

**City of Paducah Section 8 Housing
HOMEOWNERSHIP OPTION PRE-APPLICATION**

FOR OFFICE USE ONLY:
CLIENT # _____ DATE: _____

APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Applicant Name		Applicant Name	
Social Security Number		Social Security Number	
Home Phone	Date of Birth	Home Phone	Date of Birth
Marital Status (check one) ___ Married ___ Separated ___ Unmarried		Marital Status (check one) ___ Married ___ Separated ___ Unmarried	
APPLICANT		CO-APPLICANT	
List dependents	age	List dependents	age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
APPLICANT		CO-APPLICANT	
Present address (street, city, state, zip code)		Present address (street, city, state, zip code)	
_____		_____	
_____		_____	
_____		_____	
At the above listed address do you: ___ Own ___ Rent ___ # of years Other _____		At the above listed address do you: ___ Own ___ Rent ___ # of years	
Section 8 Participant ___ Yes ___ No		Section 8 Participant ___ Yes ___ No	
APPLICANT RENTAL HISTORY			
Name of present landlord	Landlord address	Landlord phone	
_____	_____	_____	
Present monthly rent	# of people in household	# of bedrooms	
_____	_____	_____	
APPLICANT PREVIOUS ADDRESS			
Previous address (street, city, state, zip code)		At your previous address did you:	
_____		___ Own ___ Rent ___ # of years	
_____		Section 8 Participant ___ Yes ___ No	

EMPLOYMENT INFORMATION

APPLICANT	CO-APPLICANT
Present employer	Present employer
Employer address	Employer address
Employer phone	Employer phone
Position/Title	Position/Title
Length of time at this job Start Date _____ End Date _____	Length of time at this job Start Date _____ End Date _____
Monthly income \$	Monthly income \$

APPLICANT	CO-APPLICANT
Previous employer	Previous employer
Employer address	Employer address
Employer phone	Employer phone
Position/Title	Position/Title
Length of time at this job Start Date _____ End Date _____	Length of time at this job Start Date _____ End Date _____
Monthly gross income \$	Monthly gross income \$

HOUSEHOLD INCOME

Applicant base employment (gross)	\$
overtime	\$
commissions	\$
dividends/interest	\$
Co-applicant base employment (gross)	\$
overtime	\$
commissions	\$
dividends/interest	\$
TOTAL	\$

OTHER INCOME

List source, recipient, and amount of any other household income, including but not limited to child support, alimony, social security, disability, retirement.

Source	Recipient	Amount
		\$
		\$
		\$
		\$
	TOTAL	\$

(do not complete) GROSS FAMILY INCOME \$ _____

HOUSEHOLD ASSETS

List all assets held by family members, include checking and savings accounts, real estate and other investments.

Name and address of financial institution	Account number	Cash value
Name and address of financial institution	Account number	Cash value
Name and address of financial institution	Account number	Cash value
Real Estate owned, address	Amount owed	Cash value
	TOTAL	\$

HOUSEHOLD LIABILITIES

List any account that carries a balance from month to month: car loans, student loans, other bank loans, credit cards with a balance, furniture store accounts with a balance, other store accounts that carry a balance.

Name and address of financial institution	Unpaid balance	Monthly Payment
	\$	\$
Name and address of financial institution	Unpaid balance	Monthly Payment
	\$	\$
Name and address of financial institution	Unpaid balance	Monthly Payment
	\$	\$
Name and address of financial institution	Unpaid balance	Monthly Payment
	\$	\$
Name and address of financial institution	Unpaid balance	Monthly Payment
	\$	\$
	TOTAL	\$

