

Community Women Against Hardship



Transitional Housing Application Form

The information you provided in this application will assist CWAH (Selection Housing Committee) in getting an idea of your current financial situation. We will then be able to better asses if the CWAH-Transitional Housing Program can assist you with reaching your housing and financial goals.

Please tell us how you heard about this program? (Check as many as apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Friend /Relative | <input type="checkbox"/> CWAH Website | <input type="checkbox"/> Lender/Realtor |
| <input type="checkbox"/> Referral by agency | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Ad (Newspaper /Radio) |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Walk In | <input type="checkbox"/> Other _____ |

(1)

Transitional Housing Application

Today's Date: _____

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ Other _____

SSN# _____ - _____ - _____ Date of Birth ____/____/____ Are you 18 years or older ___ Yes ___ No

Gender ___ Male ___ Female

Ethnic Background ___ African American/Black ___ Caucasian/White ___ Hispanic/Latino ___ Mixed/Other

Check the level of education you have completed ___ High School ___ GED ___ College ___ Other _____

Number of members in your family (including yourself) _____

Please list them below (If you need more space, add another sheet of paper)

Name	Date of Birth	Age	Relationship to you
			<i>Self</i>

Income Sources (Those in household 18 years of age and older only)

List monthly gross household income sources and amounts, in the following table:

List Monthly Dollar Amounts in each (applicable) column

Name	Wages	Child Support	TANF/AFDC	SS/Pension	SSI/Disability	Food Stamps

Employment Information (attach additional sheet of paper if you need to add more employer information)

Your employment status: ___ unemployment ___ Employed: If employed, complete the following:

Employer Name _____ Your Job Title _____ Full Time ___ Part Time ___

If you have other jobs, list them below:

Employer: _____ Your Job Title _____ Full Time ___ Part Time ___

Expenses and Debts

Do you pay rent? ___ No ___ Yes

If yes, to whom do you pay rent ___ Family/Friends ___ Landlord ___ Other Monthly Amount \$ _____

Other Debts	Yes/No	Past Due	Y/N	Monthly Amount You Pay
Do you other on a mortgage loan?				
Do you have a second mortgage or others home equity type loan?				
Do you owe taxes? (real estate, etc)				
Do you own a car you are paying on?				
Do you have past due utility bills?				
Do you have a student loan?				

List the Types of Credit Cards you have (Visa, Master Card, etc).	Amount Owed	Monthly Minimum	Name of Bank or Institution
1)			
2)			
3)			
4)			
Do you have medical bills?			

Do you have any other loans on? List them below: (payday loan, furniture, car title loans, etc). If you a cosigner on anyone else's loans, including then also:

1)			
2)			
3)			
4)			

Other	Yes/No	If you have an IDA
Do you have car insurance?		What is the match amount? \$ ____
Do you have medical insurance?		What is your saving Goal? \$ ____
Do you Have life insurance?		For what purpose is your IDA?
Do you have renters or homeowner's insurance?		___ Home Purchase
Do you have a retirement savings account? (IRA/401K, etc)		___ Home Repair
Do you have a checking account?		___ Car Purchase
Do you have a savings account?		___ Business
Do you have an IDA (Individual Development Account)		___ Other



AUTHORIZATION TO OBTAIN CREDIT REPORT

**Community Women Against Hardship, Inc.
Transition Housing
3963 West Belle Place
St. Louis, Missouri 63108
Phone: 314-289-7523**

To Whom It May Concern:

As a participant in the Community Women Against Hardship, Inc. Transitional Housing program, I, the undersigned authorize Community Women Against Hardship Inc. (CWAH) to use my Social Security number for the purpose of obtaining my credit report at a later date, in order to evaluate the CWAH Transitional Housing program.

I also authorize the release of my credit report to Central Bank of St Louis by those credits reporting agencies from which Central Bank of St. Louis may request my credit report.

I understand that the information on my credit report will be used by CWAH, its affiliates, or contractors only for the purpose of evaluating the CWAH Transitional Housing program and the information will not be disclosed to any other third party.

Photocopies and faxes of this original are considered valid and acceptable.

Signature of program participant

Date

THIS SIGNED FORM MUST ACCOMPANY YOUR COMPLETED APPLICATION

Updated 1/10/13