

CITY OF CHARLESTON
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
 75 Calhoun Street, Suite 3200, Charleston, South Carolina 29401
 Telephone (843) 724-7353 Fax (843) 965-4180

DATE: _____

Please return completed application with 4 current paystubs and copy of most recent tax returns

Borrower Information:

Name: _____
 Social Security #: _____
 Date of Birth: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone#: _____ Work# _____
 Email: _____

Co-Borrower Information:

Name: _____
 Social Security #: _____
 Date of Birth: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone# _____ Work# _____
 Email: _____

Borrower:

Marital Status:
 Married
 Single
 Separated
 Divorced
 Widowed

Education:
 High School
 Diploma/GED
 1-3yrs College
 BA/BS
 Advanced

Nationality:
 Black
 White
 Hispanic
 Asian
 Native Am.
 Other

Co-Borrower:

Marital Status:
 Married
 Single
 Separated
 Divorced
 Widowed

Education:
 High School
 Diploma/GED
 1-3yrs College
 BA/BS
 Advanced

Nationality:
 Black
 White
 Hispanic
 Asian
 Native Am.
 Other

Military Status: Active Retired Other

List Persons to Be Living In Household (Including Head of Household):

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Male/ Female</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do You Currently (Check One) Rent? Own? # of Years _____ Months _____ Monthly Rent \$ _____
 Landlord or Co. Name _____ Telephone _____
 Landlord or Co. Address _____ City/State _____ Zip _____

Borrower

Employer Name: _____
 Position: _____
 Years on Job: _____ Gross Monthly Salary: _____
 \$ _____ Per Hour Hours per Week _____
 Other Income (2nd Job/Child Support/Disability/Gift Funds, etc)
 Source & Amount: _____

Co-Borrower

Employer Name: _____
 Position: _____
 Years on Job: _____ Gross Monthly Salary: _____
 \$ _____ Per Hour Hours per Week _____
 Other Income (2nd Job/Child Support/Disability/Gift Funds)
 Source & Amount: _____

Previous Employer: _____
 Position: _____ Years on Job: _____

Previous Employer: _____
 Position: _____ Years on Job: _____

Please Circle Yes or No

Are There Any Outstanding Judgments Against You?
 Have You Been Declared Bankrupt In The Past 7 Years?
 Are You A Co-maker Or Endorser On A Note?
 If you collect Child Support, is it Court Ordered?
 Are You Obligated To Pay Alimony, Child Support or Separate Maintenance?

<u>Borrower</u>	<u>Co-Borrower</u>
Yes / No	Yes / No
Yes / No	Yes / No
Yes / No	Yes / No
Yes / No	Yes / No
Yes / No	Yes / No

List Total Monthly Obligations (Do Not Include Rent and Utilities)

<u>Debt/Creditor Name</u>	<u>Monthly Payment</u>	<u>Balance</u>	<u>Past Due?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Banking Information

Bank Name: _____ Checking Savings Other Balance _____
 Bank Name: _____ Checking Savings Other Balance _____
 Bank Name: _____ Checking Savings Other Balance _____

I authorize the City of Charleston and/or its partners to obtain a Standard Factual Credit Report or in-file credit reports from the credit bureau of their choice.

Borrower Signature (print and sign) _____

Co-Borrower Signature (print and sign) _____