



HOMEOWNERSHIP OPPORTUNITIES APPLICATION

Please have all documentation attached to your application, such as a copy of your Identification, Social Security Card, Income Verification, and Enrollment Number.

NOTE: If these documents are not attached to your application it will not be processed.

**YOU MUST UPDATE ANNUALLY OR YOU
WILL BE TAKEN OFF THE WAITING LIST**

Thank You,

Northern Cheyenne Tribal Housing Authority

Resource Department

Creating Homeownership Opportunities

APPLICATION FOR HOMEOWNERSHIP

Applicant's Name: _____

Which community do you prefer to live?

Social Security No.: _____

Spouse's Name: _____

Social Security No.: _____

Mailing Address: _____

Telephone #: _____

Former NCTHA Tenant? Yes ___ No ___ Current NCTHA Tenant? Yes ___ No ___

Name of Family Member	Relationship to Applicant	D.O.B.	Sex	Enrollment Number	Social Security No.

Do you anticipate changes in family size? _____

Applicant's Income: Source: _____ Amount: _____

Spouse's Income: Source: _____ Amount: _____

(i.e.: Wages, Unemployment, SSI, TANF, GA, etc)

Describe current living conditions (type of home): _____

If you are currently without housing describe why: _____

Current monthly rent payment? _____ List who your renting from: _____

Do you anticipate being without housing in the next 6 months? _____. If yes, list why?



CONSENT TO RELEASE INFORMATION

PART A: Applicant must complete this part.

Name: _____ Address: _____

Hereby requests to release the following information to the Northern Cheyenne Housing Authority. (Check stubs shall accompany income listed below, state assistance, etc.).

	Head of Household	Spouse
Employer's Name:	_____	_____
Employer's Address:	_____	_____
Public Assistance:	_____	_____
Social Security:	_____	_____
Other:	_____	_____
_____	_____	_____
Date	Signature	Signature
	_____	_____
	Social Security No.	Social Security No.

****THIS CONSENT FORM EXPIRES 15 MONTHS FROM DATE SIGNED****

PART B: Employer must complete this part.

<p>_____</p> <p style="text-align: center;">Employer's Name</p> <p>Address: _____</p> <p>_____</p> <p>Date Started: _____</p> <p>Hours Per Week: _____</p> <p>Hourly Wage Per Hour: _____</p> <p>Completed by: _____</p> <p>Title: _____</p> <p>Telephone #: _____</p> <p>Date: _____</p>	<p>_____</p> <p style="text-align: center;">Employer's Name</p> <p>Address: _____</p> <p>_____</p> <p>Date Started: _____</p> <p>Hours Per Week: _____</p> <p>Hourly Wage Per Hour: _____</p> <p>Completed by: _____</p> <p>Title: _____</p> <p>Telephone #: _____</p> <p>Date: _____</p>
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For the past five year's list previous landlord's name, address, and telephone numbers:

Income from other household members:

Name: _____	Source _____	Amount: _____
Name: _____	Source _____	Amount: _____
Name: _____	Source _____	Amount: _____
Name: _____	Source _____	Amount: _____
Name: _____	Source _____	Amount: _____

.....

I understand this is not a contract and does not bind either party. This information is true and complete to the best of my knowledge. I authorize the Northern Cheyenne Tribal Housing Authority to verify the statements and information given on this application.

Signature of Applicant: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Received by: _____ Date: _____ Time: _____

YOU WILL ALSO NEED TO UPDATE YOUR APPLICATION ANNUALLY OR YOU WILL BE TAKEN OFF THE WAITING LIST. THANK YOU – NORTHERN CHEYENNE TRIBAL HOUSING AUTHORITY.

Creating Homeownership Opportunities

HOMEOWNERSHIP PROGRAM APPLICATION

Northern Cheyenne Tribal Housing Authority
Highway 39 North, P.O. Box 327
Lame Deer, Montana 59043
(406)-477-6419

Office use only

--Confidential-- Personal Data	Date of Application:	
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PERSONAL INFORMATION

Head of Household: _____ Maiden name: _____
(If necessary)

Social Security: _____ Date of Birth: _____

Address: _____ How Long? _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Co-Applicant: _____ Maiden name: _____

Social Security: _____ Date of Birth: _____

Address: _____ How Long? _____
(If address is the same as above, state "Same as above")

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

OTHER LIVING AT THIS ADDRESS

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

Applicants

Present Employer: _____ Start Date: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____

Gross Monthly Income: _____ End Date: _____

Co-Applicant's

Present Employer: _____ Start Date: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____

Gross Monthly Income: _____ End Date: _____

OTHER SOURCES OF INCOME

Please include Overtime, Bonuses, Dividends, Child Support, Alimony, Employment from others living in the household, and etc.....

Source	Monthly Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ASSESTS

Include Banks, Credit Unions, and Saving & Loans

Name of Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Checking Account# _____ Balance: _____
Savings Account# _____ Balance: _____
Other Account#s _____ Balance: _____

Name of Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
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Name of Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Checking Account# _____ Balance: _____
Savings Account# _____ Balance: _____
Other Account#s _____ Balance: _____

OTHER ASSETS

Cash Value of Stocks, Bonds, Securities: _____
Cash Value of Life Insurance: _____
Retirement Funds: _____
Value of Personal Property: _____
(Include Furniture, Household Goods, Personal Belongings, and Etc.)

VEHICLES (include boats, campers & trailers)

Year: _____ Make/Model: _____ Value: _____
Year: _____ Make/Model: _____ Value: _____
Year: _____ Make/Model: _____ Value: _____
Year: _____ Make/Model: _____ Value: _____
Year: _____ Make/Model: _____ Value: _____

LIABILITIES

Credit Cards, Department Store Cards, Automobile Loans
Finance Companies, Student Loans, and Personal Loans
Attach additional sheets if Necessary

Name: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly Payment: _____

Name: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly Payment: _____

Name: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly Payment: _____

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City: _____ State: _____ Zip Code: _____
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City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly Payment: _____

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Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly Payment: _____

Name: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly Payment: _____

Name: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly Payment: _____

OTHER MONTHLY EXPENSES
Expenses That You Pay

Monthly Child Support: _____

Monthly Alimony: _____

Monthly Child Care: _____

Monthly Medical Expenses: _____

Other: _____

CURRENT MONTHLY HOUSING COST

Monthly Housing Cost, such as Rent: _____

Personal Property Insurance Cost: _____

Monthly Utilities Cost – Gas: _____

Monthly Utilities Cost – Electric: _____

Monthly Utilities Cost – Water/Sewer: _____

What TOTAL Monthly Housing Expense (including utilities) would you feel comfortable with? _____

APPLICANT		CO-APPLICANT	
YES	NO	YES	NO

Are there any outstanding judgments against you? _____

Have you declared bankruptcy within the last 7 years? _____

Are you a co-signer or endorser on any other notes Or loans? _____

Are you party to a lawsuit? _____

OTHER ELIGIBILITY CONSIDERATIONS

Do you have funds available to pay for a portion of the closing cost or Down payment?

YES NO

() () If "YES" please indicate the amount and the source of the funds

Amount: \$ _____ Source: _____

Are there any other reasons why you feel your application deserves special consideration?

Have you or the Co-applicant ever owned a home before? _____

If "YES" when: _____

I/We certify that the information given to the Northern Cheyenne Tribal Housing Authority on this application is/are true to the best of my/our knowledge. I/We understand falsifying information may result in denial of my application.

Applicant

Date

Co-Applicant

Date

To prepare you for homeownership, it is important to analyze your credit report; 1) To verify that it is correct and 2) To assist you with cleaning up any bad credit that may hinder your score. This process will confirm your credit worthiness prior to sending you to a local bank for financing.

We, the undersigned, acknowledge the Northern Cheyenne Tribal Housing Authority to obtain a credit report on me/us. The Credit Report will be used only in reference to the Homeownership Program



AUTHORIZATION TO OBTAIN CREDIT REPORT
Complete, date, and sign this form

I, the undersigned, hereby authorize the Northern Cheyenne Tribal Housing Authority to obtain a credit report in my name for the purpose of homeownership financing.

Applicant Name: _____
Date of Birth: _____
Social Security #: _____
Current Address: _____
Previous Address: _____

I certify that the information contained in this authorization to obtain a credit report is true and correct.

Signed: _____ Date: _____

Spouse's Name: (or other adult) _____
Date of Birth: _____
Social Security #: _____
Current Address: _____
Previous Address: _____

I certify that the information contained in this authorization to obtain a credit report is true and correct.

Signed: _____ Date: _____