



**Building Homes, Building Lives,  
Changing Communities... Get Involved**

*Unless the Lord builds the house, they labor in vain who build it. ~ Psalm 127:1*

## Application Information

The Fuller Center for Housing NWLA will look at three distinct areas of selection criteria when reviewing potential “homeowner partners.”

The selection criteria are:

- Your family’s actual housing needs based upon your current living conditions.
- Your credit – debt ratio, credit report, income and ability to pay closing cost and repay a monthly mortgage payment.
- **Your willingness to participate as a partner and complete a minimum 350 sweat equity hours with a minimum of 10 hours per month upon approval, prior to, and during the construction of your home and a minimum of 52 hours a year following the completion and occupancy of your home.**

**In order to process your application, you will need the following documents listed below:**

1. **Application Fee: \$20.00** \*Payable with (**MONEY ORDER**)
2. **Application Processing Fees: \* Single \$25.20 & Couple \$50.40** (fee subject to change w/o notice)  
\*Payable with (**“MONEY ORDER Only”**) **NO CASH or CHECK**
3. **Verification of household income- if employed copies of your (4) most recent check stubs, copies of Award letter/s for ALL Benefit/s you may receive, a copy of the Award Letter for Food Stamps, Aid to Families with Dependent Children (AFDC) and/or Supplemental Security Income (SSI) for everyone that will live in the home.**
4. **Copy of driver’s license or State issued valid state ID.**
5. **Social Security Card/s – (Copies for everyone that will live in the home)**
6. **Copy of Birth Certificate/s - (Copies for everyone that will live in the home)**
7. **Marriage Certificate / Divorce Decree**
8. **Rent/Landlord Receipts- (Copies of your last (4) current rent receipts) or a written letter from a parent or relative that you may be residing with if you do not have a rental agreement.**
9. **Copy of last (4) current Utility Bills - (4) Electric (4) Gas & (4) Water Bills**
10. **Bankruptcy – (Discharge Papers or Letter from Bankruptcy Lawyer)**

Incomplete applications will not be accepted. All questions on the applications must be answered for the application to be considered complete. **Please note that the Applicant and any Co-Applicant must both include all the documents listed above.**

**YOUR APPLICATION FEE IS DUE ON THE DAY WE RECEIVE YOUR APPLICATION**

**ALL APPLICATIONS MUST BE RECEIVED IN PERSON BY APPOINTMENT ONLY**

**If you have any questions, please contact the Fuller Center office at (318) 865-1237.**



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## **Basic Credit Requirements/Guidelines**

**Your income must fall within the income limits described below:**

<b><u>Number in the Family</u></b>	<b><u>Gross Annual Income Range*</u></b>
<b>1</b>	<b>\$14,600 to \$38,850</b>
<b>2</b>	<b>\$19,720 to \$44,400</b>
<b>3</b>	<b>\$24,860 to \$49,950</b>
<b>4</b>	<b>\$30,000 to \$55,450</b>
<b>5</b>	<b>\$35,140 to \$59,900</b>
<b>6</b>	<b>\$40,200 to \$64,350</b>
<b>7</b>	<b>\$43,000 to \$68,800</b>
<b>8</b>	<b>\$45,750 to \$73,200</b>

\*Subject to change w/o notice

### **If you have filed a Chapter 13 Bankruptcy within the past 3 years.**

- 1 You must provide written permission from your trustee to obtain additional debt.
- 2 There must be no new collections or charge-offs or late payments AFTER the bankruptcy.
- 3 present a certificate demonstrating that you received the mandatory credit counseling education from an agency approved by the United States Trustee's office.

### **If you have filed for a Chapter 7 Bankruptcy:**

- 1 You must have discharge papers from your attorney.
- 2 Show proof of completion of credit counseling from an agency approved by the United States Trustee
- 3 Eligibility is accepted 12 months after the discharge date.
- 4 There must be no new collections or charge-offs or late payments AFTER the bankruptcy.



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## Release Form

I / we, the undersigned represent that all the statements are true and correct and hereby authorize the person or firm to whom this application is made, any credit bureau, or other investigative agency employed by such person, to investigate all the references and information herein listed, or data obtained from me or any person, pertaining to my credit or personal history.

**Owner**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Owner**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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(Please Print)

Multi-Cultural Development Center – (MCDC) Certification & Authorization Form:

Borrower:

\_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City, State, ZIP: \_\_\_\_\_

Co-Borrower:

\_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City, State, ZIP: \_\_\_\_\_

I/We Hereby authorize Multi-Cultural Development Center (MCDC) and/or its assigned agent to order a consumer credit report on me/us and discuss my/our current situation with appropriate lenders and/or other professionals. It is understood that the information on my/our credit report will be used as necessary to evaluate my/our acceptance into the Fuller Center for Housing NWLA. MCDC and its agents may obtain any or all documentation or information that they request for investigation and submission into their programs. No other use of my/our credit information is hereby authorized by me/us.

I understand that MCDC agents provides pre-purchase counseling, budget counseling, financial literacy and foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances. The action play may include referrals to other housing agencies as appropriate, if applicable.

I understand that MCDC receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation, if applicable. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

I may be referred to other housing services of the organization or another agency, as appropriate, that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

**A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.**

I understand that MCDC agent provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from MCDC agent in no way obligates me to choose any of these loan products or housing programs.

BY signing below, I/We acknowledge that I/We have read this disclosure(s) and have received a copy of MCDC’s privacy policy to participate in this program, if applicable.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Owner



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## MCDC Client Privacy Policy

MCDC and its agents are committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your ‘nonpublic personal information,’ such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Certificate and Authorization Agreement. We may also use anonymous aggregate case file information for evaluating our services, gathering valuable research information and designing future programs.

### Types of information that we gather about you.

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### You may opt-out of certain disclosures

- 1) You have the opportunity to ‘opt-out’ of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- 2) If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision regarding your “opt-out”, you may call us at 318-741-5941 and do so.
- 3) Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signed by: \_\_\_\_\_  
Owner

Date: \_\_\_\_\_

Signed by: \_\_\_\_\_  
Co-Owner

Date: \_\_\_\_\_



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Please call our office to schedule an Appointment, to  
**BRING your completed APPLICATION IN PERSON with  
ALL REQUESTED DOCUMENTS:**

**The Fuller Center for Housing of NWLA**  
4221 Linwood Ave.  
Shreveport, LA 71108  
(318) 865-1237 Office (318) 865-1239 Fax

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Please complete this application to determine if you qualify for a Fuller Center of Northwest Louisiana home. Please fill out the application completely and attach **ALL** documents that are requested. **Incomplete application will not be accepted.** All information on this application will be kept strictly confidential.

1. APPLICANT/CO-APPLICANT INFORMATION					
Applicant's Name			Co-Applicant's Name		
Social Security Number	Date of Birth	Age	Social Security Number	Date of Birth	Age
Home Phone	Best Time To Reach		Home Phone	Best Time To Reach	
Work Phone	Best Time To Reach		Work Phone	Best Time To Reach	
Email Address:			Email Address:		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Dependents and Others who will live with you (not listed by co-applicant)			Dependents and Others who will live with you (not listed by applicant)		
Name	Age	Male/Female	Name	Age	Male/Female
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Present Address (Street, City, State, Zip Code)			Present Address (Street, City, State, Zip Code)		
Number of Years:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years:		<input type="checkbox"/> Own <input type="checkbox"/> Rent
<b>If Living at the Present Address for Less than Two Years Complete the Following</b>					
Last Address (Street, City, State, Zip Code)			Last Address (Street, City, State, Zip Code)		
Number of Years:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years:		<input type="checkbox"/> Own <input type="checkbox"/> Rent
2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE					
Date Application Received _____		Date sent to Credit Review: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date Application Completed _____		Date sent to Family Sel. Committee: _____		Date Approve / Denied _____	
More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Sent to FCHNWLA Board _____		Date Letter Sent _____	

If, you are approved for a Fuller Center home, ALL applicants agree to complete a minimum of **350 "Sweat Equity Hours"** with the "Fuller Center for housing of Northwest Louisiana Inc.

	Yes	No
I AGREE TO COMPLETE A MINIMUM OF 350 HOURS OF SWEAT EQUITY :	Applicant: <input type="checkbox"/>	<input type="checkbox"/>
	Co-Applicant: <input type="checkbox"/>	<input type="checkbox"/>

\*Number of bedrooms where you live now (Please Circle) 1    2    3    4    5

Other rooms in the place where you are currently living:  
 Kitchen     Bathroom     Living Room     Dining Room     Other (please describe)

If you rent your current residence, what is your monthly rent payment? \$ \_\_\_\_\_ per month  
 (Please supply a copy of your lease or a copy of a money order, or cancelled rent check)

In the space below, describe the condition of the house or apartment where you currently live.  
 Explain below why do you need a Fuller Center home.

If you are approved for a Fuller Center NWLA home, how should your name(s) appear on the legal documents?

Applicant \_\_\_\_\_ (Please Print)                      Co-Applicant \_\_\_\_\_ (Please Print)

**4. EMPLOYMENT INFORMATION**

Applicant		Co-applicant	
Name and Address of Current Employer	# Years on This Job	Name and Address of Current Employer	# Years on This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business / Phone # (    )	Position	Type of Business / Phone # (    )	Position

Verify your income by attaching copies of (2) months of check stubs and/or award letters for applicant and co-applicant.

**if Working at Current Job Less Than One (1) Year, Complete the Following information**

Name and Address of Last Employer	# Years on This Job	Name and Address of Last Employer	# Years on This Job
	Gross Monthly Wages \$		Gross Monthly Wages \$
Type of Business / Phone # (    )	Position	Type of Business / Phone # (    )	Position

Highest level of education completed:

**5. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	\$
AFDC/TANF	\$	\$	\$	Utilities Electric, Gas & Water Payments	\$
Food Stamps	\$	\$	\$	Car Payments	\$
Social Security	\$	\$	\$	Insurance (Life / Car)	\$
SSI	\$	\$	\$	Phone / Cell	\$
Disability	\$	\$	\$	Cable	\$
Alimony	\$	\$	\$	Credit Card/s Payment	\$
Child Support	\$	\$	\$	Food	\$
Other (specify)	\$	\$	\$	Alimony/Child Support	\$
TOTAL	\$	\$	\$	TOTAL	\$

**Please attach copies of last (4) month's bills as listed above.**

\* **NOTE:** Self-employed applicant(s) should provide additional documentation such as latest tax returns and/or financial statements. DOCUMENTATION VERIFYING ALL SOURCES OF INCOME MUST BE SUBMITTED WITH APPLICATION.

\*\***Others In Household:** List additional household members over age 18 who receive income:

Name	Social Security Number	Age	Monthly Wages	Relationship
			\$	
			\$	
			\$	

**6. Banking and Saving account information. If you do not possess a saving or checking account check N/A in this session**

Name and Address of Bank, Saving & Loan, or Credit Union:	Name and Address of Bank Savings & Loan, or Credit Union:
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If, you are approved for a Fuller Center Home, you will be **REQUIRED** to **PAY** the **FULL AMOUNT** of your **DOWN PAYMENT / CLOSING COST** not to exceed **\$3,500** prior to the occupancy of your **NO Interest NO Finance Home**. You may begin paying toward your closing cost upon approval. Please explain when you will begin and how you be paying your closing cost. (For example, monthly payments, income tax return, etc.). We do not encourage or endorse borrowing money to pay your closing cost. You may pay this through monthly installments or through a savings plan: **Please write your payment plan out and attached the document to this page.**



Do you own a:	Yes	No	Do you own a:	Yes	No
Stove	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year		

**7. DEBT**

Car Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Other Name and Address of Company	Monthly \$	Unpaid Payment \$	Balance
	Mos. Left to pay:			Mos. Left to pay:		
Phone / Cell Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Other Name and Address of Company	Monthly \$	Unpaid Payment \$	Balance
	Mos. Left to pay:			Mos. Left to pay:		
Credit Card(s) Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Alimony/Child Support	\$	/ month	
	Mos. Left to pay:		Child Care, Union Dues, Etc.	\$	/ month	
Medical Name and Address of Company	Monthly Balance \$	Unpaid Payment \$	Column 2: Subtotal of Payments	\$	/ month	
	Mos. Left to pay:		Column 1: Subtotal of Payments	\$	/ month	
Column 1: Subtotal of Payments	\$	/ month	Total Monthly Expenses	\$	/ month	

	<b>Applicant:</b>		<b>Co-Applicant:</b>	
	Yes	No	Yes	No
A. Do you have any debt because of a court decision against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you had property foreclosed on in the last seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are you currently involved in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you paying alimony or child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever been registered, or is required to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering "YES" to these questions "DOES NOT" automatically disqualifies you. If you answered "YES" to any question A through G, however, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER and mark your additional comments with "A" for Applicant and "C" for Co-Applicant.				

**8. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing The Fuller Center for Housing NWLA to evaluate my actual need for a newly constructed home, my ability to pay the FULL CLOSING COST, a minimum of \$3,500.00 and repay the no-interest loan and my willingness to be a partner family by performing a minimum of 350 Sweat Equity Hours pre and during construction, and a minimum of 52 hours a year upon occupancy of my home. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Fuller Center Home, I may be disqualified from the program. The original or a copy of this application will be retained by The Fuller Center for Housing NWLA even if the application is not approved. I hereby grant the Fuller Center for Housing Inc. the right to photograph and record me, and my family, and use the photographs and recordings to further the organization's mission.

Applicant Signature \_\_\_\_\_  
Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_  
Date \_\_\_\_\_