



## “PROJECT HOME” QUESTIONNAIRE

Please answer the following questions if you are interested in participating in the “Project Home” home ownership program offered by the U.S. Probation Office. Once you have filled out this information, a team member of “Project Home” will contact you. If you can not completely fill this out at this time, you can take this home, fill it out, and return it to our office at any time.

Full name: \_\_\_\_\_

Any other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Please provide any/all phone numbers where you can be contacted by a “Project Home” team member: \_\_\_\_\_

What is the best time of day to reach you? \_\_\_\_\_

Are you employed? \_\_\_\_\_

If employed, who is your employer? \_\_\_\_\_

How much do you earn at this job each month (before taxes)? \_\_\_\_\_

How long have you been employed at your job? \_\_\_\_\_

If you have been employed for less than two years, please list your previous employers and dates of employment. (We need information about your last two years of employment).

Do you have other sources of income? \_\_\_\_\_ If yes, please explain and note the amount:

Do you have any money available for a down payment? \_\_\_\_\_

Have you ever owned a home? \_\_\_\_\_

If you have owned a home, did you own this home within the last three years? \_\_\_\_\_

Are you currently renting? \_\_\_\_\_

If you are renting, what is the amount you are paying each month for rent? \_\_\_\_\_

Will someone else be purchasing this home with you? \_\_\_\_\_

If someone else will be purchasing this home with you, please list their full name, date of birth, social security number, and last two years of employment below:

Their full name:

Their date of birth:

Their social security number:

Their last two years of employment:

Who is your probation officer? \_\_\_\_\_

In order to evaluate your current eligibility for a home loan, a credit report will need to be obtained. This will be obtained at no cost to you, and a copy will be provided to you. If you agree to authorize our office to obtain a credit report in your behalf, please signed below as indicated:

I authorize U.S. Bank to obtain my credit report. The information is strictly confidential. A photocopy or facsimile of this authorization may be deemed equivalent of the original.

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Date