



**HOMA INVESTMENTS LIMITED**

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**APPLICATION FORM FOR IN-HOUSE FINANCING SCHEME (please complete)**

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**PART A**

**PART A: PERSONAL CONTACT DETAIL**

TITLE:  MR.  MRS.  MISS  OTHER

SURNAME \_\_\_\_\_

OTHER NAMES \_\_\_\_\_

PREVIOUS NAMES/MAIDEN NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ID TYPE AND NUMBER \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

EMAIL \_\_\_\_\_

COUNTRY OF RESIDENCE \_\_\_\_\_

NATIONALITY \_\_\_\_\_

MARITAL STATUS:  MARRIED  SINGLE  DIVORCED  WIDOWED

NUMBER OF DEPENDANTS: \_\_\_\_\_

APARTMENT OPTION:  2 Bedrooms  3 Bedrooms

FINANCING OPTION:  IN-HOUSE PURCHASE SCHEME  RENT TO BUY SCHEME (Main  Flexible )

**PART B**

**PART B: EMPLOYMENT DETAILS**

(PLEASE IF SELF-EMPLOYED GO TO B(II))

**PART B(I): DETAILS OF EMPLOYMENT**

EMPLOYMENT TYPE:  PERMANENT  CONTRACT: DURATION: \_\_\_\_\_

CONTRACT EXPIRY DATE \_\_\_\_\_

NAME OF CURRENT EMPLOYER \_\_\_\_\_

DEPARTMENT/UNIT \_\_\_\_\_

DESIGNATION/JOB TITLE \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

EMPLOYEE ID NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

EMPLOYER MAILING ADDRESS \_\_\_\_\_

EMPLOYER LOCATION ADDRESS \_\_\_\_\_

WORK PHONE NUMBERS \_\_\_\_\_

WORK EMAIL ADDRESS \_\_\_\_\_

EMPLOYEE WORKSTATION \_\_\_\_\_

DISTRICT/REGION \_\_\_\_\_

GROSS MONTHLY SALARY \_\_\_\_\_

(PLEASE ATTACH THREE MONTHS PAYSLIPS AND EVIDENCE OF EMPLOYMENT)

**PART B(II): DETAILS OF SELF-EMPLOYMENT**

HOW LONG HAVE YOU BEEN SELF-EMPLOYED \_\_\_\_\_

WHAT IS THE NATURE OF YOUR BUSINESS (PLEASE SPECIFY) \_\_\_\_\_

WHAT PERCENTAGE OF THE BUSINESS DO YOU OWN \_\_\_\_\_

WHEN WAS THE BUSINESS ESTABLISHED (DD/MM/YYYY) \_\_\_\_\_

PRINCIPAL ADDRESS OF THE BUSINESS \_\_\_\_\_

**COMPANY OR BUSINESS REGISTRATION DETAILS:**

NAME OF BUSINESS: \_\_\_\_\_

REG. NO. \_\_\_\_\_ DATE OF REG. \_\_\_\_\_

WHAT IS YOUR TOTAL MONTHLY INCOME \_\_\_\_\_

WHAT IS YOUR ANNUAL INCOME \_\_\_\_\_

(PLEASE ATTACH EVIDENCE OF THREE YEAR AUDITED ACCOUNT OR PROVIDE BANK STATEMENTS FOR THE LAST 3 MONTHS)

**NUMBER OF APPLICANT(S):**     SINGLE             JOINT (IF JOINT, EACH APPLICANT MUST FILL AN APPLICATION FORM AND SUBMIT JOINTLY)

\_\_\_\_\_  
PRINTED NAME (S)

\_\_\_\_\_  
SIGNATURE(S)