

# LINC HOMEBUYER APPLICATION

Office use only.

Time received \_\_\_\_\_

Date received \_\_\_\_\_

Address of property: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Own Rent (Please circle one) Monthly payment or rent: \_\_\_\_\_ How long? \_\_\_\_\_

Previous address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Own Rent (Please circle one) Monthly payment or rent: \_\_\_\_\_ How long? \_\_\_\_\_

## EMPLOYMENT INFORMATION

Current Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ How long? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

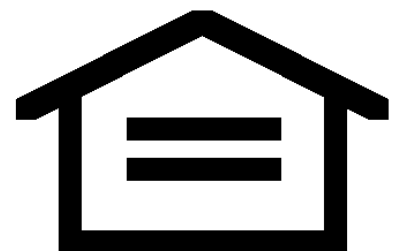
Position: \_\_\_\_\_ Gross Monthly Wages: \_\_\_\_\_ Hourly Salary (Please circle one)

How are you paid? Weekly Bi-weekly Monthly (Please circle one)

Other Income: \_\_\_\_\_



community revitalization inc.



**EQUAL HOUSING  
OPPORTUNITY**

# LINC HOUSING APPLICATION (CONT.)

## Housing Choice Voucher Information

Do you have a Housing Choice Voucher? \_\_\_\_\_

Amount of HAP: \_\_\_\_\_

Case Manager Name & Number: \_\_\_\_\_

Primary Bank: \_\_\_\_\_

Savings    Checking *(Please circle one or both)*

## Emergency Contact

Name of a person not residing with you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Co-Applicant Information

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

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Own    Rent    *(Please circle one)* Monthly payment or rent: \_\_\_\_\_ How long? \_\_\_\_\_

## Co-Applicant Employment Information

Current Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ How long? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Wages: \_\_\_\_\_ Hourly    Salary *(Please circle one)*

How are you paid?    Weekly    Bi-weekly    Monthly *(Please circle one)*

Other Income: \_\_\_\_\_

## Emergency Contact for Co-Applicant

Name of a person not residing with you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Names of others who will be living with applicants 1 & 2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student? Yes No (Please circle one)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student? Yes No (Please circle one)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student? Yes No (Please circle one)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student? Yes No (Please circle one)

Information for government monitoring purposes: The information regarding race, natural origin, and sex solicited on this application is being requested to assure the federal government, acting through the Farmers Home Administration, that the federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, sex, familial status, age, or handicap are complied with. You are not required to furnish this information, but encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way.

Applicant #1:

I do not wish to furnish this information. Please initial here: \_\_\_\_\_

Race/National Origin (Please circle one):

American Indian/Alaskan

Pacific Islander

Black/African-American

Hispanic

White/Caucasian

Other (Please specify): \_\_\_\_\_

Applicant #2:

I do not wish to furnish this information. Please initial here: \_\_\_\_\_

Race/National Origin (Please circle one):

American Indian/Alaskan

Pacific Islander

Black/African-American

Hispanic

White/Caucasian

Other (Please specify): \_\_\_\_\_

I certify that to the best of my knowledge the information on this application is true and accurate, and I am aware that inaccurate information could lead to a denial of this application and inability to attain housing in the future from LINC Community Revitalization, Inc. I also permit LINC Community Revitalization, Inc. to verify any and all information attained in this application and to share with all necessary partners (Lending Partners) in this application process to qualify me for homeownership and to call the appropriate sources to verify any and all information on this application now and in the future.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

We do business in accordance with the Federal Housing Law (The Federal Fair Housing Acts of 1988). It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.