



FIRST HOME CLUBSM PROGRAM EMPLOYMENT HISTORY STATEMENT

This document is to be completed and executed by FHC Member and FHC Household Applicant(s) at Enrollment

Please enter below the start and end dates (**month/day/year**) for **ALL** employment &/or other income sources for the past 2 years for ALL household members over the age of 18.

Applicant:

_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date

Co-Applicant:

_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date

Certification:

I / We, certify that this Employment History Statement and its supporting documentation is true and accurate.

_____ Print Household Name (Applicant)	____/____/____ Date	_____ Signature of Household (Applicant)
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_____ Print Household Name (Co-Applicant)	____/____/____ Date	_____ Signature of Household (Co-Applicant)
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_____ First Home Club Member (Stockholder Institution)	_____ Print Name	____/____/____ Date
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_____ Title of FHC Representative	_____ Signature of FHC Representative
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