

**COMMUNITY HOMES OF PATAGONIA, INC.
HOMEOWNER/LEASEHOLDER APPLICATION**

APPLICANT NAME _____

CO-APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ (home) _____ (work)

HOUSING AND HOUSEHOLD INFORMATION

1. Do you presently rent? Yes ___ No ___
2. How long have you lived in the Patagonia Area? _____
3. Are you currently at risk of being displaced from your home? Yes ___ No ___ If yes, when will you have to move? _____ Reason for displacement?

4. Is your current housing substandard in any way? Yes ___ No ___ If so, please explain:

5. Does anyone in your household have special needs or serious medical problems aggravated by your current housing? Yes ___ No ___ If so, please explain:

6. Have you ever owned or do you presently own any property? Yes ___ No ___ If yes, briefly explain:

7. Total number of persons residing in household: _____ Please fill in information about each household member, including yourself:

	Name	Relationship To You	Age
a.	SELF		
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

(Please Use Separate Sheet For Additional Information)

RENTAL RECORD

8. Current Landlord _____ Phone _____
Landlord's Address _____
Dates of Tenancy: From _____ To _____ Amount of Rent _____
9. Previous Landlord _____ Phone _____
Landlord's Address _____
Dates of Tenancy: From _____ To _____ Amount of Rent _____
10. Within the last four years, have you been evicted or asked by your landlord to move out of your rented home? Yes ___ No ___ If yes, please explain:

Property Address _____
Landlord's Name, Address, and
Phone _____

EMPLOYMENT HISTORY

11. Applicant's Present Employer _____
Address _____ Phone _____
Length of Employment _____ Wage/Salary _____
Position _____
12. If applicant has been employed by the above less than two (2) years:
Previous Employer's Name _____
Address _____ Phone _____
Length of Employment _____ Wage/Salary _____
Position _____
13. Co-applicant's Present Employer _____
Address _____ Phone _____
Length of Employment _____ Wage/Salary _____
Position _____
14. If co-applicant has been employed by the above for less than two (2) years:
Previous Employer _____
Address _____ Phone _____
Length of Employment _____ Wage/Salary _____
Position _____

EXPENSES

19. Gross MONTHLY Budget for Household:

Rent_____	Medical_____	Insurance:
Elec._____	Childcare_____	Auto_____
Phone_____	Savings_____	Health_____
Heat_____	Recreation_____	Renters_____
Food_____	Personal_____	
Other_____	Car Maint._____	Total Debts_____

BUDGET TOTAL \$_____ If you need to clarify anything, please explain here: _____

 _____(Attach additional page, if necessary)

20. List household loans and debts, including installment debt, school loans, car loans, credit and charge cards, etc. and indicating whose name(s) are on the debt. You may use this opportunity to explain any unpaid debts; your credit history will be verified by a commercial credit bureau.

Name(s) on Acct.	Owed To:	Acct.#	Monthly Payment	Unpaid Amt.
a. _____				
b. _____				
c. _____				
d. _____				

21. Amount available for down payment and closing costs or security deposit?
 Now: \$_____ Six months from now: \$_____ Source(s)_____

22. Have you ever had a home loan or a home improvement loan that resulted in foreclosure, deed in lieu of foreclosure, or judgment? Yes___No___
 If Yes, Property Address_____

If Yes, Name and Address of Lender_____

23. Has any household member ever filed bankruptcy or been declared bankrupt?
 Yes ___ No ___ If Yes, describe when, where, and give details: _____

PERSONAL REFERENCES AND BACKGROUND INFORMATION

- 24. List two people, other than relatives, who can give personal references:
Name _____ Relationship to Applicant _____
Address _____
Phone _____
Name _____ Relationship to Applicant _____
Address _____
Phone _____
- 25. Has any household member ever been convicted on criminal charges? Yes ___ No ___
If Yes, Please Explain _____

- 26. How did you hear about Community Homes of Patagonia, Inc. (CHOP)?
- 27. Have you ever attended a CHOP introductory presentation? Yes ___ No ___
- 28. Are you currently a member of CHOP? Yes ___ No ___ For how long? _____
- 29. Do you need further information about CHOP? Yes ___ No ___
- 30. What is your present understanding of homeownership through CHOP?
Please describe briefly:
- 31. Are you interested in contributing “sweat equity” (skilled and unskilled labor) to lower the cost of your home? Yes ___ No ___
- 32. Do household members have construction or building skills? Yes ___ No ___
- 33. How many bedrooms would you like to have in your home? _____ Why? _____

- 34. Are you currently a member of any other community housing/land trust (CHLT)?
Yes ___ No ___ If Yes, name and address of the CHLT _____

APPLICANT/HOUSEHOLD MEMBER(S) CERTIFICATION

I/We understand that all information provided herein is private and confidential for program use only. The applicant/household member(s) certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining affordable housing through Community Homes of Patagonia, Inc., and is true and complete to the best of my/our knowledge and belief.

_____	_____
Signature of Applicant	Date
_____	_____
Signature of Co-Applicant	Date

ADDITIONAL INFORMATION

35. If your household has any special needs, such as for a differently-abled or elderly person, please explain: _____

36. Are there any additional circumstances or information that you think we should know about? Yes___No___ Feel free to attach more information.