**Odessa Housing Finance Corporation**

**(432) 362-2349**

**3801 N Dixie Blvd**

**Odessa, TX 79762**

**Rental Application**

**Please turn in a complete application (all applicable sections). Please be sure to sign all pages required.**

**Application fee is non-refundable, $50.00 for each adult. Check or Money Order Only. There will be a $35.00 fee for a returned check, which could also result in a denial of your application.**

**We will not show a property until we have a completed application, payment, and all documentation in our office.**

**Please submit the following with your application:**

* **Driver’s License & Social Security Card for each adult on lease**
* **Two months of pay stubs or Income tax return (if self employed)**
* **Application Fee- Check or Money Order Only**

**PLEASE CALL LAURA MARTINEZ IN OUR OFFICE IF YOU HAVE FURTHER QUESTIONS: (432) 362-2349**

**LEAD FORM**

**A copy of the LEAD-SAFE pamphlet was given to the applicant with the application. If the applicant should need additional copies, please contact our office.**

**Odessa Housing Finance Corp.**

**3801 N. Dixie Blvd.**

**Odessa, TX 79762**

**(432) 362-2349**

**OCCUPANT CONFIRMATION:**

**Pamphlet Receipt**

* **I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before work began.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT DATE ADDRESS OF DWELLING

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF CO-APPLICANT DATE

**PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY**

**APPLICANT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_ SOCIAL SECURITY #:\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_**

**MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWN\_\_\_ RENT\_\_\_ OTHER\_\_\_**

**CITY AND COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARRIED\_\_\_ SINGLE\_\_\_ DIVORCED\_\_\_**

**EDUCATION: HIGH SCHOOL/GED COLLEGE PRIMARY VOCATIONAL NONE**

**VETERAN: YES or NO DISABLED: YES or NO DISABLED DEPENDENT: YES or NO**

**ACTIVE MILITARY: YES or NO FOREIGN BORN: YES or NO**

**HOUSING VOUCHER: YES or NO**

**MONTHLY GROSS INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETHNICITY: HISPANIC\_\_\_\_\_ NON-HISPANIC\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**RACE (check all that apply): AMERICAN INDIAN/ALASKAN NATIVE\_\_\_\_\_ ASIAN\_\_\_\_\_**

**BLACK or AFRICAN AMERICAN\_\_\_\_\_ WHITE\_\_\_\_\_ NATIVE HAWAIIAN/PACIFIC ISLANDER\_\_\_\_\_**

**OTHER\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**CO-APPLICANT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_ SOCIAL SECURITY #:\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_**

**EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHLY GROSS INCOME:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISABLED: YES or NO VETERAN: YES or NO FOREIGN BORN: YES or NO**

**RELATIONSHIP TO APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETHNICITY: HISPANIC\_\_\_\_\_ NON-HISPANIC\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**RACE (check all that apply): AMERICAN INDIAN/ALASKAN NATIVE\_\_\_\_\_ ASIAN\_\_\_\_\_**

**BLACK or AFRICAN AMERICAN\_\_\_\_\_ WHITE\_\_\_\_\_ NATIVE HAWAIIAN/PACIFIC ISLANDER\_\_\_\_\_**

**OTHER\_\_\_\_\_ CHOOSE NOT TO RESPOND\_\_\_\_\_**

**HOUSEHOLD ANNUAL INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list names and ages of everyone (including children) who will live in the home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you currently have any household debt/collections on your credit? I.e. Apartments, utilities, cell phones? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had any Felonies or Misdemeanors? YES or NO**

**If yes, please List Type, Nature of Offense, and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently on Parole, Probation, or Home Confinement? YES or NO**

**If yes, please explain and include contact information for officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREFFERED LANGUAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES: PLEASE LIST 3 PEOPLE NOT LIVING WITH YOU.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU RECEIVING RENTAL ASSISTANCE OR A SECTION 8 HUD VOUCHER? If so, please provide the name of the organization, case worker, contact information, and amount of assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list where you have resided in the last 5 years. Include name of property, landlord/owner, phone number, address, and dates you resided there.**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **I understand that it is my/our responsibility to complete application and provide all documentation requested.**
5. **I understand that information provided can be shared with Odessa Housing Authority, LINKS-Project Hope and City of Odessa Community Development if you are receiving any assistance.**
6. **I Authorize Odessa Housing Finance Corp./Odessa Affordable Housing Inc., to review my credit, verify employment, income, references, tenant history, criminal background, and any additional information to determine approval for this property.**
7. **I understand by signing, this is not a guarantee that I will be approved for the property and only a consideration for tenancy.**

**Please be aware this is a NO PET PROPERTY, NO EXCEPTIONS!**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPANT SIGNATURE DATE SPOUSE SIGNATURE DATE**

**EMPLOYMENT**

**\* REQUIRED (If you have had more than one employer in the last 2 years, please fill out an employment sheet for each one.)**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\*End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in Profession: \_\_\_\_\_\_\_\_ Self Employed: Y / N (please circle one)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Worker: Y / N (please circle one)

Monthly Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Net Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income: Y / N (please circle one)

If you answered yes, please explain what type of income and monthly amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AFDC $\_\_\_\_\_\_ Alimony $\_\_\_\_\_\_\_ Bonuses $\_\_\_\_\_\_\_\_Child Support $ \_\_\_\_\_\_\_\_\_\_\_

Commission $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime $\_\_\_\_\_\_\_\_\_\_

**CO-APPLICANT EMPLOYMENT**

**\* REQUIRED (If you have had more than one employer in the last 2 years, please fill out an employment sheet for each one.)**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\*End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in Profession: \_\_\_\_\_\_\_\_ Self Employed: Y / N (please circle one)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Worker: Y / N (please circle one)

Monthly Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Net Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income: Y / N (please circle one)

If you answered yes, please explain what type of income and monthly amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFDC $\_\_\_\_\_\_ Alimony $\_\_\_\_\_\_\_ Bonuses $\_\_\_\_\_\_\_\_Child Support $ \_\_\_\_\_\_\_\_\_\_\_

Commission $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime $\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT**

**\* REQUIRED (If you have had more than one employer in the last 2 years, please fill out an employment sheet for each one.)**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\*End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in Profession: \_\_\_\_\_\_\_\_ Self Employed: Y / N (please circle one)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Worker: Y / N (please circle one)

Monthly Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Net Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income: Y / N (please circle one)

If you answered yes, please explain what type of income and monthly amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AFDC $\_\_\_\_\_\_ Alimony $\_\_\_\_\_\_\_ Bonuses $\_\_\_\_\_\_\_\_Child Support $ \_\_\_\_\_\_\_\_\_\_\_

Commission $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime $\_\_\_\_\_\_\_\_\_\_

**CO-APPLICANT EMPLOYMENT**

**\* REQUIRED**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\*End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in Profession: \_\_\_\_\_\_\_\_ Self Employed: Y / N (please circle one)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Worker: Y / N (please circle one)

Monthly Gross Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Net Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income: Y / N (please circle one)

If you answered yes, please explain what type of income and monthly amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AFDC $\_\_\_\_\_\_ Alimony $\_\_\_\_\_\_\_ Bonuses $\_\_\_\_\_\_\_\_Child Support $ \_\_\_\_\_\_\_\_\_\_\_

Commission $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime $\_\_\_\_\_\_\_\_\_\_

**DUAL AGENCY DISCLOSURE**

**DUAL AGENCY:** The following disclosure and acknowledgement apply to those transactions in which the seller (Odessa Affordable Housing Inc. and Odessa Housing Finance Corp.) OAHI/OHFC and the housing counselor consulting with you are employed by the same entity.

**YOUR RIGHT UNDER DUAL AGENCY:**  As a 501c3 non-profit organization under IRS rules, OAHI/OHFC sells residential property owned by the agency. In this capacity, the agency’s primary responsibility is to itself as the seller of the property.

As a counselor, the agency counsels you in preparing for homeownership. In this capacity, the agency’s primary responsibility is to you. You are not obligated to purchase residential property owned by the agency as a condition of receiving counseling services from the agency.

By making this disclosure, the agency wishes to obtain your informed consent to operate in a dual agency capacity. By consenting to dual agency, you are giving up your right to undivided loyalty. You should carefully consider the possible consequences of a dual agency relationship before agreeing to such representation.

You may retain the services of a counselor who will represent only your interest in the transaction.

**CONSENT TO DUAL AGENCY:** By signing below, you acknowledge that you have received and read this disclosure notice. You also acknowledge that you understand that as the seller, OAHI/OHFC may be acting in its own best interest relative to the sale of residential real property owned by the agency. Finally, by signing below, you consent to the dual agency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-APPLICANT SIGNATURE DATE