



## Homeownership Readiness Assessment

Use the following checklist to help you collect everything needed before submitting your intake Packet\*

- Proof of Income
  - If Employed:
    - Last 2 months of pay stubs
    - Copy of most recent Tax Return – including W2 forms
  - If Self-Employed:
    - Copies of two most recent tax returns – including 1099 forms and Schedule C
    - Current Year-to-Date Profit & Loss Statement
  - Benefits (Social Security, Disability, Retirement), if applicable
    - Copy of Updated award letter stating the monthly benefit
  - Alimony/Child Support, if applicable
    - Copy of court order showing amount awarded
    - Copy of case history showing amounts disbursed
    - If not court ordered, 6 months of payment history
- Proof of Assets
  - Bank Statements:
    - Checking and Savings Accounts: last 3 consecutive months for *all* accounts
  - Other Assets:
    - 401K Retirement: current statement showing total balance
    - Certificate of Deposit (CD): current statement showing total balance
- Expenses
  - Monthly Bills:
    - use expense template on pg 6 of Homeownership Readiness Assessment to list and estimate total of monthly expenses
  - Credit Cards/Loans: current statement showing total balance
  - Other Debt:
    - List of debts with total amount owed and to who
      - Include any interest that is being charged

Please Make copies of all documents, **do not send originals**

If you have questions related to the Intake Packet and how to get started with housing counseling, please contact our Housing Counseling Team by calling 515-243-1277 or by e-mail: [staff@homeincdsm.org](mailto:staff@homeincdsm.org)

*\*Other documents may be requested as needed during the housing counseling process*





HOME, Inc.  
 1618 6<sup>th</sup> Ave Des Moines, IA 50314  
 www.homeincdsm.org  
 Phone 515-243-1277

FOR OFFICE USE ONLY:	_____	_____	_____	PY 23-24
	INCOME %	DATE MAILED	DATE RECEIVED	

## HOMEOWNERSHIP READINESS ASSESSMENT

Please fill out the below assessment to the best of your ability. Any questions can be directed to a Housing Counselor.

**Applicant Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**OPTIONAL:** The following information is requested by the U.S. Department of Housing & Urban Development for monitoring purposes. Please check the appropriate box below if you wish to provide the information. This is optional and not required.

**Applicant Current Marital Status:** Please check one of the following.

- Single   
  Married   
  Divorced   
  Legally separated  
  
 Widowed   
  Other, please explain \_\_\_\_\_

**Race:**  American Indian or Alaska Native   
 Asian   
 Black or African American  
 Multiple Races   
 Native Hawaiian   
 Pacific Islander   
 White   
 Other

**Ethnicity:**  Hispanic   
 Non-Hispanic

**Immigration Status:**

- I was born outside the US  
 I was born in the US but my parents were not  
 My parents and I were born in the US but my grandparents were not  
 My parents, grandparents and myself were born in the US  
 Naturalized US Citizen   
 Lawful Permanent Resident   
 Not an immigrant   
 Other

**Disability:** Do you or any one in your household receive disability?  Yes  No  
 Are you or anyone in your household considered permanently disabled?  Yes  No

**Military:** Have you or anyone in your household served in the military?  Yes  No

**Primary language spoken:** \_\_\_\_\_ Would you like an interpreter?  Yes  No





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Co-Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

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- Single     Married     Divorced     Legally separated
- Widowed     Other, please explain \_\_\_\_\_

**Race:**  American Indian or Alaska Native     Asian     Black or African American  
 Multiple Races     Native Hawaiian     Pacific Islander     White     Other

**Ethnicity:**  Hispanic     Non-Hispanic

**Immigration Status:**

- I was born outside the US
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- My parents and I were born in the US but my grandparents were not
- My parents, grandparents and myself were born in the US
- Naturalized US Citizen     Lawful Permanent Resident     Not an immigrant     Other

**Disability:** Do you or any one in your household receive disability  Yes  No

Are you or anyone in your household considered permanently disabled?  Yes  No

**Military:** Have you or anyone in your household served in the military?  Yes  No

**Primary language spoken:** \_\_\_\_\_ Would you like an interpreter?  Yes  No

**REFERRAL:**

How did you hear about our program?

- HUD Website
- Social Service Agency: \_\_\_\_\_
- Mortgage Lender: \_\_\_\_\_
- Real Estate Agent: \_\_\_\_\_
- Other \_\_\_\_\_





**ADDITIONAL FAMILY INFORMATION:**

Please provide information for **ALL ADDITIONAL** persons who will reside in the home.

Name:	Birth Date	Student:				Last 4 SSN#	Income Y/N	Relation
		Yes	No	FT	PT			
		<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"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Do you anticipate any changes in your household size or composition?  No  Yes, please explain

**HOUSING REFERENCES:**

Please list current landlord references. If less than one year at current residence, include previous landlord reference also.

**Current Landlord Name** \_\_\_\_\_

Landlord Address \_\_\_\_\_

Phone \_\_\_\_\_

Unit Address \_\_\_\_\_

Tenancy Begin & End Date \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**Previous Landlord Name** \_\_\_\_\_

Landlord Address \_\_\_\_\_

Phone \_\_\_\_\_

Unit Address \_\_\_\_\_

Tenancy Begin & End Date \_\_\_\_\_

Reason for Moving \_\_\_\_\_





Have you ever been evicted?  Yes  No If yes, when? \_\_\_\_\_

Has anyone in your household owned a home in the last 3 years?  Yes  No  
If yes, who, and when? \_\_\_\_\_

**CRIMINAL BACKGROUND:**

Has anyone in your household ever been arrested or charged for a crime other than a traffic violation?

Yes  No If Yes: Who \_\_\_\_\_ When \_\_\_\_\_ State \_\_\_\_\_

**Brief Description:**

Are you, or any other household member, required by court order, to register on a local or national sex offender registry?

Yes  N If Yes: Who \_\_\_\_\_ When \_\_\_\_\_ State \_\_\_\_\_

**Brief Description:**

**EDUCATIONAL BACKGROUND:**

Please complete the following for APPLICANT and CO-APPLICANT:

**Highest Level of Education:**

**Applicant**

- High School Diploma
- GED
- Vocational/Trade
- Bachelor's Degree
- Master's Degree
- Above Master's Degree

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes  No

**Co- Applicant**

- High School Diploma
- GED
- Vocational/Trade
- Bachelor's Degree
- Master's Degree
- Above Master's Degree

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes  No

**Did you Graduate?**

- Yes  No

**Did you Graduate?**

- Yes  No

**Do any adults in the household have future educational plans or goals?**  Yes  No

If yes, please explain

Please list names of schools or educational institutions that **children** in the household attend.

School Name: \_\_\_\_\_ Child: \_\_\_\_\_

School Name: \_\_\_\_\_ Child: \_\_\_\_\_

School Name: \_\_\_\_\_ Child: \_\_\_\_\_

School Name: \_\_\_\_\_ Child: \_\_\_\_\_





**EMPLOYMENT:**

List **CURRENT** employment information for **ALL** adults providing financial support for the family. If employment is less than one year, provide information for past employer.

<b>Name</b>	_____	<b>Name</b>	_____
Employer	_____	Employer	_____
Contact Person	_____	Contact Person	_____
Phone number	_____	Phone number	_____
Start Date	_____	Start Date	_____
Job Title	_____	Job Title	_____
Pay Rate	_____	Pay Rate	_____
Hours per week	_____	Hours per week	_____
<b>Name</b>	_____	<b>Name</b>	_____
Employer	_____	Employer	_____
Contact Person	_____	Contact Person	_____
Phone number	_____	Phone number	_____
Start Date	_____	Start Date	_____
Job Title	_____	Job Title	_____
Pay Rate	_____	Pay Rate	_____
Hours per week	_____	Hours per week	_____

**FINANCIAL INFORMATION:**

**Accounts:** Please list all financial accounts within the household

NAME ON ACCOUNT	TYPE OF ACCOUNT*	BALANCE
		\$
		\$
		\$
		\$

\*Checking, Savings, Retirement, etc.





**Income:** Please list **ALL** sources of income

Type	SOURCE	GROSS MONTHLY TOTAL
Employment		\$
Employment		\$
Social Security		\$
*Other		\$
	<b>Total:</b>	\$

\*Other income: Pension, Alimony, Adoption Subsidy, Child Support, etc.

**Expenses:** Please list **ALL** recurring monthly expenses

Expense	Amount	Comments
Rent/Housing:	\$	
Utilities:	\$	
Renter's Insurance:	\$	
Phone:	\$	
Auto Loan:	\$	
Auto Insurance:	\$	
Child Care:	\$	
Student Loans:	\$	
Other Loan:	\$	
Credit Card 1:	\$	
Credit Card 2:	\$	
Child Support:	\$	
Medical Expenses:	\$	
Savings:	\$	
Other:	\$	
Other:	\$	
<b>TOTAL</b>	\$	





How much do you expect to pay for a monthly house payment including taxes & insurance?

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How soon do you hope to be mortgage ready?

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What is your estimated credit score?

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**PERSONAL NARRATIVE:**

Briefly, what are your family's future goals?

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Why is your family interested in owning their own home?

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Describe the type of home you need. (Number of bedrooms, location, special features, etc.)

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**The following is a list of common obstacles for first time homebuyers. Please indicate all that apply to you.**

- |   |   |
|---|---|
| <input type="checkbox"/> I have no money for a down payment | <input type="checkbox"/> I have past or current credit problems |
| <input type="checkbox"/> I don't know how to buy a home     | <input type="checkbox"/> I can't find a home that I can afford  |
| <input type="checkbox"/> Other, please explain:             |   |

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**Please indicate the areas of supportive services that would be of benefit to you and your household.**

- Counseling and training on how to select and buy a home
- Budget and debt management counseling
- Basic maintenance and repair counseling
- Other, please explain:

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**Do you have any other information you wish to have considered in your application?**

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**Applicant Signature**

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**Applicant Name (Print)**

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**Application Date**

