

Neighborhood Housing Partnership OF GREATER SPRINGFIELD

Personal Information:		Date: _____
Applicant: _____	SSN# : _____	Date of Birth: _____
Street Address: _____		
City/State: _____		Zip: _____
Phone#(home): _____	Phone#(work): _____	
Marital Status: _____	Household size: _____	
Dependents: Name/Age _____		

Co-applicant: _____	SSN# : _____	Date of Birth: _____
Street Address: _____		
City/State: _____		Zip: _____
Phone#(home): _____	Phone#(work): _____	

Income Information:	
Applicant Employer: _____	Annual Income: \$ _____
_____	_____
Co-applicant Employer: _____	Annual Income: \$ _____
_____	_____
Source of Other Income: _____	Annual Income: \$ _____
_____	_____
Total Annual Income: \$ _____	

First-time Homebuyer Survey:
<i>Have you owned a home in the last 3 years?</i> YES/NO
<i>Do you have a contract on a home?</i> YES/NO
<i>Are you working with a Realtor?</i> YES/NO
<i>Have you contacted a lender?</i> YES/NO

In which program are you interested?
<i>Credit Counseling</i> <input type="checkbox"/> <i>Homebuyer Education</i> <input type="checkbox"/> <i>Home Repair/Improvement</i> <input type="checkbox"/>
<i>Money Management</i> <input type="checkbox"/> <i>Downpayment Assistance</i> <input type="checkbox"/>
<i>Delinquency Counseling</i> <input type="checkbox"/>
<i>How did you hear about our programs?</i> _____

Home Repair/Homeowner Survey:	
<i>Is the home in the city limits?</i> YES/NO	<i>Is the home your primary residence?</i> YES/NO
<i>Does the home have three or less dwelling units?</i> YES/NO	
<i>What repair or improvement does the home need?</i> _____	
