

**BRUNSWICK COUNTY
REVOLVING HOME CONSTRUCTION PROGRAM APPLICATION**

PERSONAL	Name: First _____ Middle _____ Last _____ Date ____/____/____
	Current Physical Address: Street _____ City _____ Zip _____
	Current Mailing Address: Street/PO Box _____ City _____ Zip _____
	Home Phone _____ Day/Work Phone _____ Cell Phone _____
	Email Address _____ Date of Birth ____/____/____

MILITARY	Were you in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____
	Dates of Duty: From ____/____/____ to ____/____/____ Rank at Discharge _____
	List Duties in Service including Special Training _____
	Have you taken any training under the G.I. Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____

GENERAL	Drivers License Number _____ State _____ Expiration Date ____/____/____
	Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been convicted of a felony within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you filed for Bankruptcy within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>

EDUCATION	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, highest year completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
	If yes, name and location of school _____
	College or University _____ Years Completed ____ Degree _____
	Graduate or Professional Degree _____ College or University _____

EMPLOYMENT	Present or Last Position Title _____ Employer _____
	Supervisor's Name _____ Phone Number _____
	Date Employed ____/____/____ Date Separated ____/____/____ Last or Current Salary \$ _____
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours worked per week _____
	Are you covered by an employer health insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Next to Last Position Title _____ Employer _____
	Supervisor's Name _____ Phone Number _____
	Date Employed ____/____/____ Date Separated ____/____/____ Last Salary \$ _____
	Reason for Leaving _____

HOUSEHOLD INFORMATION

Total number of occupants in household _____

List occupants, relationship to you, age, employment status and total annual income

NAME	RELATIONSHIP	AGE	EMPLOYED	ANNUAL INCOME
_____	_____	_____	<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	_____ \$
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ \$
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ \$
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ \$

How many of the above listed wage earners will contribute to the monthly mortgage expense? _____

List by name: _____

CREDIT INFORMATION

Have you ever owned a home? Yes No

Do you have a current real estate mortgage? Yes No

If yes, what is the principal balance? \$ _____ Term? _____ Monthly payment? \$ _____

Do you have a current automobile loan(s)? Yes No

If yes, what is the total outstanding principal balance? \$ _____ Monthly payment(s)? \$ _____

List the make and model of each vehicle financed: 1. _____
2. _____
3. _____

List banks, financial institutions and account numbers for each outstanding loan.

College or Student Loan Outstanding? Yes No

CREDIT INFORMATION

If yes, what is the principal balance? \$ _____ Term? _____ Monthly payment? \$ _____

Lending Institution _____ Account No. _____

Credit/Debit Card Balances? Yes No

Card Name _____ Acct. No. _____ Balance \$ _____

Card Name _____ Acct. No. _____ Balance \$ _____

Do you owe any delinquent state or federal income taxes? If yes, explain and include amount owed _____

Do you currently pay child support or alimony? Yes No If yes, monthly amount paid? \$ _____

Are your wages currently being garnished by your employer? Yes No

If yes, for what purpose and what amount? \$ _____

Please list other debt or credit accounts not listed above: 1. _____

2. _____

3. _____

HOUSING NEEDS

My current residence is a: Single Family Home owned by me (titled in name of applicant)
 Manufactured Home owned by me on land I own
 Manufactured Home owned by me on leased lot
 Rented Single-Family Home
 Rented Manufactured Home
 Rented Apartment, Condominium or Townhouse
 Other. Explain _____

How long have you lived at your current address/location? _____ Years _____ Months

Do you currently own property in Brunswick County? Yes No

If you purchase a home through this program, what is the minimum number of bedrooms and bathrooms you will need?
_____ Bedrooms _____ Bathrooms

Please check the option that is most appropriate:

- I would prefer to purchase the first available home that meets my family's needs.
- I would prefer a home that is located in the _____ area of Brunswick County.
- I own a lot that I would like to have a home constructed on that I can provide a clear title and proof of ownership.

Signature of Applicant _____ Date _____

I certify that the information included in the application is true and accurate and that if any of the information is determined to be false that I will be disqualified from participating in the program. I acknowledge that I have read and understand the Brunswick County Revolving Home Construction Program Guidelines and that I can and will comply with the guidelines if determined to meet eligibility requirements. I understand that this is a voluntary program and participation is contingent on qualifying for a mortgage. I further understand that Brunswick County will not be a party to any mortgage that I may seek nor provide security for such mortgage and that Brunswick County will not provide direct financing. The Revolving Home Construction Program is dependent on available funding and may be terminated at any time without notice and Program guidelines may be amended from time to time without notice. By signing this application I am authorizing Brunswick County to conduct a criminal background check.