



MORTGAGE ASSISTANCE PROGRAM (MAP)

ARE YOU A GRADUATE OF ACDS HOMEOWNERSHIP COUNSELING PROGRAM? Yes No

If you answered NO, DO NOT FILL OUT THIS APPLICATION. Please fill out the application for the Homeownership Counseling (HOC) Program. Only graduates of HOC may be eligible for the Mortgage Assistance Program (MAP).

This application is designed to aid our office in evaluating your eligibility for MAP. This information will be held in strict confidence and will be incorporated in your case file. Please return this form to our office at the address listed above or via facsimile at the number listed above.

PLEASE PRINT (attach a separate sheet if more space is needed)				
APPLICANT INFORMATION				
Name:		Employed?		
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide employment information below.		
City/State/Zip Code:		Employer:		
Home Phone Number:		Address:		
Alternate Phone Number(s):		City/State/Zip Code:		Length of Employment:
CO-APPLICANT INFORMATION				
Name:		Employed?		
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide employment information below.		
City/State/Zip Code:		Employer:		
Home Phone Number:		Address:		
Alternate Phone Number(s):		City/State/Zip Code:		Length of Employment:
HOUSEHOLD COMPOSITION				
List all other Persons who will Live in the House	Relationship	Age	Social Security Number	Employed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
INCOME OF EACH PERSON				
List all Persons Living in the House Receiving Income	List Other Sources of Income (e.g. child support, alimony, etc.)	Other Sources of Income Amount	Annual Salary	
			TOTAL INCOME	
ASSETS				
Name of Bank	Type of Account		Balance	
			TOTAL ASSETS	
DEBTS				
Creditor	Average Monthly Payment		Balance Owed	
			TOTAL DEBTS	

Have you ever owned a home? Yes No If yes, date sold? _____
 (month/year) Address City State Zip

Are you related to any ACDS employee(s)? Yes No If yes, please list their name(s) _____

I/we do hereby declare that the above information is true and accurate. I/we understand that this is in no way a commitment for funding.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____