



Complete employer information for each household member over 18 years of age (use back of page if necessary):

Household Member Name: \_\_\_\_\_ Household Member Name: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
 Employer Contact Person: \_\_\_\_\_ Employer Contact Person: \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_  
 # of years at this job: \_\_\_\_\_ # of years at this job: \_\_\_\_\_

**CREDIT HISTORY:** PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER IS "YES", PLEASE ATTACH A WRITTEN EXPLANATION.

Are there any outstanding financial judgments or liens against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you or anyone in the household filed Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you lost any property through foreclosure or given title or  
 Deed to anyone to avoid foreclosure \_\_\_\_\_ Yes \_\_\_\_\_ No

**CURRENT ASSETS:** PLEASE IDENTIFY VALUE.

Cash accounts \$ \_\_\_\_\_ Savings Bonds \$ \_\_\_\_\_ Other Savings \$ \_\_\_\_\_  
 Stocks/Securities \$ \_\_\_\_\_ Other Assets/Investments \$ \_\_\_\_\_

**MONTHLY EXPENSES:** PLEASE IDENTIFY ALL THAT APPLY TO YOU.

Rent	\$	Charge Acct.s	\$	Health Insurance	\$
Medical Bills	\$	Car Insurance	\$	Car Payment	\$
Heat/Fuel	\$	Child Care	\$	Car Maintenance	\$
Electric	\$	Life Insurance	\$	Collection Agency	\$
Phone	\$	Cigarettes	\$	Home Maintenance	\$
Internet	\$	Dining Out	\$	Garbage	\$
Child Support	\$	Cable	\$	Other:	\$
Groceries	\$	Cell Phone	\$	Other:	\$

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

**I certify by signing this that the information stated above, and the information furnished in support of this application is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from the HPR program.**

\_\_\_\_\_  
**Signature of Applicant and Date**

\_\_\_\_\_  
**Signature of Co-applicant and Date**



Be sure to send the following documentation/forms back to us with your application:

- Mortgage pre-qualification determination including rate and term
- Declaration of Section 214 Status
- Authorization For Release of Information and Privacy Act Notice
- Family Composition form
- Checklist (one for each family member 18 or over)
- HOME Links Homeowner course certificate
  - Please contact Chris Venema, MSU Extension – 810-667-0341
  - Items needed for this course include the following:
    - 2 most recent paystubs for verification of income
    - List of monthly expenditures for budget calculations
    - Free credit report from [www.AnnualCreditReport.com](http://www.AnnualCreditReport.com) (if possible)

Your application is not considered *complete* without the documents listed above.

**Office Use Only**

**Notes:**

**\*\* Debt to Income Ratio:**

