HomeChoice Application

Instructions:

- Fill out all sections completely and legibly.
- Attach required documents listed in the checklist.
- Submit to: Neighborhood Nonprofit Housing Corporation

  Address: 195 Golf Course Rd Suite 1, Logan, UT 84321

  Phone: 435-799-8116

  Email: sjacob@nnhc.org

Applicant Information

Applicant Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Co-Applicant Name (if applicable): _____
Phone Number: _____
Email Address: _____

Checklist of Required Documents

Please ensure you include the following with your application:

- Copy of the credit report from your First Mortgage lender
- Verification of Disability (to be completed by physician)
- Copies of W-2 Forms from the Last Two Years
- Most recent bank statement(s) for ALL accounts
- Verification of Income for all household members from any of the following sources:
  a. Social Security/SSI Award Letter
  b. Paystubs from the last 30 days
  c. Child Support for the last 12 months (ORS Letter)
  d. Alimony (Divorce Decree)
  e. Any other sources of income, such as pensions, VA benefits, etc.

Budget Worksheet

1. **Monthly Income:**
    - Applicant Wage/Salary (net): _____
    - Co-Applicant Wage/Salary (net): _____
    - Other Income (e.g., SSI, child support, retirement): _____
    - **Total Income:** _____

1. **Monthly Expenses:**
    - Utilities (e.g., electricity, water): _____
    - Insurance (e.g., health, auto): _____
    - Transportation (e.g., gasoline, bus): _____
    - Food (e.g., groceries, dining out): _____
    - Miscellaneous (e.g., childcare, entertainment): _____
    - Loans and Debt Payments: _____
    - Current monthly Rent/Mortgage: _____
    - **Total Expenses:** _____

Demographic Information (Optional)

Ethnicity/Race (check one):

_____ Black/African-American
_____ Asian
_____ American Indian/Alaska Native
_____ Native Hawaiian/Pacific Islander
_____ White
_____ Hispanic/Latino
_____ Bi/Multi-Racial
_____ Other_____

Sex/Gender: _____ Female _____ Male

Marital Status: _____ Married _____ Unmarried (Single or Divorced)

_____ Separated _____ Widowed

Household size: _____

Applicant Certification

By signing below, I certify that the information provided is accurate and complete. I authorize verification of all information and understand that omissions or discrepancies may result in disqualification.

Applicant Signature: _____
Date: _____

Co-Applicant Signature (if applicable): _____
Date: _____

UTAH HOMECHOICE VERIFICATION OF DISABILITY

The State of Utah HomeChoice Program requires that at least one family member that is living in the household has been diagnosed with some type of permanent or progressive disability as defined by the Americans with Disabilities Act. Complete this form and return as part of your Application Packet. By signing this Verification of Disability, you are authorizing the named physician to release the listed information to the Utah HomeChoice Coalition for eligibility purposes.

SECTION I (to be completed by the Applicant or Guardian)

Disabled Family Member's Name:_____

Physician's Address:_____

Physician's Phone #:_____

Signature (Applicant or Guardian):_____

SECTION II (to be completed by Physician)

I verify that the individual named above has a documentable physical or mental impairment that substantially limits one or more major life activities.

The individual's disability is _____ which substantially limits one or more of the following major life activities):

Walking Learning Seeing Hearing Speaking Working

Caring for Oneself Performing Manual Tasks

Physician Name _____ Phone _____

Physician Signature _____ Date _____