



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

Form July 2024

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 NUM: _____ EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER: _____

MARTIAL STATUS: _____ (Single means never married)

MILITARY VETERIAN _____

CO-APPLICANT LAST _____ FIRST _____ MIDDLE _____

ADDRESS: _____

CITY: _____ / STATE: _____ / ZIP: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

MARTIAL STATUS: _____ (Single means never married)

MILITARY VETERIAN _____

EMERGENCY CONTACT LAST _____, FIRST _____

TELEPHONE NUM: _____ EMAIL ADDRESS: _____

LANDLORD NAME AND CONTACT INFO:

ADDRESS:

CITY: / STATE: / ZIP:

TELEPHONE NUMBER: EMAIL ADDRESS:

HOW LONG HAVE YOU BEEN AT THIS ADDRESS?

IF LESS THAN 3 YEARS, SHOW PREVIOUS ADDRESS:

ADDRESS:

CITY / STATE: / ZIP:

OTHER HOUSEHOLD MEMBERS

NAME	RELATIONSHIP	AGE	GENDER(M/F/ OTHER)

APPLICANT'S CURRENT EMPLOYMENT INFORMATION:

NAME OF THE COMPANY:

ADDRESS:

CITY / STATE: / ZIP:

TELEPHONE NUM:

EMAIL ADDRESS:

SUPERVISOR:

DATE STARTED

MONTHLY SALARY:

APPLICANT'S PREVIOUS EMPLOYMENT INFORMATION:

NAME OF THE COMPANY:

ADDRESS:

CITY / STATE: / ZIP:

TELEPHONE NUM:

EMAIL ADDRESS:

SUPERVISOR:

DATE STARTED: DATE ENDED:

MONTHLY SALARY: _____

CO-APPLICANT'S CURRENT EMPLOYMENT INFORMATION:

NAME OF THE COMPANY:

ADDRESS:

CITY: / STATE: / ZIP:

TELEPHONE NUM:

EMAIL ADDRESS:

SUPERVISOR:

DATE STARTED:_ MONTHLY SALARY:

CO-APPLICANT'S PREVIOUS EMPLOYMENT INFORMATION:

NAME OF THE COMPANY:

ADDRESS:

CITY_ / STATE: ZIP:

TELEPHONE NUM:

EMAIL ADDRESS:

SUPERVISOR:

DATE STARTED:

DATE ENDED:

MONTHLY SALARY:

SSI \$/Mo Who Receives

DISABILITY\$/Mo Who Receives

Child Support \$/Mo Who Receives

OTHER INCOME \$/Mo: Who Receives

HAS APPLICANT EVER FILED BANKRUPTCY? YES/NO DATE:

IF YES, HAS IT BEEN DISCHARGED? YES/NO DATE:

HAS CO-APPLICANT EVER FILED BANKRUPTCY? YES/NO

IF YES, HAS IT BEEN DISCHARGED? YES/NO DATE:

LIST ANY OUTSTANDING JUDGMENTS, LIENS, WARRANTS IN EFFECT:

PLEASE LIST ALL MONTHLY EXPENSES:

EXPENSES:		<u>BALANCE</u>
<u>RENT:</u>	_____	BALANCE DUE: _
UTILITIES	_____	BALANCE DUE: _
CHILDCARE:	_____	BALANCE DUE: _
<u>CREDIT CARDS:</u>	_____	BALANCE DUE: _____
<u>STUDENT LOAN:</u>	_____	BALANCE DUE: _____
<u>CAR LOAN:</u>	_____	BALANCE DUE: _____
<u>LOANS OF ANY TYPE:</u>	_____	BALANCE DUE: _____
<u>MEDICAL BILLS:</u>	_____	<u>BALANCE DUE:</u>
<u>HEALTH INSURANCE:</u>	_____	<u>BALANCE DUE:</u>
<u>AUTO INSURANCE:</u>	_____	<u>BALANCE DUE:</u>
<u>CELL PHONE:</u>	_____	<u>BALANCE DUE:</u>
<u>ANY OTHER EXPENSES:</u>	_____	<u>BALANCE DUE:</u>
<u>TOTAL MONTHLY EXPENSES:</u>	_____	<u>TOTAL BALANCE:</u> \$ _____

CREDIT SCORE ALONG WITH COPY OF COMPANY PROVIDING IT:

PLEASE ATTACH A RECENT CREDIT REPORT. THIS CAN BE OBTAINED WITHOUT CHARGE FROM

www.annualcreditreports.com.

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.

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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

/

DOWNLOAD, SAVE ON YOUR DEVICE, AND EMAIL TO: sfmapplications@SFM1.org