



# Matthew Home Program Application for Program Qualification

Dear Applicant: Please complete this application to determine if you qualify to be considered for a Matthew Home. **Acceptance of your application does not mean that you are guaranteed a home.** Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted. We will make every effort to keep all information on this application strictly confidential; however, by signing the application, you are authorizing the Matthew Home Program and its affiliated or partner organizations to perform a credit check and verify employment and other information. *Return completed application and all requested documents to the Matthew Home Program, Attn: Application Dept., 100 N, Waukegan Rd, Lake Forest, IL 60045.*

The Matthew Home Program fully supports and follows the letter and spirit of the U.S. Policy for equal housing opportunity, the U.S. Fair Housing Act, the Illinois Fair Housing Act and the Illinois Human Rights Act.

## 1. APPLICANT/CO-APPLICANT INFORMATION

Applicant's Name			Co-Applicant's Name		
Last four digits of Social Security No.	Date of Birth	Age	Last 4 digits of Social Security No.	Date of Birth	Age
Home Phone	Best Time To Reach		Home Phone	Best Time To Reach	
Work Phone	Best Time To Reach		Work Phone	Best Time To Reach	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Dependents and Others who will live with you (not listed by co-applicant)			Dependents and Others who will live with you (not listed by applicant)		
Name	Age	Male/Female	Name	Age	Male/Female
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes -If yes please list address			Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes-If yes please list address		

### If Living at the Present Address for Less than Two Years Complete the Following

Last Address (street, city, state, zip code)	Last Address (street, city, state, zip code)
Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years: <input type="checkbox"/> Own <input type="checkbox"/> Rent

## 2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Application Received _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Letter Sent _____
Date Application Completed _____	Date Sent to Committee _____	Date Letter Sent _____
Date of Home Visit _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	

### 3. WILLINGNESS TO PARTNER WITH THE MATTHEW HOME PROGRAM

To be considered, you and your family must be willing to complete 150 Volunteer Service Hours toward working on a Matthew Home (up to 50 of these hours may be satisfied by participating in approved classes or community service projects).

	Yes	No
I AM WILLING TO COMPLETE THE REQUIRED 150 VOLUNTEER SERVICE HOURS:	Applicant: <input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant: <input type="checkbox"/>	<input type="checkbox"/>

Number of bedrooms needed (please circle) 1    2    3    4    5

Other rooms in the place where you are currently living:

- Kitchen   
  Bathroom   
  Living Room   
  Dining Room   
  Other (please describe):

If you rent your current residence, what is your monthly rent payment? \$\_\_\_\_\_ per month  
 (please supply a copy of your lease or a copy of a money order, or cancelled rent check)

In the space below, describe the condition of the house or apartment where you currently live. Why do you need a Matthew Home?

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In the event you are pre-qualified for a Matthew Home, how should your name(s) appear on the legal documents?

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

### 4. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and Address of Current Employer	Years On This Job	Name and Address of Current Employer	Years On This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business	Position	Type of Business	Position

Verify your income by attaching copies of two (2) months of check stubs and/or award letters for applicant and co-applicant.

If Working at Current Job Less Than One (1) Year, Complete the Following Information

Applicant		Co-applicant	
Name and Address of Last Employer	Years On This Job	Name and Address of Last Employer	Years On This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

**5. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunches	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other (specify)				Alimony/Child Support	
Other (specify)				Other (specify)	
TOTAL	\$	\$	\$	TOTAL	\$

Please attach copies of last month's bills as listed above.

\* NOTE: Self-employed applicant(s) should provide additional documentation such as latest tax returns and/or financial statements.

DOCUMENTATION VERIFYING ALL SOURCES OF INCOME MUST BE SUBMITTED WITH APPLICATION.

\*\*Others In Household: List additional household members over age 18 who receive income:

Name	Last 4 digits of Soc. Sec. Number	Age	Monthly Wages	Relationship
			\$	
			\$	
			\$	

**6. SOURCE OF DOWN PAYMENT AND CLOSING COSTS**

If you are selected for homeownership, at the real estate closing for the property, you will be required to make a minimum Borrower Contribution (down payment) of 1% of the net purchase price of the Matthew Home or \$1,000, whichever is less. Where will you be getting the money to meet this financial obligation (for example saving, parents). If you are borrowing money to pay these costs, explain how and from whom below. Note: the Matthew Home Program has financial counselors who provide free counseling on ways to help you plan for and satisfy this requirement.

Applicant		Co-Applicant	
Name and Address	of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank,	Savings & Loan, or Credit Union:
Account Number:	Balance \$	Account Number:	Balance \$
Name and Address	of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank,	Savings & Loan, or Credit Union:
Account Number:	Balance \$	Account Number:	Balance \$
Name and Address	of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank,	Savings & Loan, or Credit Union:
Account Number:	Balance \$	Account Number:	Balance \$

<b>Do you own a:</b>	Yes	No	<b>Do you own a:</b>	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car(#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		

**7. DEBT**

<b>Car</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	<b>Other</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$
		Mos. Left to pay:			Mos. Left to pay:
<b>Furniture</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	<b>Other</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$
		Mos. Left to pay:			Mos. Left to pay:
<b>Credit Card(s)</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Alimony/Child Support	\$	/ month
		Mos. Left to pay:	Job-Related Expenses	\$	/ month
			Child Care, Union Dues, Etc.	\$	/ month
<b>Medical</b> Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	<b>Column 2: Subtotal of Payments</b>	\$	/ month
		Mos. Left to pay:	<b>Column 1: Subtotal of Payments</b>	\$	/ month
			<b>Total Monthly Expenses</b>	\$	/ month
<b>Column 1: Subtotal of Payments</b>	\$	/ month			

	Applicant: Yes	No	Co-Applicant: Yes	No
A. Do you have any debt because of a court decision against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you had property foreclosed on in the last seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are you currently involved in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you paying alimony or child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are you a U.S. citizen or permanent legal resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answering "yes" to any question A through E does not automatically disqualify you; however, please explain on a separate sheet of paper and mark your additional comments with "A" for Applicant and "C" for Co-Applicant.

**8. AUTHORIZATION, RELEASE & PRIVACY ACT AGREEMENT**

I understand that by signing this Application, I am authorizing the Matthew Home Program to share this information with Matthew Home lending partners or persons involved in evaluating and selecting Matthew Home families in order to evaluate my actual need for a Matthew Home, my ability to repay any mortgage loan and other expenses of homeownership and my willingness to be a Matthew Home volunteer family. I understand that the evaluation will include personal visits, a credit check, and employment verification.

I have answered all the questions on this Application truthfully. I also understand that if I have not answered the questions truthfully, my Application may be denied, and that even if I have already been selected to participate in the Matthew Home Program, I may be disqualified from the Program and receipt of a home. Further, by signing below, I agree to convey to ReNew Communities or any of its wholly-owned affordable housing subsidiaries, parent or partner organizations, all rights, title and all

photographic images, video or audio recordings and story content of my participation in the Matthew Home Program for the purpose of public relations. The original or a copy of this Application will be retained according to commonly accepted record retention standards, even if the Application is not approved. Incomplete Applications will not be considered until all requested documentation is submitted. The Matthew Home Family Selection Committee will make every effort to keep all information in this Application strictly confidential; however, by signing below, you are authorizing the Selection Committee, the Executive Board and ReNew Communities, its subsidiaries and any partner or constituent organizations, and participating financial counselors to perform credit checks and verify employment and other information.

**The Matthew Home Program is designed for those who have a need for affordable housing, have an ability to pay a mortgage (employed), are legal U.S. residents, are willing to engage in the community, and are willing to partner in volunteering 150 service hours. I understand that acceptance of my Application does not mean that I am guaranteed a house or that I will be approved for the Matthew Home Program. I also understand that whether I qualify for and am accepted in writing for a Matthew Home depends not only on my need and my ability to pay a mortgage, but also on timing and other factors, including whether a house is available that matches my needs. Further, I understand that I must satisfy all Matthew Home Program criteria and may not be approved if I only meet some. I understand that I will be notified in writing if I am approved for the Program and that I may not rely on any oral representations otherwise. If I am accepted into the Matthew Home Program and receive a written offer of a home, I understand that I may decline the home, in writing, and am not obligated to take it and I will not hold the Matthew Home Program, ReNew Communities, its parent or subsidiaries or constituent or partner organizations liable or responsible in any way for my decision to decline the home.**

**We are pledged to the letter and spirit of the U.S. policy for Equal Housing Opportunity. The Matthew Home Program does not discriminate on the basis of race, color, national origin, religion, sex or age.**

**This is to acknowledge that I have read and understand the details of the Application, the Authorization, the Release and the Privacy Statement and by signing below, I authorize the Matthew Home Program and its authorized persons to evaluate my need for a home, my ability to pay a mortgage and willingness to satisfy other Matthew Home Program criteria, such as the Voluntary Service Hours requirement.**

\_\_\_\_\_

**Applicant Signature**

**Date**

\_\_\_\_\_

**Co-Applicant Signature**

**Date**

**Use this space for additional information:**