



Homeownership Program

THE CITY OF ROANOKE REDEVELOPMENT
AND HOUSING AUTHORITY
2624 SALEM TURNPIKE, NW
ROANOKE, VA 24017

Participant Application

Please complete front and back of application, and submit to Robin Denney at the Roanoke Redevelopment and Housing Authority located at 2624 Salem Turnpike, N.W., Roanoke, Virginia 24017.

1. APPLICANT'S LAST NAME:		APPLICANT'S FIRST NAME:		APPLICANT'S MIDDLE INITIAL:	
2. CO-APPLICANT'S LAST NAME:		CO-APPLICANT'S FIRST NAME:		CO-APPLICANT'S MIDDLE INITIAL:	
3. CURRENT STREET ADDRESS:		CITY, STATE, ZIP		4. HOME TELEPHONE #:	
5. NAME AND ADDRESS OF PRESENT LANDLORD:				6. LANDLORD TELEPHONE #:	
7. HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS: YEARS: _____ MONTHS: _____				7. OWN: <input type="checkbox"/> RENT: <input type="checkbox"/>	
8. MONTHLY RENT OR MORTGAGE: \$ _____		9. DOES THIS AMOUNT INCLUDE UTILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. IF LESS THAN TWO (2) YEARS AT PRESENT ADDRESS, GIVE PREVIOUS ADDRESS					
11. NAME AND ADDRESS OF PREVIOUS LANDLORD:					

B. LIST ALL FAMILY MEMBERS WHO WILL BE LIVING WITH YOU. (PLEASE INCLUDE YOURSELF AND ALL FULL-TIME STUDENTS)

1. LAST NAME	2. FIRST NAME	3. MI.	4. RELATION	5. SEX	6. BIRTHDATE	7. SSN	8. BIRTH PLACE

C. ACCOMMODATION NEEDS

1. DO YOU, OR DOES ANYONE IN YOUR HOUSEHOLD, REQUIRE ANY MODIFICATIONS OR ACCOMMODATIONS IN ORDER TO FULLY UTILIZE THE LEASE/PURCHASE PROGRAM AND ITS SERVICES? NO IF YES, EXPLAIN:

2. IS HEAD OF HOUSEHOLD OR SPOUSE HANDICAPPED OR DISABLED? NO YES

3. IS ANY OTHER HOUSEHOLD MEMBERS HANDICAPPED OR DISABLED? NO YES

D. INCOME

1. APPLICANT NAME	SOURCE OF INCOME	ADDRESS OF EMPLOYER/PROVIDER	MONTHLY INCOME
2. CO-APPLICANT NAME	SOURCE OF INCOME	ADDRESS OF EMPLOYER/PROVIDER	MONTHLY INCOME

E. ASSETS (Checking Accounts, Savings Accounts, CD's, Stocks, Bonds, Real Estate, etc.)

1. OWNER OF ASSET	2. DESCRIPTION OF INCOME	3. NAME OF BANK, OR BANKING INSTITUTION	4. AMOUNT

F. ALLOWANCES (PRESCRIPTIONS, HEALTH INSURANCE, MEDICAL BILLS, ETC.)

1. NAME	2. DESCRIPTION	3. AMOUNT

G. DO YOU PAY CHILD CARE EXPENSES NO YES, HOW MUCH? \$_____

H. THE INFORMATION BELOW IS REQUIRED BY HUD FOR STATISTICAL PURPOSES

1. RACE OF HEAD OF HOUSEHOLD: WHITE BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

2. ETHNICITY OF HEAD OF HOUSEHOLD: HISPANIC NONHISPANIC

J. APPLICANT DEBT

Type of Debt	Name of Debtor	Balance Owed	Monthly Payment
Total of all minimum charge card payments- Visa/Mastercard/Department Store, etc			
Total of all Car/Vehicle payments			
Other monthly payments (Utilities, etc.)			

K. Do you have a history of credit problems? Yes No
 If Yes, please list late payments, judgements or collections and a brief explanation.

L. PERSONAL REFERENCES (Please list three character references (Do not include any relatives.))

NAME	ADDRESS	PHONE	YRS. OF ACQUAINTANCE
1.			
2.			
3.			

1. Signature of Head of Household: _____ Date: _____

2. Signature of Co-Applicant/Spouse: _____ Date: _____

THE CITY OF ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY DOES NOT DISCRIMINATE AGAINST ANY HOUSING APPLICANT BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, AND FAMILIAL STATUS, OR NATIONAL ORIGIN.