



Community Development Corporation

Street Address: 430 E Main St Floor 1, Spartanburg, SC 29302

Mailing Address: P.O. Box 5701, Spartanburg, SC 29304 (O) 864-504-3090 (F) 864-504-3097

REGENESIS CDC HOUSING PARTNERSHIP (INTAKE)

Applicant Information Please Print Clearly
Name: (First/Middle/Last)
Date of birth: SSN: Phone:
Current address:
City: State: ZIP Code:
(Please circle) Own Rent Home Phone:
CELL: EMAIL:
Preferred method of contact: Male \_\_\_ Female \_\_\_ Family/Household Size: \_\_\_
Marital Status PLEASE CIRCLE: Single Married Divorce Other \_\_\_ Referred by: Preferred Language: language
Employment Information
Current employer:
Employer address: How long?
Phone: E-mail: Fax:
City: State: ZIP Code:
Position: Total Monthly Income Annual Family/Household Income:
Race (PLEASE CIRCLE): American Indian/Alaska Native Asian Black/African American White Multiple Race
Ethnicity: Hispanic: Yes \_\_\_ No \_\_\_ (If yes please circle) Cuban Mexican Puerto Rican Other Hispanic
U.S Citizen Yes \_\_\_ No \_\_\_ Foreign born: Yes \_\_\_ No \_\_\_
Veteran: Yes \_\_\_ No \_\_\_ Active Military: Yes \_\_\_ No \_\_\_ Disabled: Yes \_\_\_ No \_\_\_ Female Head of Household: Yes \_\_\_ No \_\_\_
SERVICE TYPE:(select one) Education \_\_\_ Home Purchase \_\_\_ Mortgage Default \_\_\_ Rental \_\_\_ Homeowner Services \_\_\_
Co-applicant Information
Name:
Date of birth: SSN: Phone:
Current address:
City: State: ZIP Code:
Relationship: Circle one Male Female
Household Information/Demographics
Current Housing Arrangement (Please circle) 1. Rent 2. Homeless 3. Homeowner with mortgage 4. Living w/family member not paying rent
Are you 1st time homebuyer (circle yes if you do not currently own a home & have not in past 3 years) Yes \_\_\_ No \_\_\_
Education: Below High School \_\_\_ High School \_\_\_ College \_\_\_
Head of Household (single parent households only) \_\_\_ Disabled \_\_\_ Migrant Farm Worker \_\_\_



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Using Section 8 Voucher Rent _____ Purchase _____		Section 8 voucher amount: _____
<b>Additional Demographics</b>		
Household Type <i>(please select the most accurate)</i>	Female headed single parent household _____	Male headed single parent household _____
Married with children	Married without children	Two or more unrelated adults
Other	<b>Do you receive Public Housing Assistance:</b>	Yes. ____ No. ____
<b>AUTHORIZATION</b> I authorize RCDC Homeownership Resource Center to: (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real Property. (b) pull my/our credit report to review my/our credit file for informational inquiry purposes; and (c) obtain a copy of the HUD-1 Settlement, Appraisal, and Real Estate Note (s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.		
<u>I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.</u>		
Signature of applicant		Date:
Signature of co-applicant:		Date: