

**EXPERIMENT IN SELF-RELIANCE, INC.**

1550 University Court  
PO BOX 135  
WINSTON-SALEM, NC 27101

Dear Applicant,

We are pleased and excited that you have inquired about the New Century IDA home ownership program. Attached is the application package with instructions. You can complete and return the application to **ESR** at the address above. We look forward to receipt of your packet.

All pre-application packets will go to the New Century IDA Screening Committee and all applicants will be notified by mail as to the status of their application. We are accepting applications for the next upcoming New Century IDA. In order for your application to be considered for the upcoming class we must be in receipt of your **COMPLETED** application packet.

Should you have any further questions or need assistance do not hesitate to contact us at (336) 722-9400.

Best regards,

*Barbara Johnson,*  
Program Director

# IDA PROGRAM APPLICATION INSTRUCTIONS

*\*Falsifying any information or not disclosing complete information on the IDA Application is grounds for IMMEDIATE TERMINATION from the Program\**

**You are responsible for bringing copies of the requested information.**

**Copies can no longer be made at The Center for HomeOwnership or Experiment in Self-Reliance.**

*Incomplete applications will not be screened for acceptance into the next class.*

**There is a \$25.00 non-refundable application fee payable by cash (exact change) or money order. Should you not be accepted, but reapply within one year, you will NOT have to pay the application fee again; however, you will be responsible for paying for a new tri-merge credit report.**

**INCOME - All income sources must be reported and include:**

1. **Employment** – full-time, part-time, seasonal, self-employed, etc. – (3)check stubs required
2. **Other adults living in the home** –husband, wife boyfriend, girlfriend, , and any other ADULT working family member LIVING in the home – check stubs required
3. **Child Support** – provide payment history print out for 12 months
4. **SSI** – copy of award letter is required
5. **Food Stamps** – copy of award letter is required

Completed wage verification forms must be completed by your employer. It is your responsibility to provide accurate and full employer address and phone numbers so we are able to send/fax the verification form directly to your employer.

**MARITAL STATUS -**

If you are **SEPARATED or DIVORCED**, copies of your legal separation/divorce papers are required with your application. If this is not documented correctly, it can hinder or delay the purchase process.

**TAX RETURNS –**

Copies of tax returns for the past **3 years** are required with your application. The information obtained from the tax returns is necessary for the mortgage process. If you do not have all copies, you need to call 1- 800-829-1040 to obtain them.

**CREDIT REPORTS -**

**A Tri-Merge Credit Report (all 3 Bureaus) is required and available at The Center for HomeOwnership at 8064 North Point Blvd, Ste 200, Winston-Salem, NC 27106, 773-0286. Please be prepared to show your Driver's License or ID. We will provide you with 2 copies; one to turn in with your application and one to keep for your records.**



Professor Michael Sherraden,  
Pioneered the IDA Concept

## NEW CENTURY IDA PRE-APPLICATION FORM

Please be sure to answer every question. Some of the information that is asked for will be used to evaluate the success of the New Century IDA Program. All the information that is provided is kept confidential.

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

Name of Applicant(s): \_\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ Buying \_\_\_\_ Section 8 \_\_\_\_ Other

Address: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title/Position \_\_\_\_\_

Address: \_\_\_\_\_ Length of Employment \_\_\_\_\_

\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title/Position \_\_\_\_\_

Address: \_\_\_\_\_ Length of Employment \_\_\_\_\_

\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Total number in Household: \_\_\_\_ Please list your entire household (including applicant) below:

(List ANY and ALL **monthly** income for each household member. [i.e. Wages, Child Support, Social Security, SSI, Disability, Veterans, etc...]) **ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED**

Name	Date of Birth	Sex	Relationship	Income
				\$
				\$
				\$
				\$
				\$

Total Assets: \$ \_\_\_\_\_

Total Amount owed to Creditors (credit cards, banks, loans, vehicles, etc.): \$ \_\_\_\_\_

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

**Please remember to include a current TRI-MERGE CREDIT REPORT when you submit your completed application and PROOF of INCOME. Credit reports are available at the Center for HomeOwnership. **FOR MORE INFORMATION CALL 336-773-0286****

# Request for Verification of Employment IDA Program

Part 1 - Request		
1. To (Name and Address of Employer)	2. From (Name and Address of Agency Requesting Form)	
	<div style="background-color: yellow; display: inline-block; padding: 2px;"><b>Please return via fax to the agency indicated</b></div>	
	<input type="checkbox"/> Experiment in Self-Reliance, fax: 336-748-8312	
<b>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.</b>		
3. Name, SSN, and Address of Applicant	4. Signature of Applicant	
Part 11 – Verification of Current Employment		
5. Applicants Date of Hire	6. Current Position	7. Probability of Continued Employment
8. Current <b>GROSS</b> Base Pay and Pay Period \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify) _____ Number of hours worked: _____		
9. If Overtime or Bonus is Applicable, it likely to continue? If yes, amount?  Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____  Bonus <input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____		
10. <b>GROSS</b> Earnings YTD	11. <b>GROSS</b> Earnings Past Year	12. <b>GROSS</b> Earnings Past Year
Part 111 – Authorized Signature		
13. Signature of Employer	14. Title	15. Date
16. Printed Name	17. Phone Number	

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**PO BOX 135**  
**WINSTON-SALEM, NC 27101**  
**(336) 722-9400**

**CONSENT FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ hereby authorize Experiment in Self-Reliance, Inc. to disclose to, receive from and communicate any information needed on my behalf.

I acknowledge that the reciprocal exchange of information is permitted with this release for the purpose of facilitating the preparation, implementation, and follow-up of my individual case plan and services. I also acknowledge that my consent is voluntary and can be withdrawn by written notice at any time except to the extent that action based on this consent has been taken. This consent is valid for a period of one year, and expires on \_\_\_\_\_

In the event that I fail to provide the necessary information to the agency, the agency has my consent to contact my employer and references.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date

# The Center for HomeOwnership

Financial Pathways of the Piedmont (formerly CCCS of Forsyth)

8064 North Point Blvd, Ste. 200

Winston-Salem, NC 27106

(336) 773-0286

**PERSONAL INFORMATION (Financial Pathways of the Piedmont [formerly Financial Pathways of the Piedmont (formerly CCCS of Forsyth County, Inc.) must confirm positive, current identification. PLEASE PRINT CLEARLY). Applicant #1**

Name \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ How Long \_\_\_\_\_

Daytime Contact Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Marital Status** \_\_\_Single \_\_\_ Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed **How did you hear about us?** \_\_\_\_\_

## Applicant #2

Name \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

### For Office Use Only

**Applicant #1: Identification Type** \_\_\_\_\_ **Number** \_\_\_\_\_ **State** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Applicant #2: Identification Type** \_\_\_\_\_ **Number** \_\_\_\_\_ **State** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Identification Verified by:** \_\_\_\_\_

## CREDIT REPORT REQUEST – Check each report you wish to obtain. Prices are per applicant/per report.

\_\_\_Tri-Merge - [Equifax, Experian & TransUnion]

### For Office Use Only

**Total Fees \$** \_\_\_\_\_ **Paid by (circle):** Money Order Certified Check Cash Personal Check # \_\_\_\_\_

**Received By** \_\_\_\_\_ **Date** \_\_\_\_\_ **Receipt #** \_\_\_\_\_

## AUTHORIZATION, DISCLOSURE, PRIVACY STATEMENT, & RELEASE OF LIABILITY

By signing below, applicant(s) listed above acknowledges understanding of, and agreement to the following:

Financial Pathways of the Piedmont [formerly CCCS of Forsyth County, Inc.] is not a credit bureau and is not responsible for the information (accurate or inaccurate) appearing on credit reports. CCCS, at applicant(s) request, is functioning as an Agent for Premier Information Center LLC, who is an approved Direct to consumer reseller of credit information obtained from the credit bureaus and as such, collects a small fee for each report requested. Applicants may obtain a less expensive credit reports directly from the bureaus. Fees charged for credit information are separate and distinct from all other services available from Financial Pathways of the Piedmont [formerly CCCS of Forsyth County, Inc.] Applicants affirm that they are indeed the individuals listed above and acknowledge that Federal Law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined under Title 18 of the United States Code, or imprisoned for not more than two years, or both.

**Privacy Disclosure:** Applicant acknowledges Financial Pathways of the Piedmont [formerly CCCS of Forsyth County, Inc.] shall maintain a copy of this request for two years.

**Authorization and Release of Liability:** Applicant(s) authorizes Financial Pathways of the Piedmont [formerly CCCS of Forsyth County, Inc.] to obtain the report(s) indicated above and agree to hold Financial Pathways of the Piedmont [formerly CCCS of Forsyth County, Inc.], its employees, officers, and agents harmless from any claim, suit, action, or demand of applicant or any other person arising from the services provided and use of information obtained.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date