



2890 Chad Drive
 P.O. Box 24608
 Eugene, Oregon 97402
 Office: (541) 687-5820
 Fax: (541) 683-9423

St. Vincent de Paul

Position _____ Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

INCOME <small>Please Print Clearly</small>	CUSTOMER 1	CUSTOMER 2
<i>Type of Income</i>	<i>Monthly Amount</i>	<i>Monthly Amount</i>
Wage/Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	<u>CUSTOMER 1</u>	<u>CUSTOMER 2</u>
1. Can you document your child support/alimony income? If yes, how long will it continue? _____	Yes No	Yes No
2. Are you currently in Chapter 13 bankruptcy? If yes, when did it begin? _____ If yes, when will it be paid out? _____ If yes, how much is the payment? _____	Yes No	Yes No
3. Have you had a Chapter 7 bankruptcy? If yes, when was it discharged? _____	Yes No	Yes No

LIQUID FUNDS / SAVINGS / INVESTMENTS		
<i>Please list the approximate value of the following:</i>	CUSTOMER 1	CUSTOMER 2
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

DEBTS		
<i>Please list the approximate value of the following: Credit Cards, Installment Loans, Credit Line Accounts, Medical/Dental Payments, Auto Loans, Other Real Estate, etc.</i>		
Lender Name	Monthly Payment	Balance





2890 Chad Drive
P.O. Box 24608
Eugene, Oregon 97402
Office: (541) 687-5820
Fax: (541) 683-9423

St. Vincent de Paul

AUTHORIZATION

Please Print Clearly

I/We authorize St. Vincent de Paul Society of Lane County, Inc. to obtain Proof of Income, a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I/we purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any false or fraudulent information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

CUSTOMER 1

Date

CUSTOMER 2

Date

Notation(s)

** ETHNICITY/RACE: You are not required to provide this information, it is being asked for government monitoring purposes. If this application is being taken at a face-to-face meeting, you can choose not to provide this information but we will make a determination based on visual observation and we cannot discriminate against you whether or not you provide this information.*

IMPORTANT DOCUMENTATION NEEDED

Please return this signed application to our office, along with copies of Proof of Income documents as it applies to your case for your house hold.

- Employment Income - For all members for the household who are 18 years of age and older. (i.e.; copies of the last 3 months Paycheck Stubs)
- Signed copy of last year's Federal Income Tax Return
- Retirement/Pension Income and/or Disability Income (i.e.; copies of Award/Claim Letter (or) copies of last 3 months check stubs (or) copies of the last 3 months Bank Statements showing automatic deposit)
- Please call our office number listed at the top of the Application, if you have questions about proof of income or anything regarding the Home of Your Own Program

