



## Chesapeake Redevelopment and Housing Authority HomeOwnership Program (HOP) Application Form

Date \_\_\_\_\_

Applicant \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Co-Applicant \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone# (Home) \_\_\_\_\_ Work \_\_\_\_\_ Marital Status \_\_\_\_\_

Veteran \_\_\_ Yes \_\_\_ No      Email: \_\_\_\_\_

**Additional Members of the Household**

Name	Relationship	DOB	Age	SSN

**PRESENT HOUSING SITUATION**

Time lived at above address \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ Monthly Utilities \$ \_\_\_\_\_

If Less Than Two Years Previous

Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Public Housing \_\_\_\_\_ Section 8(HCV) \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT/GROSS INCOME**

**Applicant's Income:**

Hour \$ \_\_\_\_\_ Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Hours Per Week \_\_\_\_\_ Length of Time at Current Employment \_\_\_\_\_

If Less Than Two Years, Previous Employment \_\_\_\_\_

**Co-Applicant's Income:**

Hour \$ \_\_\_\_\_ Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Hours Per Week \_\_\_\_\_ Length of Time at Current Employment \_\_\_\_\_

If Less Than Two Years, Previous Employment \_\_\_\_\_

**OTHER INCOME SOURCES:**

Child Support Monthly \$ \_\_\_\_\_ Is it Court Ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

**Pension/Disability/Social Security**

(Applicant) Source \_\_\_\_\_ \$ \_\_\_\_\_

(Spouse) Source \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME PER MONTH FROM ALL SOURCES \$ \_\_\_\_\_**

**BANKING INSTITUTION:**

Do you have a checking account? Yes \_\_\_\_\_ No \_\_\_\_\_

Savings Account? Yes \_\_\_\_\_ No \_\_\_\_\_

**ASSETS**

Savings: Bank \_\_\_\_\_ \$ \_\_\_\_\_

Account # \_\_\_\_\_

Checking: Bank \_\_\_\_\_ \$ \_\_\_\_\_

Account # \_\_\_\_\_

U.S. Saving Bonds \_\_\_\_\_ \$ \_\_\_\_\_

Real Estate \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Cash Available For Down Payment \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

**MONTHLY INSTALLMENTS AND CREDIT ACCOUNTS**

List all outstanding debts such as auto loans, credit cards, department/furniture/jewelry stores, finance companies etc. Attach additional sheets of necessary.

Company/Person Owed	Purpose	Monthly Payment	Balance Owed
1.			
2.			
3.			

4.			
5.			
6.			
7.			

**COLLECTIONS OR JUDGEMENTS AGAINST YOU, IF ANY:**

Company/Person Owed	Purpose	Monthly Payment	Balance Owed
1.			
2.			
3.			
4.			
5.			
6.			

**DAY CARE EXPENSES PER MONTH (If Applicable) \$** \_\_\_\_\_

**TOTAL DEBT PAYMENTS PER MONTH \$** \_\_\_\_\_

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and fair mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so.

**APPLICANT:**

**CO-APPLICANT:**

I do not wish to furnish this information

I do not wish to furnish this information

**Race/National Origin**

American Indian  
 Black, Non –Hispanic  
 White, Non-Hispanic  
 Hispanic  
 Other

American Indian  
 Black, Non-Hispanic  
 White, Non-Hispanic  
 Hispanic  
 Other

**Sex:**  Male  Female

Male  Female

**CERTIFICATION:**

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand that the completion of the application in no way guarantees that I will receive housing. I hereby authorize this organization to obtain a Credit Bureau Report in my name, and/or request verifications of income and residence.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CO-APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

