



Square Foot Ministry
P. O. Box 371
Fayetteville, GA 30214
770-329-7736

Form Feb2020A

www.squarefootministry.org

APPLICATION FOR HOME PURCHASE DATE: _____

I HAVE READ AND UNDERSTAND “What it Takes to Qualify” and “Responsibilities of Homeownership found on web site YES/NO _____

APPLICANT: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: print clearly _____

SOCIAL SECURITY NUMBER: _____

MARTIAL STATUS: single ___ **married** ___ **divorced** ___ **widowed** ___

(Single means never married) Military Veteran Yes/No _____

CO-APPLICANT: _____

LAST

FIRST

MIDDLE

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: print clearly _____

SOCIAL SECURITY NUMBER: _____

MARTIAL STATUS: single ___ **married** ___ **divorced** ___ **widowed** ___

(Single means never married) Military Veteran Yes/No _____

LANDLORD NAME AND CONTACT INFO:

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? _____

IF LESS THAN 3 YEARS, SHOW PREVIOUS ADDRESS? _____

OTHER HOUSEHOLD MEMBERS

NAME	RELATIONSHIP	AGE	MALE/FEMALE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S CURRENT EMPLOYMENT INFORMATION:

NAME OF THE COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

SUPERVISOR: _____

HOW LONG EMPLOYED: _____ **SALARY: MONTHLY GROSS** _____

APPLICANT'S *PREVIOUS EMPLOYMENT INFORMATION*:

NAME OF THE COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

SUPERVISOR: _____

HOW LONG EMPLOYED: _____ **SALARY: MONTHLY GROSS** _____

CO-APPLICANT'S CURRENT EMPLOYMENT INFORMATION:

NAME OF THE COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

SUPERVISOR: _____

HOW LONG EMPLOYED: _____ **SALARY: MONTHLY GROSS** _____

CO-APPLICANT'S *PREVIOUS EMPLOYMENT INFORMATION*:

NAME OF THE COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

SUPERVISOR: _____

HOW LONG EMPLOYED: _____ **SALARY: MONTHLY GROSS** _____

OTHER INCOME (PER MONTH):

SSI: _____ **DISABILITY** _____ **CHILD SUPPORT** _____ **OTHER** _____

WHO RECEIVES THE ABOVE? _____

HAS APPLICANT EVER FILED BANKRUPTCY? _____
IF YES, HAS IT BEEN DISCHARGED? _____ DATE: _____

HAS CO-APPLICANT EVER FILED BANKRUPTCY? _____
IF YES, HAS IT BEEN DISCHARGED? _____ DATE: _____

LIST ANY OUTSTANDING JUDGMENTS, LIENS, WARRANTS CURRENTLY IN EFFECT:

PLEASE LIST ALL MONTHLY EXPENSES:

RENT: _____
UTILITIES: _____
CHILD CARE: _____
CREDIT CARDS: _____ BALANCE DUE: _____
CREDIT CARDS: _____ BALANCE DUE: _____
LOANS OF ANY TYPE: _____ BALANCE DUE: _____
STUDENT LOAN: _____ BALANCE DUE: _____
CAR LOAN: _____ BALANCE DUE: _____
MEDICAL BILLS: _____ BALANCE DUE: _____
HEALTH INSURANCE: _____
AUTO INSURANCE: _____
CELL PHONE: _____
ANY OTHER EXPENSES: _____
TOTAL MONTHLY EXPENSES: _____

CREDIT SCORE ALONG WITH COPY OF COMPANY PROVIDING IT: _____

PLEASE ATTACH A RECENT CREDIT REPORT. THIS CAN BE OBTAINED WITHOUT CHARGE FROM EXPERIAN, TRANSUNION, OR EQUIFAX ONLINE.

CHURCH HOME: (NOT REQUIRED)

SQUARE FOOT MINISTRY requires homeowners to actively participate in the building of their home and others in the area. Please describe who in your family or friend network would assist you in this.

Below, please give your current housing situation and reason(s) that owning a home would make a difference to your personal situation.

This is a prescreening application, not a final approval, for the purchase of a home through Square Foot Ministry, Inc. This application is to help determine if the SFM program is right for you.

I hereby grant permission to Square Foot Ministry, Inc. to obtain a background check, and, if I am approved as a home owner, to use photos of my family and me, any statements made either spoken or written for any marketing/informational publication in any media that Square Foot Ministry, Inc. may approve.

I understand that the income information provided above is subject to verification by Square Foot Ministry, Inc. Let it also be known that this information will only be given to persons involved in the verification process and will not be given to any other persons or organizations without a need to know.

I, the undersigned, do hereby swear that the information contained on this application is true and correct to the best of my knowledge. Any false information on this application will render the application null and void and disqualify the applicant(s)' eligibility for the purchase of a home through SFM.

Applicant Name (please print)

Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

Mail completed application along with credit information to: Square Foot Ministry
PO Box 371, Fayetteville, GA 30214