



Housing Opportunities Partnership Exchange

HOPE Revolving Loan Application

INTAKE MUST BE COMPLETED

Date: _____ Name: _____ Total amount requested: _____

Service address: _____

Purpose of Loan: _____ Rent deposit _____ Electric deposit _____ Water deposit _____ Gas deposit
(Check all that apply) _____ Propane deposit

Provide information as applicable about each deposit which would be funded by this loan, if approved:

Landlord: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Notes: _____ Amount to be paid: _____

Utility: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Notes: _____ Amount to be paid: _____

Utility: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Notes: _____ Amount to be paid: _____

Utility: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Notes: _____ Amount to be paid: _____

I attest that I am and will remain drug free. If I am in recovery, I have provided proof of participating in a treatment program. Initial if you agree.

I understand that this is a loan and I will be required to sign a promissory agreement if I am approved for deposit assistance. If approved, funds will be paid directly to the landlord or utility company on my behalf. Initial if you understand.

Applicant Signature: _____ Date: _____

Check here if applicant is related to referring party. If so, state relationship: _____

Applicant has satisfactory / unsatisfactory / no record of housing history with housing authority as verified by _____ at _____

Referrer: _____ Signature: _____ Organization: _____

HOPE REVOLVING LOAN INTAKE FORM

* Denotes required information.

*Applicant _____ *Physical Address _____ *State _____ *Zip code _____

*Mailing Address _____ *City _____

Phone _____ County _____ Email _____

Does Household Receive Food Stamps? Yes _____ No _____ Benefit Amount _____ /Month _____

*Family Type (choose one) _____ Single Parent/Female _____ Single Parent/Male _____ Single Person _____
 _____ Two Parent Household _____ Two Adults/No Children _____ Other _____

*Marital Status (choose one) _____ Married _____ Divorced _____ Separated _____ Widowed _____ Never Married _____

*Family Size (choose one) _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 or more (Use attachment, if necessary) _____

*Housing situation (choose one) _____ Homeless _____ Homelessness Imminent _____ Shelter/Transitional housing _____ Other _____

*Name of Household Members (Include Self)	Relationship to Applicant	*Sex	*Race	*Social Security Number	*Date of Birth	Education Level	*Monthly Income	*Income Source	*Disabled	Veteran	Health Insurance
	Self								Y	N	Y
									Y	N	Y
									Y	N	Y
									Y	N	Y
									Y	N	Y
									Y	N	Y

For race, use the following: AI – American Indian, H – Hispanic, C – Caucasian, AA – African American, AN – Alaskan Native, A – Asian, PI – Pacific Islander, O – Other
 Income sources include TEA, SSI, SS, Pension, Unemployment benefits, Employment, Child Support, etc. Medicare/Medicaid considered health insurance.

Provide three alternate sources of contact:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I certify that the above information is true and correct. My signature below authorizes the referring organization to release information to partner agencies, landlords, or utility providers for the processing of this loan application. I understand that non-identifying information is compiled with other households to create reports for funding sources.

Applicant Signature _____ Date _____ Referrer Signature & Organization _____ Date _____