

PRE - APPLICATION FOR FORECLOSURE PREVENTION PROGRAM



LEELANAU REACH INC.
NON PROFIT HOUSING DEVELOPMENT CORPORATION

EQUAL HOUSING OPPORTUNITY: BUSINESS CONDUCTED IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING ACT OF 1988

Name of Applicant(s) _____
 Street Address _____ P.O. Box _____
 City _____ Phone _____ How long lived in home _____
 Number and ages of persons living in home _____
 Where Employed _____ How long _____ Annual income \$ _____

SECOND WAGE EARNER IN HOUSEHOLD, IF ANY

Where Employed _____ How long _____ Annual income \$ _____

	First mortgage	Home Equity loan
Name of lender		
Original loan amount		
% - Interest rate		
Monthly payment		
Month(s) in arrears		
Total amount now due		

Are property taxes paid up to date? _____ If no, total amount past due \$ _____

Total amount of other debts (car payments-credit cards etc) \$ _____

Total of monthly payment for the above accounts \$ _____

check one _____ Single _____ Divorced _____ Widowed
 _____ Married _____ Separated _____ Other
 Is any member of the household disabled Yes No.
 Nature of disability _____

Are there any outstanding financial judgments or liens against you? Yes No

Have you ever declared bankruptcy? If yes when _____ Yes No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure? Yes No

Are you a co-signer on any note or loan? Yes No

APPLICANT AUTHORIZATION FORM



LEELANAU REACH INC. HOUSING PROGRAMS



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**Leelanau REACH Inc.
Non Profit Housing Development Corporation
P.O. Box 961,
8527 E. Government Center Drive, Suite 108,
Suttons Bay MI 48682
Phone: 231-256-9812 Fax 256-0174**

I hereby authorize release of the requested information to Leelanau REACH Inc. in conjunction with my application for a housing program loan, to purchase a REACH home or condo, and related programs or services of Leelanau REACH.

The information is keep confidential and only used to determine eligibility for services. Any reference source stated by me or named in my application may be obtained and a credit report obtained to verify related data.

A signed **copy** of this form is sufficient to obtain the requested information.

Printed name _____

Signature _____

Date _____

Social Security # _____

Printed Name _____

Signature _____

Date _____

Social Security # _____