

Mail Back To
 Freedom West CDC
 P.O. Box 338
 Alva, OK 73717

APPLICATION

Freedom West CDC-P.O. Box 338, Alva, OK 73717 and Office Phone: 580-327-2150 Fax 580-327-2165

The information collected below will be used to determine whether you qualify. It will not be disclosed without your consent except to your employer's for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you do not your application may be delayed or denied.

1. Applicants Name		Social Security No.		Home phone ()
2. Present Street Address	City	State	Zip Code	# of Years at Present Address
3. Former Street Address (If at address for less than 2 yrs.)	City	State	Zip Code	# of Years at Former Address
4. Names of other persons in household				
5. Name and address of employer		Type of Business		Self Employed? __ yes __ no
Business phone number ()		Position/Title		No. of Yrs on Job
6. Name and address of previous employer (If employed at present position less than 2 yrs)		No. of Yrs with Previous Employer		Business phone ()
1. Co-Applicants Name		Social Security No.		Home phone ()
2. Present Street Address	City	State	Zip Code	# of Years at Present Address
3. Former Street Address (If at address for less than 2 yrs.)	City	State	Zip Code	# of Years at Former Address
4. Name and address of employer		Type of Business		Self Employed? __ yes __ no
Business phone number ()		Position/Title		No. of Yrs on Job
5. Name and address of previous employer (If employed at present position less than 2 yrs)		No. of Yrs with Previous Employer		Business phone ()

Will anyone in the household require a live-in care attendant? ____Yes ____No

If yes, please explain _____

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Members 18 or Older	Total
Wage or salary				
Overtime Pay				
Commissions				
Fees, tips, or bonuses				
Alimony, Child Support				
Public Asst. (TANF)				
Net Income from Business				
Net Rental Income				
Unemployment Benefits				
Workers Compensation				
Social Security, Pensions, Retirement Funds, Death Benefits, Disability etc., received periodically				
Other income				
TOTAL:				

Assets	Income		Bank Name	Account Number
	Cash Value	from Assets		
Cash on Hand	\$	NA	NA	NA
Checking Account	\$	\$		
Savings Account	\$	\$		
CD's, Money Mkt	\$	\$		
401K, Pensions	\$	\$		
Stocks, Bonds, Trust Fund	\$	\$		
Real Estate	\$	NA	NA	NA
Pre-paid Debit Card	\$	NA		
Other	\$	\$		

Have you disposed of any assets for less than fair market value in the past 2 years? YES or NO

If yes, please explain _____

Household Composition

List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Date Of Birth	Last 4 Digits of SSN
H.O.H.				
2				
3				
4				
5				
6				
7				
8				

Does anyone live with you now who is not listed above? _____ Yes _____ No
 Does anyone plan to live with you in the future who not listed above? _____ Yes _____ No
 If either answer above is yes, please explain:

Is any occupant of the household attending an institution of higher education? ____ Yes ____ No
If the above answer is yes, the applicant/occupant must complete the HOME Student Status Affidavit and an exception must be met.

The information provided on Pages 1 through 3 are true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our

Applicant

Date

Co-Applicant

Date

WARNING: *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. Government or to any matter within its jurisdiction.*