

Affordable Purchase Housing Application

Subdivision Name: Veranda at Stoneridge by Elliott Homes

Borrower		
First	MI	Last
Current Street Address		How Long?
City	State	Zip
Work Phone ()	Home Phone ()	
Cell Phone	E-mail Address or Fax #	
Social Security# (last 4 digits only)	US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Employer	Years on Job	Veteran?
Employer Address		
Occupation	Years in Occupational Field	
Base Annual Income \$	Commission \$	
Other Sources of Income \$	Amount \$	

Co-Borrower		
First	MI	Last
Current Street Address		How Long?
City	State	Zip
Work Phone ()	Home Phone ()	
Cell Phone	E-mail Address or Fax #	
Social Security# (last 4 digits only)	US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Employer	Years on Job	Veteran?
Employer Address		
Occupation	Years in Occupational Field	
Base Annual Income \$	Commission \$	
Other Sources of Income \$	Amount \$	

List number and ages of all persons that will be living with you during the 1st 12 months of residency in the affordable unit (not including co-borrower)

Dependents #: _____ Ages: _____

Assets	
Total of Liquid Cash (Bank Accounts, 401K, Escrow Deposits, Etc.)	\$
Value of Investment Accounts	\$
Real Estate Owned	\$
Amount Available for Down	\$

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Liabilities	
Monthly Vehicle Payment	\$
Monthly Credit Card Payments	\$
Monthly Rent Payments	\$
Monthly Child Support/Alimony	\$
Misc. Monthly Payments	\$
Total Monthly Liabilities	\$

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I/We understand the information above is true and correct to the best of my knowledge. I/We understand any false statements will be grounds for denial of this application for affordable housing and could be punishable by state law.

Signature _____

Date _____

Signature _____

Date _____

