



209 North Union Street
Olean NY 14760
Phone: (716) 945-3120
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CUSTOMER

Please Print Clearly

Name: First MI Last

Street

City State Zip Code

Home: ( ) - Work: ( ) - Email:

Fax: ( ) - Pager: ( ) - Mobile/Cell ( ) -

Social Security Number Birth Date

Race (optional) (please circle):

- 1. White 2. Black or African American
3. American Indian/Alaskan Native 4. Asian
5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White
7. Asian and White 8. Black/African American and White
9. American Indian/Alaskan Native and Black 10. Other

Ethnicity (optional) (please select "yes" or "no" for Hispanic Origin). Please select both a "Race" category and a "yes" or "no" for Hispanic origin.

Hispanic: Yes No

Immigrant Status (optional) (please select one):

- 1. You are U.S.-born and 1 or both of your parents are foreign-born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed (optional)

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):



- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family member and not paying rent
- 5. Homeowner with mortgage paid off

**Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Household Type (please select the most accurate)?**

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

**Family/Household Size:** \_\_\_\_\_ **How many dependents (other than those listed by any co-borrower)?** \_\_\_\_\_

What ages are they? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Are there non-dependents who will be living in the home?** Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, list below:* \_\_\_\_\_

Relationship	Age	Relationship	Age
--------------	-----	--------------	-----

**Annual Family or Household Income:** \$ \_\_\_\_\_

**Education (please circle one):**

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

**Referred to by (please circle all that apply):**

- |                     |         |            |       |                   |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank    | Government | TV    | Realtor           |
| Staff/Board member  | Walk-In | Friend     | Radio | Newspaper Article |

**If you were referred by a bank, which one?** \_\_\_\_\_

**If referred by another source not listed above, which one?** \_\_\_\_\_

**CO-APPLICANT**

**Name:** \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Birth Date

**Race (optional) (please circle):**

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

**Ethnicity (optional)** (please select “yes” or “no” for Hispanic Origin). Please select both a “Race” category and a “yes” or “no” for Hispanic origin:



Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_

**Immigrant Status** (optional) (please select one):

- 1. You are U.S.-born and 1 or both of your parents are foreign-born
- 2. You are U.S.-born but 1 or both grandparents are foreign-born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S.-born

**Marital Status** (please circle):      Single      Married      Divorced      Separated      Widowed  
(optional)

**Gender** (please circle):      Male      Female

**Handicapped?**      Yes      No

**Education** (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

**Relationship to Customer** (please circle):      Spouse      Daughter      Son      Sister      Brother      Girlfriend  
Boyfriend      Mother      Father

Other: \_\_\_\_\_

**CUSTOMER EMPLOYMENT — Last 2 Years**

*Please Print Clearly*

**Primary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time      or      Full-Time      (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid      \_\_\_hourly      \_\_\_weekly      \_\_\_every two weeks      \_\_\_twice a month      \_\_\_monthly?

**Previous Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Length of Employment

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time      or      Full-Time      (Please Circle)

*Continue listing previous employers on a separate sheet of paper.*



Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

Previous Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Length of Employment

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

\_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?



**INCOME**

*Please Print Clearly*

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Can you document your child support/alimony income?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, how long will it continue?</i>	_____		_____	
<i>If your child or a family member receives SSI, how many more years will the payments continue?</i>	_____		_____	
<i>If you receive disability income, is it for a permanent disability?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Regarding other employment, have you worked in this field for two years or more?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>

**LIABILITIES/DEBT**

*Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.*

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			



6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

**LIQUID FUNDS/SAVINGS/INVESTMENTS**

*Please Print Clearly*

Please list the approximate value of the following:

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes    No  
 If yes, how much? \$ \_\_\_\_\_

**LIVING EXPENSES**

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		



Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

### ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>		
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>			
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>			
<i>Most convenient time for an individual appointment?</i>	___ AM	___ PM			
	___ Monday	___ Tuesday	___ Wednesday	___ Thursday	___ Friday

### AUTHORIZATION

I authorize Rural Revitalization Corporation to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Truth-in-Lending Statement, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Date*

