

**CHRISTIAN COUNTY/HOPKINSVILLE DEVELOPMENT CORPORATION
CITY OF HOPKINSVILLE
HOPKINSVILLE-CHRISTIAN COUNTY PLANNING COMMISSION
AFFORDABLE HOMEOWNERSHIP PROGRAM
101 NORTH MAIN STREET
P.O. BOX 1125
HOPKINSVILLE, KY 42241**

APPLICATION

All information will be confidential. Return application to the above-referenced address within 10 days.

Borrower: _____ SS#: _____ Age: _____

Co-Borrower: _____ SS#: _____ Age: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated

Persons living in household besides above:

Name _____ SS# _____ Age _____

Name _____ SS# _____ Age _____

Name _____ SS# _____ Age _____

Name _____ SS# _____ Age _____

Name _____ SS# _____ Age _____

Please list all wage earners and income in household 18 years or older except all full time students residing in household. Please include all income (i.e., Employer, Social Security, SSI, Welfare, Child Support, Alimony, Disability, Pension).

Name	Name of Employer or Other	# of Years Employed	Annual Gross Salary
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Total family gross annual income received from all sources: \$

Have you ever owned property (i.e., home/mobile home)?

_____ Yes _____ No

If yes, date sold

Are your assets over \$5,000? _____ Yes _____ No

Amount of funds available for deposit and downpayment on purchase of house? \$

Exact source of downpayment (i.e., bank, gift) If from someone other than yourself, please indicate below the name, address, and phone number of individual giving you the downpayment as a loan or gift.

Name

Address

Phone #

TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION SUPPLIED TO YOU FOR THE COMPLETION OF THIS FORM IS TRUE AND ACCURATE. ANY FALSE STATEMENTS MADE KNOWINGLY AND WILLFULLY MAY SUBJECT THE SIGNER(S) PENALTIES UNDER SECTION 1001 AND 1010 OF TITLE 18 OF THE UNITED STATES CODE.

Borrower

Date

Co-Borrower

Date

