If Less Than 2 Yrs Give Previous

ADDRESS & LANDLORD INFO: _____

If Yes, Give Source Name & Number: _____

IDA PARTICIPANT: YES___ NO___ (Determined by Counselor)

Or Do You Prefer to Work With MUCCDC's Agent:____

HOUSEHOLD INFORMATION (INCLUDE HEAD of HOUSEHOLD)

NAME	AGE	RACE	SEX	RELATIONSHIP	D.O.B.	SOC. SEC. #
1						
2						
3						
4						
5						
6						
7						
8						

INCOME INFORMATION/BORROWER

EMPLOYER: _____ PHONE:_____

HOW LONG: _____Yr _____Mo POSITION: _____

HR RATE	MONTHLY	ANNUAL

ADDITIONAL INCOME/BORROWER

EMPLOYER: _____ PHONE:_____

HOW LONG: _____Yr _____Mo POSITION: _____

HR RATE	MONTHLY	ANNUAL

INCOME INFORMATION/CO-BORROWER

EMPLOYER: _____ PHONE:_____

HOW LONG: _____Yr _____Mo POSITION: _____

HR RATE	MONTHLY	ANNUAL

ADDITIONAL INCOME/CO-BORROWER

EMPLOYER: _____ PHONE:_____

HOW LONG: _____Yr _____Mo POSITION: _____

HR RATE	MONTHLY	ANNUAL

ADDITIONAL INCOME & ASSETS INFO

CHILD SUPPORT: $_____ PER _____

OTHER: $_____ PER _____

TOTAL HOUSEHOLD INCOME: $_____

_____ MONTHLY or _____ ANNUALLY

CHECKING INFO: _____

ACCOUNT NO: _____

AMOUNT $_____

SAVINGS INFO: _____

ACCOUNT NO: _____

AMOUNT $_____

401K/RETIREMENT/STOCK INFO: $_____ $_____ $_____

DEBT INFORMATION

NAME & ACCOUNT #	# PAYMENTS	BALANCE	MO PAYMENT
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
	TOTAL DEBT	$	

SEE BACK OF SHEET FOR ADDITIONAL INFORMATION

My/Our Signature Acknowledge That Information Shown Above Was Given By Me/Us And Is Accurate To The Best Of My Knowledge.

_____ CLIENT'S SIGNATURE

_____ CLIENT'S SIGNATURE

_____ DATE