

LIGHTHOUSE COMMUNITIES HOUSING SERVICES PROGRAM

Application

Office use only.

Time received

Address of Property:

Date received

Applicant Information

Name:

Date of birth:

SSN:

Phone:

Cell:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Were you evicted? Yes No (Please circle)

Current Landlord Name:

Phone:

Cell:

Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Gross Monthly wages:

Hourly Salary (Please circle)

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

Other Income:

LIGHTHOUSE COMMUNITIES

Hello, future
homeowner.



HOUSING SERVICES APPLICATION

Do you have a Housing Voucher: _____

Amount of HAP: _____

Case Manager Name & Number: _____

Primary Bank: _____

Savings or Checking (Circle one or both) _____

Emergency Contact

Name of a person not residing with you: _____

Address: _____

Phone: _____

City: _____ State: _____ ZIP Code: _____

Co-applicant Information, if Married

Name: _____ Date of birth: _____

SSN: _____ Phone: _____ Cell: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____

Own Rent (Please circle) _____ Monthly payment or rent: _____ How long? _____

Previous address: _____

City: _____ State: _____ ZIP Code: _____

Own Rent (Please circle) _____ Monthly payment or rent: _____ How long? _____

Co-applicant Employment Information

Current employer: _____

Employer address: _____ How long? _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ State: _____ ZIP Code: _____

Position: _____ Gross Monthly wages: _____ Hourly Salary (Please circle) _____

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

Other Income: _____

Nearest Relative/Friend (for emergency purposes)

Name: _____

Address: _____ Phone: _____



Names of Others who will be living with applicants 1 & 2:

Name: _____ Date of Birth: _____

Student: _____

Name: _____ Date of Birth: _____

Student: _____

Name: _____ Date of Birth: _____

Student: _____

Information for government monitoring purposes: The information regarding race, national origin, and sex designation solicited on this application is being requested to assure the Federal Government, acting through the Farmers Home Administration, the federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, sex familial status, age, 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:

Race/National Origin: American Indian/Alaskan Native Pacific Islander Black/African American

Hispanic White/Caucasian (Please circle one)

Other (Please specify): _____

Applicant # 2: I do not wish to furnish this information. Please initial:

Race/National Origin: American Indian/Alaskan Native Pacific Islander Black/African American

Hispanic White/Caucasian (Please circle one)

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 Lighthouse Communities, Inc . I also permit Lighthouse Communities, Inc to obtain a tri-merge credit report through the credit reporting agency of their choice and 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 tenancy and/or homeownership of the chosen Housing Services Program Property 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 Amendments Acts of 1988). It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

