

Near Northwest Neighborhood Homeownership Application

Thank you for your interest in buying a house from the Near Northwest Neighborhood, Inc. We appreciate your cooperation in completing the application process. **If you have any questions, or have any problems supplying any of the requested information, please call us so that we can discuss it.**

If multiple applications are received for any house newly rehabbed and on the market, and the applicants are determined to be qualified and equal in all other respects, then the earliest date of approved applicant (who also has submitted a pre-approval letter from their lender) will be given priority. For this reason, it may be to your benefit to return your **completed** application promptly.

For previously rehabbed homes, coming back on the market with a remaining deed restriction in place, feel free to put in an offer on the home as the acceptance of the offer determines priority. Your Homeowner Application with the NNN will need to be complete and approved before closing on the home.

Please note that your application will only be considered complete and dated as received when all of the following documents that are applicable to you are given to us, with all of the required information filled in.

Please submit the following:

- 1) **Homeownership Application.** Please remember to date the application and initial it at the bottom of each page. *Add your email address(s) to the application's first page, top or bottom margin.*
- 2) **Income verification documents for anyone age 18 or over in your household.** These documents include:
 - One copy of each applicant/household member's
 - i. federal income tax return from the previous year
 - ii. copies of the W-2 forms for the past three years.
 - iii. If Self-employed, must include Schedule C (Profit or Loss) (and Self-Employment Verification Form, see 6) below)

- iv. Submit 1099 forms if applicable to you
 - One copy of each applicant's pay stub(s) covering the last month of pay
 - One copy of entitlement letter for each household member receiving Social Security or other government benefits.
 - If receiving retirement benefits, a copy of the award letter or a copy of the retirement check, provided it states that it is retirement benefit (for all household members).
 - If divorced, submit a copy of your divorce decree.
 - If child support, alimony or separate maintenance awards are part of the household income, please include supporting documentation (e.g. court order, ISETS printout)
 - If you have ever filed for bankruptcy, please submit the filing date, a copy of the schedule and discharge form, the case number and contact information of your attorney.
 - If a household member age 18 or over has no income, you must complete the Zero Income Form for each.
- 3) Bank statements** for all household members, from the past three months from all
 - Checking
 - Savings and
 - Investment accounts
- 4) Monthly spending worksheet.**
- 5) Request for verification of employment.** You only need to fill out boxes 1, 7 and 8 and sign under the box for your SSN. One form should be filled out for each job holder and each job holder's job in the household. We will then submit this form to your employer(s). Please let us know an email address and phone number for your supervisor or HR professional.
- 6) Self-Employment Verification form**, if applicable.
- 7) Future earnings:** Statement of explanation of any known change to income for the next 12 months

To comply with our "Good Neighbor policy", we require:

- 1. Stamped and signed South Bend Police Dept. Records Release Authorization Form, along with criminal record if applicable. (one for**

each member of the household 18 years of age or older) To obtain this form, you must appear in person at the South Bend Police Department, 701 W. Sample Street, 46601. There is a small cost for this background record. Note: signed/stamped background checks from other jurisdictions will be accepted from out-of-area applicants.

2. **One positive form of identification.** (for each household member 18 years of age or older) I.E. valid driver's license. State ID or current passport.

IMPORTANT THINGS TO REMEMBER:

1. Submit the homeownership application and all income verification documents. Your application is **NOT** considered complete until all documents are received.
2. Once we have determined your eligibility we will need a pre-approval, truth in lending and good faith estimate letter from your mortgage company within 15 days to consider your application complete.
3. Homes sold by the Near Northwest Neighborhood, Inc. are restricted under federal guidelines to buyers at or below a certain income level. We will review you application and determine your income eligibility. You may refer to the income eligibility guidelines found on our website at: www.nearnorthwest.org. Click on Housing Program tab then click Homebuyer guidelines.
4. Accepted applications are in place for 6 months from the date of approval letter. Applicants can and should update their files at that time with new Tax, W2, 3 months bank/financial statements, latest check stub, and/or any other information which has changed since your original application.

RETURN ALL FORMS TO: **Near Northwest Neighborhood, Inc.**
 P.O. Box 1132
 South Bend, IN 46624

Or hand deliver to: **Near Northwest Neighborhood, Inc.**
 1007 Portage Ave.
 South Bend, IN 46616

If you have any questions please call (574) 232-9182

Near Northwest Neighborhood, Inc. Homeownership Application

APPLICANT INFORMATION			
Name:		Email:	
Date of birth:	SSN:	Phone:	
Current street address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Monthly payment:	How long at this address?
Landlord's Name:		Address:	Phone Number:
<i>Please include previous address information for the last two years.</i>			
Street:		City:	State: ZIP:
Street:		City:	State: ZIP:
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes never married, divorced, widowed)			
Applicant Employment History			
<i>Please provide complete and accurate employment information for the past two years.</i>			
Current employer:			
Employer street address:			How long have you worked there?
City:		State:	ZIP:
Phone:	Email:	Fax:	
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary		Annual income:
Previous Employer (Or 2 nd job) :			
Employer street address:			Worked from ___/___(MM/YY) to ___/___(MM/YY)
City:		State:	ZIP:
Phone:		Email:	Fax:
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary		Annual income:

Near Northwest Neighborhood, Inc.
Homeownership Application

CO-APPLICANT INFORMATION			
Name:		Email:	
Date of birth:	SSN:	Phone:	
Current street address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Monthly payment:	How long at this address?
Landlord's Name:		Address:	Phone Number:
<i>Please include previous address information for the last two years.</i>			
Street:		City:	State: ZIP:
Street:		City:	State: ZIP:
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes never married, divorced, widowed)			
Co-Applicant Employment History			
<i>Please provide complete and accurate employment information for the last 2 years.</i>			
Current employer:			
Employer street address:			How long have you worked here?
City:		State:	ZIP:
Phone:	Email:		Fax:
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary		Annual income:
Previous employer (Or 2 nd job):			
Employer street address:			Worked from ___/___(MM/YY) to ___/___(MM/YY)
City:		State:	ZIP:
Phone:	Email:		Fax:
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary		Annual income:



Near Northwest Neighborhood, Inc.
Homeownership Application

MONTHLY INCOME			
<i>Please fill in the amount that applicant and co-applicant receive per month from each income source.</i>			
Gross amount (before taxes)	Applicant (A)	Co-Applicant (B)	Total (A+B)
1. First Job			
2. Second Job			
3. Overtime			
4. Bonuses/Tips			
5. Child Support			
6. SS/SSI/SSDA			
7. Pension			
8. Alimony			
9. Investment/Dividends			
10. Other			
Total (Add 1-10)			
ASSETS			
Do you have cash savings to put toward down payment/closing costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: Held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant	Do you have another source of down payment assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: Held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Applicant		Co-Applicant	
Name of Bank:	Account #:	Name of Bank:	Account #:
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:
Name of Bank:	Account #:	Name of Bank:	Account #:
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:
Stock/Bonds	Net Cash Value:	Stock/Bonds	Net Cash Value:
Life Insurance Company Name:		Life Insurance Company Name:	



Near Northwest Neighborhood, Inc.
Homeownership Application

HOUSEHOLD MEMBERS AND INCOME		
<i>Please list the names and ages of everyone else who will live in the house, and their relationship to the applicant or co-applicant.</i>		
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
<i>Please indicate income for all household members over the age of 18. If a household member over 18 makes no income, write "zero income" and fill out the Zero Income Form for that person.</i>		
Name	Source(s) of Income	Monthly Income
Name	Source(s) of Income	Monthly Income
Name	Source(s) of Income	Monthly Income
Name	Source(s) of Income	Monthly Income



**Near Northwest Neighborhood, Inc.
Homeownership Application**

DECLARATIONS		
	Applicant	Co-Applicant
Are you a U.S. Citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If not a U.S. Citizen, are you a legal resident alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you owned a home within the past three years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you plan to occupy this property as your primary residence?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>If you answer "yes" to any of the questions below, please use the continuation section for explanation.</i>		
Are there any outstanding judgments against you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you declared bankruptcy within the last 7 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you owned any property in the last 3 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you party to a lawsuit?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you or any member of your household subject to a registration requirement under a state or national sex or violent offender registration program, or have you or any member of your household been convicted of a sex offense? If yes, provide the date of conviction(s) and date person(s) was released from prison and/or placed on parole, supervised release or probation and the terms of the parole, supervised release, or probation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuation		



Near Northwest Neighborhood, Inc. Homeownership Application

I understand that this is not a loan application, but is an application to determine qualification to purchase a home from Near Northwest Neighborhood, Inc. (NNN). While NNN will make efforts to assist with home ownership, completing this application does not guarantee that I will be accepted to buy a home from NNN or receive a loan any lending institution. Eligible buyers will be required to obtain mortgage financing from a lending institution in order to purchase a home for sale by NNN.

The information provided in this application will be held in confidence, however, verification of any information provided may be made by Near Northwest Neighborhood, Inc. I understand that during the time that my application is pending I have a continuing obligation to amend or supplement the information if any requested information changes.

I certify that the information provided is true and correct:

Applicant's Name (Print)	Applicant's Signature	Date
Co-Applicant's Name (Print)	Co-Applicant's Signature	Date

OPTIONAL INFORMATION	
<i>The following information is requested by the federal government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.</i>	
Applicant Race/Ethnicity (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N	Co-Applicant Race/Ethnicity (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other



Near Northwest Neighborhood, Inc.
Monthly Budget

Monthly Expenses	Present	Estimate for New Home
Fixed expenses		
Housing		
Mortgage or Rent		
Gas		
Electric		
Water/Trash		
Telephone		
Other		
Transportation		
Car Payment		
Gas		
Insurance		
Car Insurance		
Mortgage/Renters Insurance		
Medical Insurance		
Other		
Flexible Expenses		
Groceries		
Home Maintenance		
Clothing		
Tuition		
Entertainment		
Total Expenses		

The house you have indicated interest in applying for is located at:



ZERO INCOME VERIFICATION FORM

Applicant Name: _____ Social Security Number _____

Address: _____

I hereby certify that _____ (household member) does not receive income from any of the following sources:

1. Wages from any type of employment (including commission and fees)
2. Income from the operation of a business (self-employment: Avon, Mary Kay, etc.)
3. Rental income from real or personal property
4. Interest or dividends from assets
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
6. Unemployment assistance
7. Public assistance (such as TANF)
8. Alimony or child support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books
10. Regular monthly cash contributions from an outside source

And that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next _____ months.

Household Member Name Household Member Signature Date

Applicant Name Applicant Signature Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



Self-Employment Certification (Existing Business)

Applicant Name _____

Address _____ City _____ State _____ Zip Code _____

Name of Business: _____

Type of Business: _____ Date Business Opened: _____

The income and expenses for my business *not already reported on a tax return*, are from _____, _____, to _____, _____ (enter the start and end dates for the below income & expense information):

- 1. Gross Income (total amount my business earned before any expenses): \$ _____
- 2. Expenses for my business:
 - a. Interest on Loan(s) \$ _____
 - b. Cost of supplies and materials \$ _____
 - c. Business Rent \$ _____
 - d. Utilities & Insurance \$ _____
 - e. Wages and Salaries I pay to my workers \$ _____
 - f. Wages and Salaries I pay to myself \$ _____
 - g. Federal, State Withholding Tax & FICA \$ _____
 - h. Employee Withholding Tax \$ _____
 - i. Sales Tax \$ _____
 - j. Other (Itemize on Reverse) \$ _____
 - k. Straight Line Depreciation \$ _____
 - Total Expense** \$ _____
- 3. Gross Income minus Total Expenses \$ _____

My business is expected to have a net income of \$ _____ for the 12 months following my application date (from _____, _____ (date), to _____, _____ (date)). This is different than in prior years due to: _____

The information provided is substantiated by **attached** copies of my Federal Individual Income Tax return including Schedule C.

Under penalties of perjury, I certify that the information presented in this Self-Certification is true and accurate to the best of my knowledge and belief. I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in disqualification of my application.

Signature: _____
Print your name: _____
Title: _____
Address _____

Date: __
Tel. #: __
Email __

Self-Employment Certification (Existing Business)

Applicant Name _____

Address _____ City _____ State _____ Zip Code _____

Name of Business: _____

Type of Business: _____ Date Business Opened: _____

The income and expenses for my business *not already reported on a tax return*, are from _____, _____, to _____, _____ (enter the start and end dates for the below income & expense information):

- 1. Gross Income (total amount my business earned before any expenses): \$ _____
- 2. Expenses for my business:
 - a. Interest on Loan(s) \$ _____
 - b. Cost of supplies and materials \$ _____
 - c. Business Rent \$ _____
 - d. Utilities & Insurance \$ _____
 - e. Wages and Salaries I pay to my workers \$ _____
 - f. Wages and Salaries I pay to myself \$ _____
 - g. Federal, State Withholding Tax & FICA \$ _____
 - h. Employee Withholding Tax \$ _____
 - i. Sales Tax \$ _____
 - j. Other (Itemize on Reverse) \$ _____
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Signature: _____
Print your name: _____
Title: _____
Address _____

Date: __
Tel. #: __
Email __

(Community Planning and Development, and
Housing - Federal Housing Commissioner)

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

PART I - REQUEST

1. TO: (Name and Address of Employer)	2. FROM: (Name and Address of Lender or Local Processing Agency) <i>This item must be completed before sending to employer.</i> Near Northwest Neighborhood, Inc. PO Box 1132 South Bend, IN 46624
3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party. _____ (Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)	4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER Executive Director
	5. DATE 6. HUD/FHA/CPD, VA OR USDA NO.
7. NAME AND ADDRESS OF APPLICANT	I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information. 8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO. SIGNATURE OF APPLICANT

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA	PAY DATA			
9. APPLICANT'S DATE OF EMPLOYMENT	12A. BASE PAY (Current) OR OTHER INCOME			For Military Personnel Only
	\$ _____	<input type="checkbox"/> Annual	\$ _____	<input type="checkbox"/> Hourly
10. PRESENT POSITION	\$ _____	<input type="checkbox"/> Monthly	\$ _____	<input type="checkbox"/> Weekly
	\$ _____	<input type="checkbox"/> Other (Specify)		
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS			
	Type	Year to Date as of _____	Past Year	Type
				Monthly Amount
				BASE PAY
				RATIONS
				FLIGHT OR HAZARD
				CLOTHING
				QUARTERS
				PRO PAY
				OVERSEAS OR COMBAT
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?	BASE PAY	\$ _____	\$ _____	\$ _____
OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No	OVERTIME	\$ _____	\$ _____	\$ _____
BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMISSIONS	\$ _____	\$ _____	\$ _____
	BONUS	\$ _____	\$ _____	\$ _____

14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)

a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months	d. If seasonal employment, anticipated number of weeks in the next 12 months
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PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK			
	BASE PAY	OVERTIME	COMMISSIONS	BONUS
	\$ _____	\$ _____	\$ _____	\$ _____
17. REASONS FOR LEAVING	18. POSITION HELD			

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE	20. TITLE OF EMPLOYER	21. DATE
Printed name and phone number		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SEE ATTACHED PRIVACY ACT NOTICE

(Community Planning and Development, and
Housing - Federal Housing Commissioner)

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	5. DATE 6. HUD/FHA/CPD, VA OR USDA NO.
7. NAME AND ADDRESS OF APPLICANT	I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information. 8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO. SIGNATURE OF APPLICANT

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	\$ _____	<input type="checkbox"/> Other (Specify)		
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS			Type
	Type	Year to Date as	Past Year	RATIONS \$
		of _____		FLIGHT OR HAZARD \$
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY? OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	BASE PAY	\$ _____	\$ _____	QUARTERS \$
	OVERTIME	\$ _____	\$ _____	PRO PAY \$
	COMMISSIONS	\$ _____	\$ _____	OVERSEAS OR COMBAT \$
	BONUS	\$ _____	\$ _____	
14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)	a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months	d. If seasonal employment, anticipated number of weeks in the next 12 months

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK			
	BASE PAY	OVERTIME	COMMISSIONS	BONUS
	\$ _____	\$ _____	\$ _____	\$ _____
17. REASONS FOR LEAVING	18. POSITION HELD			

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19. SIGNATURE Printed name and phone number	20. TITLE OF EMPLOYER	21. DATE
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