

Housing Program Application

Authentisign ID: 24AA9444-B2B0-43C1-B9C8-695DBE4C660A

<u>Participant (1) Name</u> Elizabeth Jane Torres (liz)	<u>Address</u> 1584 Slash Pine Court OP FL 32073	<u>Length</u> 4yrs	<u>DOB</u> 11/4/87	<u>SSN</u> 148-92-7297
<u>Participant (1) Name</u> Matthew David Hernandez (matt)	<u>Address</u> SAME	<u>Length</u> Same	<u>DOB</u> 11/14/88	<u>SSN</u> 593-11-5429
<u>Current/Previous Address (1)</u> 1809 Debarry Avenue, OP FL 32073		<u>Length (1)</u> 1 year	<u>Previous Address (2)</u> 	
<u>Phone (1)</u> (914) 625-5664	<u>Phone (2)</u> (904) 589-4898	<u>Email (1)</u> lisihernandez1987@gmail.com		<u>Email (2)</u> matthew.d.hernandez88@gmail.com
<u>Employer Name (1)</u> Home Health Aid (not working now)		<u>Length Employed</u> N/A	<u>Employer Phone Number (1)</u> N/A	<u>Gross Mo (1)</u> \$1,200/mo
<u>Employer Name (2)</u> Brookdale Senior Living		<u>Length Employed</u> 4 months	<u>Employer Phone Number (2)</u> 	<u>Gross Mo (2)</u> \$1,200/mo
<u>Additional Income</u> \$733/mo(liz)	<u>Type of Income</u> SSI	<u>Additional Income</u> Kindred Hospital	<u>Type of Income</u> 30hrs/\$800/mo	<u>Total Cumulative Balance – All Accounts</u> \$4,300 (\$300 bank + \$400 cash + \$5,700 taxes)

To all consumer-reporting agencies and to all creditors and depositories of the undersigned:

Please be advised that the undersigned has completed an application for a housing program requesting an extension of credit to the undersigned. Therefore, the undersigned hereby authorizes you to provide their credit report and/or to disclose said report to us or any authorized agent associated to our housing program that the undersigned so wishes to participate in.

I/we, the undersigned, give my/our permission to release my/our credit, financial and personal information to the We Help Foundation, We Help Brokerage Corporation and/or the realtor (Real Estate Broker taking this application) and any affiliates, potential investors, or lenders for the purpose of completing the housing program.

I/we further give permission to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application or any future date as required to secure a loan or otherwise complete the housing program.

I/we understand that any false information provided by me/us will constitute grounds for termination from the program. I/we, the undersigned, expressly agree to allow my credit and financials to be evaluated for the purpose of completing the housing program. By signing this agreement I/we acknowledge that I/we have read all the terms of this and all other agreements which I/we acknowledge receiving prior to enrolling. **I/we affirm that I/we were given the opportunity to review all agreements and enrollment documentation prior to enrolling.** Under penalties of perjury, I/we declare that I/we have read the foregoing information and that the facts stated in it are true.




 Elizabeth J Torres

 Participant Name
 03/01/2017

 Date




 Matthew D Hernandez

 Participant Name
 03/01/2017

 Date