



## Homeward Housing Trust Fund Grant/Loan Application

### I. APPLICANT INFORMATION

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Applicant Name: \_\_\_\_\_  
 Co-applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_  
 Cell phone #: \_\_\_\_\_  
 Applicant's SS#: \_\_\_\_\_  
 Co-applicant's SS #: \_\_\_\_\_

Names and ages of other household members:

<u>NAME</u>	<u>AGE</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### II. EMPLOYMENT AND INCOME INFORMATION

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Gross Income on income tax return: \_\_\_\_\_  
*(If you don't have to file a tax return, please list gross income for year.)*

Applicant's Employer: \_\_\_\_\_  
 Monthly Income Before Taxes: \_\_\_\_\_

Co-applicant's Employer: \_\_\_\_\_  
 Monthly Income Before Taxes: \_\_\_\_\_

Other possible sources of income, please fill in the information for all that apply:

<u>Source:</u>	<u>Monthly Amount Received</u>	<u>Received By:</u>
Social Security	_____	___ Applicant ___ Spouse ___ Other
Social Security Disability	_____	___ Applicant ___ Spouse ___ Other
Pension / Retirement	_____	___ Applicant ___ Spouse ___ Other
Welfare	_____	___ Applicant ___ Spouse ___ Other
Unemployment / Worker's Comp	_____	___ Applicant ___ Spouse ___ Other
Child Support / Alimony (optional)	_____	___ Applicant ___ Spouse ___ Other
Rental Income	_____	___ Applicant ___ Spouse ___ Other
Dividend / Annuity / IRA Income	_____	___ Applicant ___ Spouse ___ Other
Other _____	_____	___ Applicant ___ Spouse ___ Other
Other _____	_____	___ Applicant ___ Spouse ___ Other

Please list the employer & address for any other household members 18 or older, who are not full-time students: \_\_\_\_\_

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**III. ASSET INFORMATION**

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	Approximate Balance
Checking	_____
Checking	_____
Savings	_____
Savings	_____
Investments/IRA's	_____
Cash Value - Life Insurance	_____
Other Real Estate Investments	_____

**IV. Home Improvement Information if applicable**

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Address of property: \_\_\_\_\_  
Total amount of project: \_\_\_\_\_  
Grant amount requested: \_\_\_\_\_  
Loan amount requested: \_\_\_\_\_  
Description project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Downpayment information if applicable**

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Address of property purchasing: \_\_\_\_\_  
Purchase price: \_\_\_\_\_  
Lender's name & address: \_\_\_\_\_  
Downpayment required: \_\_\_\_\_  
Grant amount requested: \_\_\_\_\_  
Loan amount requested: \_\_\_\_\_

**VI. AGREEMENT & WAIVER OF CONFIDENTIALITY**

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My/our signatures authorize Homeward, Inc. to investigate employment status, statements or other data obtained from me/us. A photocopy, or exact reproduction of this agreement and waiver, as Duly executed, shall have the same force and effect as this original.

**VII. SIGNATURES**

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I (We), hereby verify that the information submitted in the application is true and accurate to the best of my (our) knowledge and that I (We), have truly and accurately declared all my (our) income and resources available to me (us). I (We), do also give my (our) permission to supply Homeward, Inc. with any and all information necessary to verify the above information.

In the event that any of the foregoing information is untrue or incomplete, this application shall be rendered null and void.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Return completed application to: Homeward, Inc. Box 172, Clarion, IA 50525**