



### WORKFORCE HOUSING INITIATIVE (WHI)

For Office Use Only	
Case # _____	Housing Financial Advisor _____

This application is designed to aid our office in evaluating your eligibility for the Workforce Housing Initiative. This information will be held in strict confidence and will be incorporated in your case file. Please return this form to the address above. Thank you for your cooperation and interest in our program.

PLEASE PRINT (attach a separate sheet if more space is needed)				
Applicant's Name				
Co-Applicant's Name				
Street Address and Unit Number (if applicable)				
City/State/Zip Code				
Home Phone Number				
Alternate Phone Number(s) for Applicant				
Alternate Phone Number(s) for Co-Applicant				
HOUSEHOLD COMPOSITION				
List all Persons to 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT AND INCOME		APPLICANT		CO-APPLICANT
Current Employer				
Address				
City/State/Zip Code				
Length of Employment				
Total Annual Salary				
Additional Income				
Source of Additional Income				
<b>TOTAL INCOME</b>				
ASSETS				
Name of Bank	Type of Account	Balance		
<b>TOTAL ASSETS</b>				
DEBTS				
Creditor	Average Monthly Payment	Balance Owed		
<b>TOTAL DEBTS</b>				

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