



**Save a House > Build A Home
Program Application**
Please include application Fee of \$35

We are pledged to the letter and spirit of U.S. policy of the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status or national origin.

**4480-H South Cobb Drive, Suite 140
Smyrna, GA 30080**

Dear Applicant: We need you to complete this application to determine if you qualify for a **The Atlanta Fuller Center Save a House > Build A Home Program**. Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted to The Atlanta Fuller Center. All information in this application will be kept strictly confidential.

APPLICANT/CO-APPLICANT INFORMATION

Applicant's Full Name			Co-Applicant's Full Name		
Social Security Number	Date of Birth	Age	Social Security Number	Date of Birth	Age
Home Phone	Best Time to Reach		Home Phone	Best Time to Reach	
Work Phone	Best Time to Reach		Work Phone	Best Time to Reach	
Driver's License #	Driver's License State		Driver's License #	Driver's License State	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Dependents and others who live with you (not listed by co-applicant)			Dependents and others who will live with you (not listed by applicant)		
NAME	AGE	MALE/FEMALE	NAME	AGE	MALE/FEMALE
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Past Address (street, city, state, zip code)			Past Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
If renting, Landlord Name/Address (street, city, state, zip code)/Phone			If renting, Landlord Name/Address (street, city, state, zip code)/Phone		
Dependents and others who live with you (not listed by co-applicant)			Dependents and others who will live with you (not listed by applicant)		
NAME	AGE	MALE/FEMALE	NAME	AGE	MALE/FEMALE

APPLICANT/CO-APPLICANT INFORMATION (continued)

<p>If applying for a home renovation do you have a mortgage? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give name, address, and phone of bank holding mortgage.</p> <p>If applying for a Save a House > Build A Home Program, do you own other property than the address of the renovation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list other property owned.</p>	<p>If applying for a home renovation do you have a mortgage? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give name, address, and phone of bank holding mortgage.</p> <p>If applying for a Save a House > Build A Home Program, do you own other property than the address of the renovation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list other property owned.</p>
<p>Mortgage Payment \$ _____ Unpaid Balance \$ _____ Do you owe money on the land? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the monthly payment \$ _____ Unpaid balance \$ _____</p> <p>If applying for a Save a House > Build A Home Program have you or will you be receiving an insurance settlement or other funds for renovation of your home? <input type="checkbox"/> No <input type="checkbox"/> Yes-If yes, how much did you or will you receive? \$ _____ Please list where the funds came from or will be coming from _____ _____</p> <p>-</p>	<p>Mortgage Payment \$ _____ Unpaid Balance \$ _____ Do you owe money on the land? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the monthly payment \$ _____ Unpaid balance \$ _____</p> <p>If applying for a Save a House > Build A Home Program have you or will you be receiving an insurance settlement or other funds for renovation of your home? <input type="checkbox"/> No <input type="checkbox"/> Yes-If yes, how much did you or will you receive? \$ _____ Please list where the funds came from or will be coming from _____ _____</p> <p>-</p>
<p>FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE</p> <p>Date Application Received _____</p> <p>Date Application Completed _____</p> <p>Date of Home Visit _____</p>	<p>More Information Requested <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Sent to Committee _____</p> <p><input type="checkbox"/> Accepted <input type="checkbox"/> Denied</p>

WILLINGNESS TO PARTNER WITH THE ATLANTA FULLER CENTER

To be considered for a Fuller Center for Housing, you and your family must be willing to complete ____ hours of “sweat equity.” A minimum of ____ sweat-equity hours must be completed by the applicant and his/her immediate family.

I AM WILLING TO COMPLETE THE REQUIRED _____ HOURS OF SWEAT EQUITY

Applicant Yes No **Co-Applicant** Yes No

CURRENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living: Kitchen Bathroom Living Room Dining Room Other
(please describe) _____

In the space below, describe the condition of the house where you currently live. Why do you need a Fuller Center for Housing home renovation? _____

APPLICANT/CO-APPLICANT EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Current Employer Name/Address (street, city, state, zip code)/Phone	Years on this job _____	Current Employer Name/Address (street, city, state, zip code)/Phone	Years on this job _____
	Gross Monthly Wages \$ _____		Gross Monthly Wages \$ _____
Type of business	Position	Type of business	Position

Please verify your income by attaching copies of two (2) months of check stubs and/or award letters for applicant and co-applicant.

If working at current job less than one (1) year, complete the following information

Applicant		Co-Applicant	
Current Employer Name/Address (street, city, state, zip code)/Phone	Years on this job _____	Current Employer Name/Address (street, city, state, zip code)/Phone	Years on this job _____
	Gross Monthly Wages \$ _____		Gross Monthly Wages \$ _____
Type of business	Position	Type of business	Position

MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunches	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other (specify)				Alimony/Child Support	
TOTAL	\$	\$	\$	TOTAL	\$

Please attach copies of last month's bills as listed above

*Note: Self-employed applicant(s) should provide additional documentation such as latest tax returns and /or financial statements.

DOCUMENTATION VERIFYING ALL SOURCES OF INCOME MUST BE SUBMITTED WITH APPLICATION.

** Others in Household: List additional household members over age 18 who receive income.

Name	Social Security Number	Age	Monthly Wages	Relationship
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

DEBT

Car Name and Address of Company	Monthly Unpaid Payment Balance \$ \$ Months left to pay _____	Other _____ Name/Address of Company	Monthly Unpaid Payment Balance \$ \$ Months left to pay _____
Furniture Name and Address of Company	Monthly Unpaid Payment Balance \$ \$ Months left to pay _____	Other _____ Name/Address of Company	Monthly Unpaid Payment Balance \$ \$ Months left to pay _____
Credit Card(s) Name and Address of Company	Monthly Unpaid Payment Balance \$ \$ Months left to pay _____	<u>Alimony/Child Support</u> _____ <u>Job-Related Expenses</u> _____ <u>Child Care, Union Dues, Etc.</u> _____	\$ per month \$ per month \$ per month
Medical Name and Address of Company	Monthly Unpaid Payment Balance \$ \$ Months left to pay _____	Column 2 Subtotal of Payments + Column 1 Subtotal of Payments	\$ per month \$ per month
Column 1 Subtotal of Payments \$ per month		Total Monthly Expenses	\$ per month

Applicant

Co-Applicant

Yes No

Yes No

- A. Do you have any debt because of a court decision against you? Yes No
- B. Have you been declared bankrupt within the past seven years? Yes No
- C. Have you had property foreclosed on in the last seven years? Yes No
- D. Are you currently involved in a lawsuit? Yes No
- E. Are you paying alimony or child support? Yes No
- F. Are you a U.S. citizen or permanent resident? Yes No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question A through E, however, please explain on a separate sheet of paper and mark your additional comments with "A" for Applicant and "C" for Co-Applicant.

AUTHORIZATION, RELEASE & PRIVACY ACT AGREEMENT

I understand that by filing this application, I am authorizing **The Atlanta Fuller Center** to evaluate my actual need for a Fuller Center Save a House > Build A Home Program, my ability to repay the no-interest loan and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Fuller Center Save a House, Build A Home Program, I may be disqualified from the program. By further signing, I agree to convey to **The Atlanta Fuller Center** all right, title and all photographic images, video or audio recordings and story content of me by **The Atlanta Fuller Center** for the purpose of public relations. The original or a copy of this application will be retained by **The Atlanta Fuller Center** even if the application is not approved. Under the Privacy Policy, all personal information provided to **The Atlanta Fuller Center** is on a voluntary basis, and that information provided will be protected to the extent permitted by the Privacy Act. Voluntarily submitting information constitutes your consent for **The Atlanta Fuller Center** to use the information for the purpose stated and indicates to us you are aware of **The Atlanta Fuller Center** Privacy Policy provisions. I understand that information contained in the application packet will be kept in utmost confidence and not shared with any other person or organization outside the **Atlanta Fuller Center**.

This is to acknowledge that I have read and understand the details of the Authorization, Release and the Privacy Statement.

Applicant's Signature

Date

Co-Applicant's Signature

Date

X _____

APPLICATIONS THAT ARE NOT COMPLETE WILL NOT BE ACCEPTED.