



MISSION BRANCH

HOME Grant Application

Applicant		
Principle Residence Investor		
Name (first/middle/last):		
DOB:	SSN:	Marital Status:
Address (street/city/state/zip):		
Home Phone:	Work Phone:	Cell Phone:
Email:		
Employer*:	Start Date*:	
Employer Address*:		
Monthly Income* (Gross):	Total Monthly Minimum Debt to Creditors*:	
Co-Applicant		
Name (first/middle/last):		
DOB:	SSN:	Marital Status:
Address (street/city/state/zip):		
Home Phone:	Work Phone:	Cell Phone:
Email:		
Employer*:	Start Date*:	
Employer Address*:		
Monthly Income* (Gross):	Total Monthly Minimum Debt to Creditors*:	
Are you currently working with a Real Estate agent? <i>If yes, please provide the Agent's name, email, and phone number.</i>		
Are you currently working with a Mortgage Broker/Lender? <i>If yes, please provide the Broker's name, email, and phone number.</i>		
MISSION BRANCH—HOME Grant, a 501(c)(3), herein referred to as HOME. I/We are requesting more information about HOME and would like to participate in the different housing program opportunities. I/We understand that information obtained by HOME about me/us will be held in the strictest confidence and will not be divulged to any entity without written permission from me/us.		
I/We hereby authorize and give HOME, its Housing Counselor's (HC's), and/or any lending agent's permission to verify and all information they deem necessary. This authorization includes, but is not limited to obtaining a credit report from one or more of the recognized credit reporting agencies. I/We hereby authorize HOME to discuss any and all information, personal, financial, with whoever they deem necessary in an attempt to help me/us with my/our housing, personal, or financial needs.		
I/We further understand that I/We will hold HOME, its agents and volunteers harmless from any and all claims or causes of action arising from mistakes, errors, and/or omissions in regards to the aforementioned help. This Agreement will become binding only upon execution herein by HOME.		
Submit signed Grant Application to the Housing Counselor that introduced you to the program or mail to: MISSION BRANCH—HOME Grant 903 South Rifle Street, Aurora, CO 80017		
Applicant Signature	Date:	
Co-Applicant Signature	Date:	

Housing Counselor Name:

**Not required for investors.*