



BUYER APPLICATION
(please fill out and return to CURE)

Date of Application: _____

Address of the Home you are applying for: _____

Name (Head of Household): _____

Work Phone: _____ Home Phone: _____ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

How many dependents are currently living with you? _____

Current Gross Monthly Household Income* _____

Have you been pre-qualified to purchase a home? _____

If you been pre-qualified to purchase a home, attach the letter of pre-qualification and fill in the name of your lender.

*For internal use only: Prospective buyer has provided proof of Income.	
Source: _____	Signed: _____
C.U.R.E. Representative	

AFFIRMATIVE ACTION INFORMATION
Applicants are considered for housing without regard to race, color, religion, sex, national origin, physical or mental disability. I understand that this application is for participation in the Homeownership Program of C.U.R.E. I further understand that this application does not guarantee participation.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____