

CHRISTIAN ACTION, INC.

PROSPECTIVE CANDIDATE INTERVIEW FORM AND

APPLICATION FOR ASSISTANCE UNDER THE TRADITIONAL PROJECT DESIGN

GENERAL INFORMATION:

Name: _____

Current Address: _____

Telephone: _____ Cell: _____

Last Previous Address and Landlord's Name: _____

Proposed Project Location If Known: _____

HOUSEHOLD COMPOSITION:

Head: _____ DOB: _____

Spouse/Co-applicant Name: _____ DOB: _____

Dependents:

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Other Household Members:

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Dependents Not In Residence:

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

EMPLOYMENT:

Head:

Current Employer: _____

Position: _____ Start Date: _____ Hrs. Wk.: _____

Salary/Wk., Mo., Annual: _____ or Hourly Wage: _____

Previous Employer: _____

Position: _____ Start Date: _____ End Date: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Spouse/Co-applicant:

Current Employer: _____

Position: _____ Start Date: _____ Hrs. Wk.: _____

Salary/Wk., Mo., Annual: _____ or Hourly Wage: _____

Previous Employer: _____

Position: _____ Start Date: _____ End Date: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Other Part-Time Employment (describe): _____

INCOME (from all household members):

Head's Estimated Annual Income: _____

Spouse/Co-applicant's Estimated Annual Employment Income: _____

Other Members' Estimated Employment Income: _____

Annual Income from Assets:

Interest: _____

Dividends: _____

Social Security: _____

Child Support: _____

Other (describe in notes): _____

MONTHLY FINANCIAL OBLIGATIONS:

Rent: _____

Utilities: _____

Telephone: _____

Water/Sewer: _____

Car: _____

Car Insurance: _____

Transport: _____

Work Related: _____

Health Insurance: _____

Cable TV: _____

Food: _____

Clothing: _____

Charity: _____

Church: _____

Other (describe below):

DEBTS (describe in detail below):

1. _____

2. _____

3. _____

OTHER RELEVANT INFORMATION (identify specific household member that is being referred to):

1. Have you ever been evicted? _____
2. Have you ever owned (or were buying) a home in the past? _____
3. Do you have any pending legal actions affecting the household? _____
4. Do you have a down payment, how much is it, and what is its source?

5. Do you have a criminal record? _____
6. Do you have a co-signer? _____
7. When will you be ready to seek a home?

Notes:

I/we, the applicant(s), acknowledge that I/we voluntarily provided the above information to Christian Action, Inc. about my/our household to support an application for financial assistance using Christian Action, Inc.'s "traditional project" design. The aforesaid design has been explained to me/us in detail

and to my/our satisfaction. I/we hereby authorize Christian Action, Inc. to process the application including obtaining a financial background report and/or credit report to verify the content and veracity of the information provided herein. Christian Action, Inc. hereby agrees to hold in confidence any information that I/we have provided to them and/or that they shall subsequently discover while processing of this application for financial assistance.

Applicant Signature: _____

Date: _____

Spouse/Co-signer Signature: _____

Date: _____

Christian Action, Inc. Representative: _____

Date: _____