



1830 N Main St
Jacksonville, Florida 32206
P 904.354.4673
F 904.407.3729

HOUSING APPLICATION

Please return application with the following:

- Applicable application fee
- Copy of state issued ID
- Copy of birth certificate
- Copies of last 3 bank statements
- Copies of last 3 pay stubs

www.operationnewhope.com

Rebuilding Lives. Restoring Communities. Renewing Hope.

APPLICANT

Name

First Middle Initial Last

Address

Street

City State Zip

Home (_____) _____ - _____ Cell (_____) _____ - _____

Fax (_____) _____ - _____ Email _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

RACE

- Black or African American
- Hispanic
- Caucasian or White
- American Indian
- Asian
- Other _____

IMMIGRATION STATUS

- A citizen of the United States
- A lawful permanent resident (Alien Card #) _____

MARITAL STATUS

- Single
- Married
- Divorced
- Separated
- Widowed

GENDER

- Male
- Female

HANDICAPPED

- Yes
- No

CURRENT HOUSING ARRANGEMENT

- Homeless
- Rent
- Own
- Other _____

Are you a first time home buyer (you do not currently own a home and have not owned a home in the past three years)? Yes No

HOUSEHOLD TYPE (please select the most accurate)

- Single
- Married
- Married w/ children
- Female headed single parent
- Male headed single parent

Household Size: (including yourself, co-borrower and any dependents) # _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below

Relationship

Age

Relationship

Age

Annual Family or Household Income \$ _____

EDUCATION

- Below High School Diploma High School Diploma or Equivalent Technical College
 Two-Year College 4-Year College Post-Grad/Doctorate

REFERRED BY *(please check all that apply)*

- Print Advertisement Government TV Realtor Employee
 Walk-In Friend Radio Newspaper Article Bank _____

EMPLOYMENT

Current Employer _____ Phone (____) _____ - _____

Address _____

Street _____

City _____

State _____

Zip _____

Title _____ Hire Date ____/____/____

Part Time Full Time Gross income (before taxes) \$ _____

Is this amount paid: Hourly Weekly Every two weeks
 Twice a Month Monthly

CO-APPLICANT

Name _____

First _____

Middle Initial _____

Last _____

Address _____

Street _____

City _____

State _____

Zip _____

Relationship to Applicant _____

Home (____) _____ - _____

Cell (____) _____ - _____

Fax (____) _____ - _____

Email _____

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____

RACE

- Black or African American
- Hispanic
- Caucasian or White
- American Indian
- Asian
- Other _____

GENDER

- Male
- Female

HANDICAPPED

- Yes
- No

CURRENT EMPLOYER

_____ Phone (____) _____-

Address _____

Street

City

State

Zip

Title _____ Hire Date ____/____/____

Part Time Full Time Gross income (before taxes) \$ _____

Is this amount paid: Hourly Weekly Every two weeks
 Twice a month Monthly

AUTHORIZATION

I hereby authorized Operation New Hope to:

- a. pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- b. pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- c. obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I/We understand my/our application fee of \$25/\$35 is non refundable and includes a Tri-Merge Credit Report, Action Plan, Household Budget. It also includes dispute letters, collection agency negotiating, pre and post counseling sessions as outlined in the Action Plan and homeownership education manual and regular follow-ups and or letters as needed.

Applicant Date

Co-Applicant Date

Disclosure Statement

I/We understand this is my/our right and responsibility to decide whether to engage in any course of housing counseling with Operation New Hope and determine whether counseling is relevant for my/our housing needs.

I/We understand that I/We are not obligated to receive. Purchase or utilize any other services offered by Operation New Hope, or its partners, in order to receive housing.

I/We understand that Operation New Hope has the discretion to charge reasonable fees for counseling services, and that these fees will be explained to me/us prior to any counseling.

I/We further understand that fees will not be charged if they create a financial hardship and that I/We will not be denied counseling services if I/We cannot afford to pay the fees.

I/We understand that Operation New Hope provides information on a broad range of housing programs and products and that the housing counseling I/We receive from Operation New Hope in no way obligates me/us to choose any particular loan product or housing program discussed in my/our counseling sessions.

I/We understand that Operation New Hope does not guarantee that I/We will receive mortgage financing from any lender and/or other mortgage entity.

I/We may be referred to other housing services of the organization or to another agency or agencies as deemed appropriate that may be able to assist with particular issues that have been identified. I/We understand that I/We are not obligated to use any of the services offered to me/us.

I/We understand that a counselor may answer questions and provide information but cannot give legal advice. If I/We want legal advice, I/We will be referred to the appropriate agency.

I/We understand that any intentional or negligent representation of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I/We understand my/our application fee of \$25/\$35 is nonrefundable and includes a Tri-merge Credit Report, Action Plan, and Household Budget. It also includes disputes letters, collection agency negotiating, pre and post counseling sessions as outlined in the Action Plan and homeownership education manual and regular follow-ups and/or letters as needed.

I/We have read and understand the above Counseling Services Disclosure Statement.

Client Signature _____ Date _____

Client Signature _____ Date _____

Telephone Counseling Provided Date _____

Electronic Counseling Provided Date _____