

**ACTS HOMEOWNERSHIP APPLICATION**

1. Please complete the following information.      Email Address: \_\_\_\_\_      CELL \_\_\_\_\_  
 Applicant's name \_\_\_\_\_      SS# \_\_\_\_\_      Applicant's phone \_\_\_\_\_  
 Spouse's name \_\_\_\_\_      SS# \_\_\_\_\_      DOB: \_\_\_\_\_      Sex: M [ ] F [ ]  
 Address City/State/Zip) \_\_\_\_\_      How Long?: \_\_\_\_\_  
 Current Landlord Name \_\_\_\_\_      Landlord Phone #: \_\_\_\_\_  
 Previous Address \_\_\_\_\_      How Long?: \_\_\_\_\_

2. Please list the Name and Date of Birth (DOB) of Other Persons in your Household. Use other side if needed.

Name: _____	DOB: _____	Name: _____	DOB: _____
Name: _____	DOB: _____	Name: _____	DOB: _____
Name: _____	DOB: _____	Name: _____	DOB: _____

3. ARE YOU (check one)      [ ] married; [ ] divorced; [ ] separated; [ ] single;      Citizen? Y [ ] N [ ]  
 Please list your race \_\_\_\_\_      *I do not wish to share this information,* [ ]  
 Please list your ethnicity [ ] Latino; [ ] Non-Latino      *I do not wish to share this information,* [ ]  
 Are you a first time home buyer?      Y [ ]      N [ ]      How did you hear about us? \_\_\_\_\_  
 If you are disabled, please describe \_\_\_\_\_

4. Please list the GROSS income received from the APPLICANT'S Employer:

Employer's name _____	Position _____
Address _____	How Long? _____
Work phone _____      Fax number _____	Monthly Income _____
Previous Employ: _____	How Long? _____

5. Please list the GROSS income received from the SPOUSE'S Employer:

Employer's name _____	Position _____
Address _____	How Long? _____
Work phone _____      Fax number _____	Monthly Income _____
Previous Employ: _____	How Long? _____

6. Please list all other income on a MONTHLY basis.

Social Security _____	Pension _____	W-2 _____
SS Disability _____	Net Rental _____	Other _____

7. Please name your Bank, list whether account is checking or savings, and give us the amount in each.

Bank's Name _____	Checking [ ] Saving [ ]	Amount _____
Bank's Name _____	Checking [ ] Saving [ ]	Amount _____

8. Please list the amount of all your monthly expenses

Rent [ ] or Mortgage [ ] _____	Fuel or Bus Fair _____	Child Support _____
Gas & Electric _____	Car Insurance _____	Telephone _____

9. Please list all your Debts with the present balances and the MONTHLY payments.

Name of person or institution to whom you owe money	Monthly Payment	Balance Owed
Automobile		
Education loan		
Other		
Other		

I certify that the information given on this application is true and complete.  
 Please list the work you wish to complete with this loan on the back of the application

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **ACTS CDC**

## **Borrower Authorization**

We authorize ACTS, or its duly authorized agents, to verify our past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process our mortgage loan application. We further authorize ACTS, or its duly authorized agents, to order a consumer credit report and verify other credit information, including past and present mortgages and/or landlord references. We understand that a photocopy of this form will also serve as authorization. ACTS is helping us with interpretation, understanding of forms and other matters concerning the Mortgage procedures.

We also authorize third parties to release requested information to ACTS concerning employment history, banking and savings accounts, mortgage loan information, rental verification, and information deemed necessary in connection with a consumer credit report, a pre-approval from a lender, or a loan application package.

Finally, I authorize ACTS to discuss my mortgage application with my lender, and to exchange documents with it whenever necessary to complete the loan application process.

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Signature

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Date

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Signature

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Date