



Office Use Only  
Received Time: \_\_\_\_\_

Date: \_\_\_\_\_

## Application for Home Purchase

### Personal Information

Applicant Name(s): \_\_\_\_\_

How many are in your family? \_\_\_\_\_

Own or rent at present address: \_\_\_\_ Own \_\_\_\_ Rent

Current amount you are paying for rent: \_\_\_\_\_

Present Address: \_\_\_\_\_

Street Name & Number                      City                      State                      Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Landlord: \_\_\_\_\_

Name    Phone

How long have you lived at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street Name & Number                      City                      State                      Zip Code

### Property Information

Is there a specific NDC property in which you are interested? \_\_\_\_ Yes \_\_\_\_ No

If so, what is the address? \_\_\_\_\_

Type of home you are looking for (circle all that apply):

# of Bedrooms: \_\_\_\_ # of Baths: \_\_\_\_ Garage: \_\_\_\_ Yes \_\_\_\_ No

Exterior: \_\_\_\_ Brick \_\_\_\_ Vinyl \_\_\_\_ Wood Misc. Needs: \_\_\_\_\_

Monthly mortgage payment you think you can afford: \_\_\_\_\_

Are you working with a bank or mortgage company? \_\_\_\_ Yes \_\_\_\_ No

Are you pre-approved for a mortgage? \_\_\_\_ Yes \_\_\_\_ No Amount? \_\_\_\_\_

**Employment Information**

Company Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street & Number City State Zip Code

Monthly Income: \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Contact Person (Supervisor): \_\_\_\_\_  
Name Phone

**Employment of Second Occupant (If over 18 years)**

Name of Person who works here: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street & Number City State Zip Code

Your position: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ How long have you worked here? \_\_\_\_\_

Contact Person (Supervisor): \_\_\_\_\_  
Name Phone

**Other Sources of income (for all household members over the age of 18 years)**

Do you receive Section 8 Assistance? \_\_\_Yes \_\_\_ No

If yes, name of case manager: \_\_\_\_\_

Other Sources of income (Ex. Social Security....)	Amount
_____	_____
_____	_____
_____	_____
_____	_____

How did you learn about New Development Corp.? \_\_\_\_\_

I certify that to the best of my knowledge the information on this application is true and accurate, and I am aware that inaccurate information could lead to a rejection of this application and inability to attain housing in the future with the New Development Corporation. I also permit the New Development Corporation to obtain a copy of my credit report through the credit reporting agency of their choice and to verify any and all information made on this application. Furthermore, I permit the New Development Corporation to share information attained in this application process with all parties that are necessary to qualify me for occupancy in a New Development Corporation property and to call the appropriate sources to verify any and all information on this application.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Date

**Attachments: Please fill out the following forms and return with your application**

Verification of Resources

Family Composition

Verification of Earnings and Employment (Please fill out and sign the top section.  
We will send it to your employer.)

**Current Schedule of Income Limits:**

Household Size	Income Cannot Exceed:
1	\$34,350
2	\$39,250
3	\$44,150
4	\$49,050
5	\$52,950
6	\$56,650



For assistance with this application, please consult:  
Michigan Commission for the Blind (1-800-292-4200)  
Michigan Relay Center (1-800-649-3777)