



Thank you for your interest in the **Destination Homeownership Program**! We look forward to partnering with you in reaching your goal of homeownership and/or increasing your long-term financial fitness. You have taken the **First Step** by requesting the **Destination Homeownership Application**:

STEP 2: Complete application (in its entirety) and return the application and **all required documents** to your assigned Life Coach for review. ****PLEASE NOTE:** Your application **will not** be processed if there are missing documents or missing information. This will delay your application.

Required Documents to be submitted with application
<input type="checkbox"/> Proof of Income: 30 days most recent paycheck stubs/or award letter for SSI, child support, etc. Profit & Loss Statement if Self-Employed
<input type="checkbox"/> Tax returns (2 years most recent tax returns)
<input type="checkbox"/> Two months most recent checking and savings account statements (all accounts)
<input type="checkbox"/> Copy of most recent utility bills (electricity, water, gas, etc.)
<input type="checkbox"/> Copy of most recent credit card statements for all accounts (if applicable)
<input type="checkbox"/> Copy of Photo I.D.

STEP 3: Once you have submitted your completed application and required documents to your Life Coach the referral will be sent to the **Destination Homeownership Department**.

STEP 4: ***If approved***, you will be contacted by a Housing Counselor to schedule your **Initial Appointment** for housing counseling. The Counselor will pull a tri-merge credit report prior to your appointment.

STEP 5: Meet with a Housing Counselor via face-to-face, phone, or virtual platform for a detailed credit/budget session to assess the following: a) Mortgage Readiness b) Housing Affordability (c) Eligibility for Down Payment/Financial Assistance (if applicable).

PLEASE NOTE: The process of purchasing a home is not quick or automatic, it requires **time and effort** but may be accomplished with hard work and dedication. Our team is here to coach & support you in your journey to improve your housing and financial sustainability, however, ***enrollment in the Destination Homeownership Program DOES NOT guarantee purchase of a home, down payment funds, or approval for financial assistance.***

Should you have any questions about the process you may email us at: homeowner@inlivan.com

Signature: _____ Date: _____



DESTINATION HOMEOWNERSHIP APPLICATION

Date:	Applicant Information	
	Applicant	Co-Applicant
Name:		
DOB:		
Social Security No:		
Phone Number:		
Alternate Number:		
Address:		
Email:		
Race:		
Gender:		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed
HOUSEHOLD INCOME		
Amount of current rent payment? _____	Do you currently have an HCV voucher? Yes ___ No ___	
Number of late rent payments in past 12 months? _____		
Length of Residency	___ Years ___ Months	___ Years ___ Months
First Time Homebuyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Veteran/Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD INCOME		
Employment Income:	\$ _____ annually \$ _____ per hour	\$ _____ annually \$ _____ per hour
Self-Employment Income:	\$ _____ annually \$ _____ per hour	\$ _____ annually \$ _____ per hour
Child Support	\$ _____ annually \$ _____ monthly	\$ _____ annually \$ _____ monthly
Disability/Social Security	\$ _____ annually \$ _____ monthly	\$ _____ annually \$ _____ monthly
Retirement/Other	\$ _____ annually \$ _____ monthly	\$ _____ annually \$ _____ monthly
ASSETS		
Checking Account?	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$ _____
Savings Account?	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$ _____
Investment Accounts	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$ _____
Do you currently have down payment funds?		<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$ _____
List Dependents:	Dependent's DOB:	Dependent's Age:
1.		
2.		
3.		
4.		
5.		
6.		
Additional Information		
Bankruptcy within past 5 yrs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current judgements?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Program Participation		
Which Inlivan program are you participating in?	<input type="checkbox"/> FSS <input type="checkbox"/> Moving Forward <input type="checkbox"/> Opportunity Housing	<input type="checkbox"/> FSS <input type="checkbox"/> Moving Forward <input type="checkbox"/> Opportunity Housing
Who is your Life Coach?	_____	_____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



ACCESS, EQUITY AND WEALTH

DESTINATION HOMEOWNERSHIP

Credit Release Authorization One-Time Authorization

I, _____, hereby authorize INLIVIAN/Destination Homeownership Program, and authorized agents, to access my credit report(s) from any consumer or credit reporting agency for purposes of providing me with financial counseling. I understand that this inquiry into my credit constitutes a “soft inquiry” and should not adversely affect my credit or credit rating. While this credit report and score pulled by INLIVIAN on my behalf will be used to provide me with financial counseling, it is understood that I will not receive a copy of this credit report. Notwithstanding the foregoing, I understand that I have the right to dispute information directly with the credit bureau, to request reinvestigation, and to have corrected reports reissued to previous recipients of this credit report, if warranted.

I understand that credit information is sensitive and that there may be inherent risks to accessing such data; I further understand that all of my personal information will be held **confidential** by INLIVIAN. Copies of this authorization may be reproduced, and that copy shall be as effective as the original signed by me.

This authorization shall remain valid and in effect for a period of twenty-four (24) months from the date signed. I understand that should I desire to terminate this authorization at any time; I may do so in writing.

INLIVIAN Participant

Full Legal Name: _____

Other Names Used: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Direct Telephone: (_____) _____ - _____

Participant Signature: _____ Date Signed: _____