

**AMEZ Community Housing Development Corporation**

**Client Profile**

**GENERAL INFORMATION**

**DATE:** \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Borrower/Spouse Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ Phone # (Work) \_\_\_\_\_ Co-Borrower Phone # \_\_\_\_\_

Marital Status:      Married       Legally Separated       Divorced   
                            Widowed       Single

Dependents:

Name/Age _____	Name/Age _____
Name/Age _____	Name/Age _____
Name/Age _____	Name/Age _____

**RESIDENTIAL INFORMATION**

\_\_\_\_\_  
Name of Current Landlord

\_\_\_\_\_  
Address of Current Landlord

Monthly rent payment: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Time at above address: \_\_\_\_\_  
If less than two years, please list previous address:

Name and address of previous Landlord: \_\_\_\_\_

Are you residing in Public Housing?      Yes       No

Are you currently participating in any self-sufficiency program such as Project Self-Sufficiency, Section 8, etc...?      Yes       No

**EMPLOYMENT AND INCOME**

**Applicants Income:** Hourly Rate: \$ \_\_\_\_\_ Weekly: \$ \_\_\_\_\_ Semi Monthly: \$ \_\_\_\_\_  
Bi-Weekly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Length of time at current employer: \_\_\_\_\_

If less than two years, previous employment:

Previous Employment

Dates of Employment

Address of Previous Employer

City/State

Zip Code

**Co-Owner/Spouse Income:**

Hourly rate: \$ \_\_\_\_\_ Weekly: \$ \_\_\_\_\_ Semi-Monthly: \$ \_\_\_\_\_

Bi-Weekly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Length of time at current employer: \_\_\_\_\_

If less than two years, previous employment:

Previous Employment

Date of Employment

Address of previous employment

City/State

Zip Code

**Other Income Sources**

Other Employment (Part-Time, etc...) \$ \_\_\_\_\_ Source: \_\_\_\_\_

Child Support (monthly): \$ \_\_\_\_\_

Social Security/Disability/Pension Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL INCOME FROM ALL SOURCES**

**Per Month: \$ \_\_\_\_\_**

**Annual: \$ \_\_\_\_\_**

**ASSETS**

Savings: Bank/Credit Union, etc. \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Checking: Bank/Credit Union, etc. \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Keogh Account/401K \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Retirement/IRA \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Life Insurance \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Automobile(s)  
    Type: \_\_\_\_\_ Est. Value: \$ \_\_\_\_\_  
    Type: \_\_\_\_\_ Est. Value: \$ \_\_\_\_\_  
Real Estate/Property: \_\_\_\_\_ Est. Value: \$ \_\_\_\_\_  
Other: Source \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**Cash Available for Down Payment/Closing Cost** \$ \_\_\_\_\_

**LIABILITIES**

**INSTALLMENT AND CREDIT ACCOUNTS**

Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_  
Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_  
Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_  
Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_  
Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_  
Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_

**COLLECTIONS OR JUDGEMENTS, IF ANY**

Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_  
Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_  
Creditor \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Payment/Mo. \$ \_\_\_\_\_

**ALIMONY OR CHILD SUPPORT PAYMENTS/MO., IF ANY: \$** \_\_\_\_\_

**TOTAL DEBT PAYMENTS PER MONTH** \$ \_\_\_\_\_

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

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The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

BORROWER

CO-BORROWER

I do not wish to furnish this information.  I do not wish to furnish this information.

RACE/NATIONAL ORIGIN:

- Borrower
- American Indian
  - Black, Non-Hispanic
  - White, Non-Hispanic
  - Hispanic
  - Asian
  - Other

- Co-Borrower
- American Indian
  - Black, Non-Hispanic
  - White, Non-Hispanic
  - Hispanic
  - Asian
  - Other

SEX:  Male  Female

SEX:  Male  Female

**CERTIFICATION**

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**I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize the Housing Counselors, to obtain a Credit Bureau Report in my name, and/or to request verification of income and residence. I understand that the completion of this form does not guarantee loan approval, eligibility for housing or housing assistance programs.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**Please Return Application To:**

**Wilmington A.M.E. Zion Housing Development Corp.  
P.O. Box 15363  
Wilmington, NC 28408  
Telephone: (910) 815-3826**