

**WILSON COMMUNITY IMPROVEMENT ASSOCIATION, INC.
AFFORDABLE HOUSING APPLICATION**

Personal Information Borrower

Borrower: _____ Social Sec. No.: ____ - ____ - ____
 Street: _____ Apt #: ____
 City: _____ State: ____ Zip Code: ____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____
 Gender: Female Male Date of Birth: ____ / ____ / ____
 Ethnicity: African American Caucasian
 Latino or Hispanic Asian, Pacific Islander
 Native American other (*please specify:* _____)

Primary Employment Status (*choose one*):

Employer: _____ Phone: (____) _____
 Address: _____ City: _____ State _____ Zip Code: ____
 May we contact you at work? Yes ____ No ____ If so, what time? _____

Previous Employment If Less Than One Year:

Employer: _____ # Yrs. ____ Phone: () _____

Personal Information Co-Borrower

Co-Borrower: _____ Social Sec. No.: ____ - ____ - ____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____
 Gender: Female Male Date of Birth: ____ / ____ / ____
 Ethnicity: African American Caucasian
 Latino or Hispanic Asian, Pacific Islander
 Native American other (*please specify:* _____)

Primary Employment Status (*choose one*):

Employer: _____ Bus. Phone _____ Yrs. ____ Position _____
 Address: _____ City: _____ State: ____ Zip: ____
 May we contact you at work? Yes ____ No ____ If so, what time? _____

Previous Employment If Less Than One Year:

Employer: _____ # Yrs. ____ Phone: () _____
 Position: _____

Other Information:

Number of Additional Members	Age	Annual Income	Employer	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Disabled Person(s) in Household? Yes: ____ No: ____

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Income Information

Combine Total Gross Income: Hourly: _____ Weekly: _____
 Annual: _____ Bi-Weekly: _____
 Monthly: _____

Monthly Requirements:

Auto: _____	Bank: _____	Bal: _____	Mo. Payment: _____
Auto: _____	Bank: _____	Bal: _____	Mo. Payment: _____
Personal Loan	Bank: _____	Bal: _____	Mo. Payment: _____
Personal Loan	Bank: _____	Bal: _____	Mo. Payment: _____
Charge Card	Bank: _____	Bal: _____	Mo. Payment: _____
Charge Card	Bank: _____	Bal: _____	Mo. Payment: _____
Other:	Bank: _____	Bal: _____	Mo. Payment: _____
	Bank: _____	Bal: _____	Mo. Payment: _____
	Bank: _____	Bal: _____	Mo. Payment: _____

TOTAL MONTHLY PAYMENT: \$ _____

Customer Certification

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I authorize you to contact any of the creditors I have listed above including any credit bureau that you might have access to.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

For Office Use Only	
Gross Annual Income:	Checking \$ _____ Bank _____
	Checking \$ _____ Bank _____
Borrower: _____	Saving\$ _____ Bank: _____
Co Borrower: _____	Saving\$ _____ Bank: _____
Monthly: \$ _____	Debt Income: \$ _____
_____ % \$ _____	Monthly Debts: \$ _____
_____ % \$ _____	Max. Amt. Avail: \$ _____
Counselor's Signature: _____	Date: _____
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