



BNT HOUSING COUNSELING APPLICATION

To participate in the Comprehensive Homeownership Counseling Program, 1) complete the application, 2) collect the required items below, and then 3) register for an Orientation Session. **Please read the instructions carefully.**

In order to attend a BNT Orientation, you MUST collect and BRING the following items with you to the session:

- Completed **10 page application**. Please print this application and handwrite clearly.
- Credit Report fee of \$12.00 for a single applicant or \$24.00 for a joint report. Check or money order ONLY (NO CASH). Make checks payable to "Bridgeport Neighborhood Trust".

--- Copies of the following items: ---

- Most recent (consecutive) pay stubs covering the past 4 weeks.
- Proof of other income, i.e. Social Security, SSI, Alimony, Child Support (if applicable).
- Three (3) most recent bank statements for checking, savings, and retirement Accounts, i.e. 401K, IRA's etc.
- Tax Returns and W2 for 2010 and 2011.
- If self employed, last three years of Tax Returns, including Schedule C, and Profit and Loss Statement and bank statements (business and personal) for the last three months.
- Identification such as photo ID (driver's license, employer's ID card, etc.).

NO ORIGINALS

You must bring in copies.

We cannot make copies for you.

ONCE YOU HAVE ALL THE REQUIRED ITEMS:
Call BNT at (203) 332-7977 to register for an Orientation Session. See schedule below.

**2012
ORIENTATION SCHEDULE and LOCATION**

Where	Bridgeport Neighborhood Trust (BNT) 240 Fairfield Ave, 3 rd Floor, Bridgeport (corner of Fairfield Ave & Broad St)
When	June: Tuesday 12 th (Teleclass) & Thursday 28 th July: Tuesday 10 th (Teleclass) & Thursday 26 th August: Tuesday 14 th (Teleclass) & Thursday 30 th September: Tuesday 11 th (Teleclass) & Thursday 27 th
Time	Bi-Weekly, 6:00pm – 6:45pm
Language	English, Creole, French

We cannot accommodate children or guests; only applicants and co-applicants can be admitted. It is not necessary for both applicants to attend as long as one applicant brings the required documents for both applicants. We also ask that you please arrive on time.

THANK YOU

PRINT ALL PAGES of the application and **bring to your Orientation Session.**

240 Fairfield Avenue · 3rd Floor · Bridgeport, CT 06604
T 203.332.7977 · F 203.579.2338 · www.bntweb.org



APPLICATION FORM

Print application and handwrite clearly.
Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

APPLICANT:

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix (Sr., J.r., etc): _____

Social Security Number: _____

Email Address: _____

Home Phone: _____

Alternative Phone: _____

Highest Level of Education Completed: _____

Birth Date: _____

Number of Dependents: _____

Family Size: _____

Please Circle/Mark all that apply:

Marital Status: Married, Separated, or Unmarried

Gender: Male or Female

Race: American Indian/Alaskan
Asian/Pacific Islander
Black/ Non-Hispanic
Hispanic
White/ Non Hispanic
Other

Citizenship: US Citizen
Permanent Resident
Non-Resident

Other: Single Head of Household
Female Head of Household
First Time Home Buyer
US Veteran
Owned Home in Last 3 Years

- If Foreign Born, please specify birth place _____ Preferred Language _____
- Referral Source:** HUD, CHFA, Agency Outreach, Agency Website, Flyer, Word of Mouth, friend, employer, non-profit, Realtor, Lender, Other (please specify) _____

ADDRESS & EMPLOYMENT

CURRENT ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Current Rent: _____

Residency Status: Rent or Own Length of Occupancy: Years-_____ Months: _____

PREVIOUS ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Residency Status: Rent or Own Length of Occupancy: Years: _____ Months: _____



BRIDGEPORT
NEIGHBORHOOD
TRUST

APPLICATION FORM

Print application and handwrite clearly.
Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

EMPLOYMENT

Employer Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Start Date: _____
 Position/Title: _____ End Date: _____

PREVIOUS EMPLOYMENT

Employer Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Start Date: _____
 Position/Title: _____ End Date: _____

FINANCIALS

GROSS INCOME

Type of Income: _____ Amount: _____ Circle One: Weekly or Bi-Weekly
 Type of Income: _____ Amount: _____ Circle One: Weekly or Bi-Weekly

BANK ACCOUNTS/ INVESTMENTS/ SAVINGS

<u>Type</u>	<u>Institution Name</u>	<u>Amount</u>
Checking	_____	\$ _____
Savings	_____	\$ _____
Retirement Account	_____	\$ _____
Mutual Funds	_____	\$ _____
Other	_____	\$ _____

AMOUNT SAVED

Towards Home Purchase (TOTAL): \$ _____



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CO-APPLICATION FORM

Print application and handwrite clearly.
Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

CO-APPLICANT:

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix (Sr., J.r., etc): _____

Social Security Number: _____

Email Address: _____

Home Phone: _____

Alternative Phone: _____

Highest Level of Education Completed: _____

Birth Date: _____

Number of Dependents: _____

Family Size: _____

Please Circle/Mark all that apply:

Marital Status: Married, Separated, or Unmarried

Gender: Male or Female

Race: American Indian/Alaskan

Citizenship: US Citizen

Other: Single Head of Household

Asian/Pacific Islander

Permanent Resident

Female Head of Household

Black/ Non-Hispanic

Non-Resident

First Time Home Buyer

Hispanic

US Veteran

White/ Non Hispanic

Owned Home in Last 3 Years

Other

If Foreign Born, please specify birth place _____ Preferred Language _____

Referral Source: HUD, CHFA, Agency Outreach, Agency Website, Flyer, Word Of Mouth, friend, employer, non-profit, Realtor, Lender, Other (please specify) _____

ADDRESS & EMPLOYMENT

CURRENT ADDRESS

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Current Rent:** _____

Residency Status: Rent or Own **Length of Occupancy:** Years- _____ Months: _____

PREVIOUS ADDRESS

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

Residency Status: Rent or Own **Length of Occupancy:** Years: _____ Months: _____



CO-APPLICATION FORM

Print application and handwrite clearly.
Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

EMPLOYMENT

Employer Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact Phone: _____ Start Date: _____
Position/Title: _____ End Date: _____

PREVIOUS EMPLOYMENT

Employer Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact Phone: _____ Start Date: _____
Position/Title: _____ End Date: _____

FINANCIALS

GROSS INCOME

Type of Income: _____ Amount: _____ Circle One: Weekly or Bi-Weekly
Type of Income: _____ Amount: _____ Circle One: Weekly or Bi- Weekly

BANK ACCOUNTS/ INVESTMENTS/ SAVINGS

<u>Type</u>	<u>Institution Name</u>	<u>Amount</u>
Checking	_____	\$ _____
Savings	_____	\$ _____
Retirement Account	_____	\$ _____
Mutual Funds	_____	\$ _____
Other	_____	\$ _____

AMOUNT SAVED

Towards Home Purchase (TOTAL): \$ _____



HOUSEHOLD MEMBERS AND MONTHLY EXPENSES

Please print clearly and eligibly.

List **everyone** in the household who will be living in the new home (including applicant and co-applicant). Please list adults first with the applicant as #1 and co-applicant as #2.

Household Members

	First Name	Last Name	Gender	Relationship	Age	Annual Income
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Are any of these household members veterans or disabled? If so, who? _____

In what city would you like to purchase a home? _____

What is the minimum number of bedrooms needed for the above list of household members? _____

Household Spending Plan/ Monthly Budget

Incomes (USE NET OR TAKE HOME INCOME);		
Type	Description	Actual
Base Salary		
Bonuses		
Commissions		
Other		
Totals		
Expenses		
Type	Description	Actual
Rent/Mortgage payment		
Housing/Property taxes		
Housing/Home/Rental insurance		
Housing/Utilities - Electric		
Housing/Utilities - Natural gas		
Housing/Utilities - Garbage		



BRIDGEPORT
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MONTHLY EXPENSES

Please print clearly and eligibly.

Telephone/Telecom/Basic service		
Telephone/Telecom/Cell phone		
Food/Groceries		
Food/Eating out/ Delivery		
Food	Other food expenses	
Auto/Transportation/Auto loan payments		
Auto/Transportation/Gas and oil		
Auto/Transportation/Car maintenance		
Auto/Transportation/Parking		
Auto/Transportation	Other Auto expenses	
Health care/Medical bills		
Health care/Dental		
Health care/Vision		
Health care	Other health care expenses	
Personal care/Clothing		
Personal care/Shoes		
Personal care/Dry cleaning/Laundry		
Personal care/Haircuts/Barber		
Personal care/Nails		
Personal care/Toiletries		
Personal care/Cosmetics		
Personal care	Other personal care expenses	
Entertainment/Movie rentals		
Entertainment/Cable		
Entertainment/Holidays/Events		
Entertainment/Vacations/Travel		
Entertainment/Hobbies		
Liabilities/Credit cards/Credit card payments		
Liabilities/Credit cards/Bank fees		
Liabilities/Credit cards/Taxes		
Liabilities/Credit cards/Cashier's checks/Payday loans		
Liabilities/Credit cards	Other Liabilities/Credit Cards	
Children/Clothing		
Children/Day care		
Children/Child support		
Donations/Charities		
Donations	Other donations	
Continuing education/Tuition		
Pets		



BRIDGEPORT
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MONTHLY EXPENSES

Please print clearly and eligibly.

Children/Activities		
Savings/Savings account		
Savings/Investments		
Savings/IRA		
Other		
Other		
Other		
Totals		



BNT CREDIT AUTHORIZATION AGREEMENT

Please read through and provide signature(s) at the bottom.

Notice to Consumer(s): The Federal Equal Credit opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit protection Act.

Agreement with Bridgeport Neighborhood Trust Inc./Community Capital Fund, Inc.: The information supplied herein, and in any related application for credit, is complete and correct. You may obtain a consumer credit report on me. If I ask, BNT/CCF will tell me the name of any credit bureau from which you obtained a credit report. You may also verify my employment, income, assets and debts, and anyone receiving a copy of this Agreement is authorized to provide you with such information. You may share account and financial information contained in my application and in any credit report on me with others for purposes of considering my eligibility for their products or services.

Information

Last Name: _____ First Name: _____
Middle Name: _____ Gender: _____ Social Security No. _____ Age: _____

Co-Applicant

Last Name: _____ First Name: _____
Middle Name: _____ Gender: _____ Social Security No. _____ Age: _____

Current Address

Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Signature Date Co-Applicant Signature Date