



Greater Atlanta



Return completed application and all requested documents to:

The Fuller Center for Housing of Greater Atlanta

4480-H South Cobb Drive Suite 140
Smyrna, GA 30080
Phone: 404-835-7728

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a Fuller Center house. 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 to the Fuller Center. All information on this application will be kept strictly confidential. A \$30 fee paid in a money order is required to process your application.

1. APPLICANT/CO-APPLICANT INFORMATION

Applicant's Name			Co-Applicant's Name		
Social Security Number*	Date of Birth	Age	Social Security Number*	Date of Birth	Age
*Please attach a copy of a state issued ID and your Social Security Card.			*Please attach a copy of a state issued ID and your Social Security Card.		
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) *If divorced, please attach a copy of your divorce decree.			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced*, widowed) *If divorced, please attach a copy of your divorce decree.		
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
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	

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	
TOTAL	\$	\$	\$	TOTAL	\$

Please attach copies of the last four 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	Social Security Number	Age	Monthly Wages	Relationship
			\$	
			\$	
			\$	

6. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

If you are selected for homeownership, you will be required: to make a \$500 down payment; and to pay closing costs of approximately \$250 prior to moving into your Fuller house. 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:

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 \$

Do you own a:	Yes	No	Do you own a:	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

Car Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Other Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
	Mos. Left to pay:			Mos. Left to pay:	
Furniture Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Other Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
	Mos. Left to pay:			Mos. Left to pay:	
Credit Card(s) Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Alimony/Child Support	\$	/ month
			Job-Related Expenses	\$	/ month
			Child Care, Union Dues, Etc.	\$	/ month
	Mos. Left to pay:				
Medical Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Column 2: Subtotal of Payments	\$	/ month
			Column 1: Subtotal of Payments	\$	/ month
	Mos. Left to pay:		Total Monthly Expenses	\$	/ month
Column 1: Subtotal of Payments	\$	/ 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. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question A through F, 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 AND RELEASE

I understand that by filing this application, I am authorizing The Fuller Center for Housing to evaluate my actual need for a Fuller home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner 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 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 receive a Fuller home, I may be disqualified from the program. By further signing, I agree to convey to Fuller Center for Housing all right, title and all photographic images, video or audio recordings and story content of me by Fuller Center for Housing for the purpose of public relations. The original or a copy of this application will be retained by The Fuller Center for Housing even if the application is not approved. Under the Privacy Act, all personal information provided to Fuller Center for Housing is on a voluntary basis, and that information provided will be protected to the extent permitted by the Privacy Act. Voluntarily submitting information constitutes your consent for Fuller Center for Housing to use the information for the purpose stated and indicates to us you are aware of Fuller Center for Housing's Privacy Policy provisions.

Applicant Signature

Date

Co-Applicant Signature

Date

x _____

x _____

Checklist:

Application Items:

- The following items are required in order to process an application:
 - Completed and Signed Application
 - \$30 Application Fee in the form of a Money Order
 - Copy of State issued ID card or Driver's License
 - Copy of Social Security Card
 - Copy of Divorce Decree
 - Rent/Landlord Receipts- copies of last four (4) paid rent receipts
 - Verification of household income- copies of the four (4) most recent check stubs (if employed) and copies of award letters for any benefits received, including Food Stamps, AFDC and SSI.
 - Copy of Bills- copies of last four (4) months of bills
 - Statement explaining any debt because of a court decision
 - Bankruptcy Papers (please see additional bankruptcy policies)
 - Statement explaining reasons for past bankruptcy
 - Statement explaining any foreclosures with in the last seven (7) years
 - Statement of any potential, pending, or current lawsuits in which the applicant or co-applicant is a party
 - Statement of alimony or child support
 - Statement explaining past felony convictions

Additional items required if an applicant or co-applicant has filed for bankruptcy in the past 7 years:

- The following items are required in order to process an application if an applicant has filed for Chapter 13 Bankruptcy:
 - Written permission from the applicant's trustee to obtain additional debt
 - Written verification that 12 months of bankruptcy payments have been made on time
 - Written confirmation that no new collections or charge-offs have occurred and/or no late payments have been made AFTER the bankruptcy
- The following items are required in order to process an application if an applicant has filed for Chapter 7 Bankruptcy:
 - Discharge paperwork from the applicant's attorney
 - Proof that 18 months has passed since the discharge date
 - Proof that some form of traditional credit has been re-established
 - Written confirmation that no new collections or charge-offs have occurred and/or no late payments have been made AFTER the bankruptcy