

## HOMEOWNER INITIAL INQUIRY SURVEY

Please take due care & fill in all the details. A completely and correctly filled in Form will help us in processing your application. An incomplete/incorrect application is liable to be rejected, in which case a resubmission with additional information will be required.

### SECTION 1. HOMEOWNER PERSONAL INFORMATION

FULL NAME:

CURRENT ADDRESS:

CITY:

ZIP:

PO BOX:

PHONE:

E-MAIL:

### SECTION 2a. HOMEOWNER BASIC FINANCIAL INFORMATION

PRIMARY PROVIDER'S FULL NAME:

GROSS ANNUAL INCOME:

TYPE OF EMPLOYMENT: SALARIED SELF-EMPLOYED PROFESSIONAL RETIRED/HOMEMAKER

MARITAL STATUS SINGLE MARRIED OTHER STUDENT/OTHER

NO. OF DEPENDENTS: CHILDREN

ADULTS

### SECTION 2b. LOCAL LENDER REFERENCE

LENDER NAME/COMPANY:

STAFF MEMBERS NAME(*If working with someone in particular*):

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

### SECTION 3a. HOMEOWNER PROPERTY INFORMATION

DO YOU CURRENTLY HAVE OR ARE  
IN THE PROCESS OF PURCHASING  
LAND OR PROPERTY FOR NEW  
CONSTRUCTION\*

NO  
YES

*If NO, please skip to section 4.*

*If YES, please continue completing section 3a. You will  
also need to attach documentation regarding the lot.*

IN CASE OF PURCHASE OF PLAT OR READY TO BUILD SITE

ADDRESS OF PROPERTY:

CITY:

STATE:

ZIP:

COUNTY:

### SECTION 3b. DEVELOPMENT AUTHORITY INFORMATION

NAME OF VENDOR/DEVELOPMENT AUTHORITY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

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### SECTION 4. HOMEOWNER BASIC NEEDS ASSESSMENT

*Please note, the following information is taken to gauge what the homeowners preferences would be in the composition of their future home. This is not a guarantee that the number of desired bedrooms, bathrooms, etc will be possible.*

NUMBER OF FAMILY MEMBERS LIVING IN THE HOME:                      ADULTS:                      CHILDREN:  
ARE YOU A VETERAN OF THE U.S. MILITARY (ALL BRANCHES APPLY)      YES      NO  
IS THERE ANYONE IN YOUR HOUSEHOLD 62 OR OLDER      YES      NO  
IS THERE ANYONE IN YOUR HOUSEHODLL RECOVERING FROM THE FOLLOWING:  
ALCOHOL OR DRUG ABUSE      PHYSICAL ABUSE      THERE IS NO ONE IN MY HOSUEHOLD RECOVERING  
FROM ALCOHOL ABUSE, DRUB ABUSE OR RECOVERING  
FROM PHYSICAL ABUSE.  
ARE THERE ANY FAMILY MEMBERS WILL SPECIAL NEEDS:      YES      NO      *If yes, please explain:*

NUMBER OF BEDROOMS:      1      2      3      4      NUMBER OF BATHROOMS:      1      2      3

### SECTION 5. REVIEW OF POLICY/SIGNATURE

**Privacy Act Information:** This information will be used to determine your eligibility for the program. Statements of home ownership, family size and income must be accurate, and all other information must be given to the best of your knowledge. Information obtained from this and other forms may be used by SHELTER to monitor the effectiveness of this program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. Information on this application is made available to the general public. This authorization is given only in connection with its use by SHELTER.

This is an equal opportunity program. Discrimination is prohibited by Federal Law.

I authorize the agency to make any necessary contacts to verify any aspect of eligibility.

I authorize any person, agency or institution to supply information requested by Shelter Community Housing Corporation (Shelter) concerning me or my family and to allow reproduction of records in their possession pertaining to me or my family be a duly authorized representative of Shelter.

I authorize employees of Shelter to perform, monitor and inspect work.

I understand that any false statement made in this application is legal grounds for prosecution by any agency of the government using this application as a basis for assistance and certify, under penalty of perjury, the truth of the information in this application. concerning me or my family and to allow reproduction of records in their possession pertaining to me or my family be a duly authorized representative of Shelter.

I have furnished this application information to the best of my knowledge and by this signature approve and verify it.

Any misrepresentation regarding this information my lead to the recapture of the total amount of funds allocated to each project.

APPLICANT SIGNATURE:

DATE: