee

Name and Signature—Circle one: Guardian or Representative Payee

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Will you live in the new home when and if it is purchased? \_\_\_\_ Yes \_\_\_\_ No

*Attach court documents showing date and type of guardianship or the date of representative payeeship. It is the responsibility of the guardian/representative payee to determine authorization to purchase a home on behalf of the applicant.*



### DD Program Funded Services Information for Eligibility Determination

**Case Manager:** \_\_\_\_\_ **Organization:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Services currently receiving (Please check all that apply):

Case Management Provider \_\_\_\_\_

Work/Day Services:

a. Supported Employment only(11)     b. Facility Based Day (12)     c. Combination SE and Facility (15)  
 d. Work/Day Intensive (13) Provider \_\_\_\_\_

Supported Living Services

a. Supported Living On-Site Super. (91)     b. Supported Living On-Call Super. (92)  
 c. Supported Living No Overnight Supervision (93)    Provider \_\_\_\_\_

Community Supports

a. Community Supports    Provider \_\_\_\_\_

\_\_\_\_\_  
Authorizing signature

Montana Department of Public Health and Human Services; Developmental Disability Program

(The signature of MT DPHHS DD Program Official above certifies the service information as written, and establishes that the applicant is eligible for the DD Program Homeownership Initiative)



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**CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM**

I hereby authorize and instruct the Montana Home Choice Coalition (AWARE Inc.) (hereinafter "Home Choice") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Home Choice. I understand and agree that Home Choice intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Home Choice in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

**authorize**

**do not authorize**

Home Choice to share with potential mortgage lenders, realtors, home sellers, home buyer assistance programs, funding agencies and/or homebuyer education/counseling agencies my credit information and any other information that I have provided, including any computations and assessments that have been produced based upon such information. These organizations may contact me to discuss loans, and homebuyer assistance programs for which I may be eligible, and these counseling agencies may contact me to discuss housing counseling services.

I understand that I may revoke my consent to these disclosures by notifying Home Choice in writing.

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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