



Transforming lives through home ownership

## Homes Within Reach Application

Please complete the entire application package.\*

### Along with the completed application please include the following required documents:

- Last **two** years' of complete **U.S. Federal income tax returns** from each person in the household that is 18 years or older. All pages of Federal income taxes. Do not include state tax returns or W-2's.
- Copies of the last **two** payroll check stubs from each person in the household that is 18 years or older.
- Proof of other **sources** of income, if applicable, for the past **two** years from each person in the household 18 years or older.

*Some sources of other income include:* Social Security, child support, alimony, food stamps, tips, disability, unemployment, public assistance, commissions, etc.

Homes Within Reach can not process an application that does not include all required documents and signatures.

### Send completed forms and required additional documents:

1. **Email:** Documents in PDF format can be submitted electronically to:  
Application@homeswithinreach.org
2. **Mail:** Homes Within Reach  
5100 Thimsen Avenue  
Suite 120  
Minnetonka, MN 55345  
*Do not mail original documents. We request that you only send copies.*
3. **Fax:** 952-224-2857

\* There will be a credit report fee. Do not send the fee.  
Once your application is processed we will contact you regarding the fee.  
*Credit will need to be acceptable to a lender.*  
Single - **\$32.00** Joint - **\$55.00**

**West Hennepin Affordable Housing Land Trust**  
5100 Thimsen Ave., Ste. 120, Minnetonka, MN 55345  
Email: Application@homeswithinreach.org  
www.homeswithinreach.org

952-401-7071 tel  
952-224-2857 fax



## HOUSING DATA

BUYER	CO-BUYER <i>Anyone 18 years or older that resides in the household will need to complete this section.</i>
Name: _____ Home Address: _____ City/State/Zip: _____ Phone: (cell) _____ Email: _____ Landlord: _____ Landlord address: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Family/Friends Monthly Rent/Mortgage Payment \$ _____ Buyer Contribution per month \$ _____	Name: _____ Home Address: _____ City/State/Zip: _____ Phone: (cell) _____ Email: _____ Landlord: _____ Landlord address: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Family/Friends Monthly Rent/Mortgage Payment \$ _____ Co-Buyer Contribution per month \$ _____
Previous Address	Previous Address
Previous Address: _____ City/State/Zip: _____ Landlord: _____ Landlord address: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Family/Friends Monthly Rent/Mortgage Payment \$ _____ Buyer Contribution per month \$ _____	Previous Address: _____ City/State/Zip: _____ Landlord: _____ Landlord address: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Family/Friends Monthly Rent/Mortgage Payment \$ _____ Co-Buyer Contribution per month \$ _____
Source of Referral	Source of Referral
<input type="checkbox"/> Lender (specify): _____ <input type="checkbox"/> Real Estate (specify): _____ <input type="checkbox"/> Agency/Organization: _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____ Are you a previous applicant of Homes Within Reach? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	<input type="checkbox"/> Lender (specify): _____ <input type="checkbox"/> Real Estate (specify): _____ <input type="checkbox"/> Agency/Organization: _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____ Are you a previous applicant of Homes Within Reach? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
Homeownership	Homeownership
Have you ever owned a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": dates from _____ to _____ Are you a first generation buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No Home Stretch Workshop Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Agency: _____	Have you owned a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": dates from _____ to _____ Are you a first generation buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No Home Stretch Workshop Participant <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Agency: _____
Home Buying Plans	
Thinking of buying? <input type="checkbox"/> within three months <input type="checkbox"/> within a year <input type="checkbox"/> whenever possible Do you intend to occupy the home as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you signed a purchase agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL DATA

PERSONAL DATA	
BUYER	CO-BUYER
Social Security Number: _____	Social Security Number: _____
Birth Date: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Citizenship:	U.S. Citizenship:
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other Resident Status If not born in U.S., how long lived in the U.S.A. _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other Resident Status If not born in U.S., how long lived in the U.S.A.? _____
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Prefer not to answer
Language Spoken:	Language Spoken:
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Prefer not to answer
Household Information:	
Number of adults: _____	Number of adults: _____
Number of working adults: _____	Number of working adults: _____
Number of children: _____	Number of children: _____
Ages of children: _____	Ages of children: _____
How many people will live in the household in total?: _____	How many people will live in the household in total?: _____
Check one of the household types below:	Check one of the household types below:
<input type="checkbox"/> Married couple w/ children <input type="checkbox"/> Married w/o children <input type="checkbox"/> Separated w/ children <input type="checkbox"/> Divorced w/ children <input type="checkbox"/> Divorced w/o children <input type="checkbox"/> Unmarried couple w/ children <input type="checkbox"/> Unmarried couple w/o children <input type="checkbox"/> Single with children <input type="checkbox"/> Single without children <input type="checkbox"/> Extended household (more than 2 adults) w/ children <input type="checkbox"/> Extended household (more than 2 adults) w/o children	<input type="checkbox"/> Married couple w/ children <input type="checkbox"/> Married w/o children <input type="checkbox"/> Separated w/ children <input type="checkbox"/> Divorced w/ children <input type="checkbox"/> Divorced w/o children <input type="checkbox"/> Unmarried couple w/ children <input type="checkbox"/> Unmarried couple w/o children <input type="checkbox"/> Single with children <input type="checkbox"/> Single without children <input type="checkbox"/> Extended household (more than 2 adults) w/ children <input type="checkbox"/> Extended household (more than 2 adults) w/o children
Relationship between borrowers:	Relationship between borrowers:
<input type="checkbox"/> Married couple <input type="checkbox"/> Friends <input type="checkbox"/> Parent/Adult child <input type="checkbox"/> Partners (unmarried) <input type="checkbox"/> Siblings (brothers/sisters) <input type="checkbox"/> Other _____	<input type="checkbox"/> Married couple <input type="checkbox"/> Friends <input type="checkbox"/> Parent/Adult child <input type="checkbox"/> Partners (unmarried) <input type="checkbox"/> Siblings (brothers/sisters) <input type="checkbox"/> Other _____
Education	Education
Years of school completed? _____	Years of school completed? _____

## EMPLOYMENT HISTORY

BUYER	CO-BUYER
<p><b>Are you currently employed?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Full time    <input type="checkbox"/> Part-time    (hours/week _____)</p> <p><input type="checkbox"/> Self-employed    <input type="checkbox"/> Seasonal work</p> <p>Present Employer: _____</p> <p>Employer's Address: _____</p> <p>City/State: _____</p> <p>How long: _____ Dates: _____ to _____</p> <p>Job Title: _____</p> <p><input type="checkbox"/> Paid weekly    <input type="checkbox"/> Paid every two weeks</p> <p><input type="checkbox"/> Paid monthly    <input type="checkbox"/> Paid twice per month</p> <p>Pay Rate: \$ _____/hour X _____ hours</p> <p>\$ _____/month</p> <p>Total income before taxes? \$ _____/year</p> <p>Do you receive overtime pay at this job? _____</p> <p>If yes, how much and how often? _____</p>	<p><b>Are you currently employed?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Full time    <input type="checkbox"/> Part-time    (hours/week _____)</p> <p><input type="checkbox"/> Self-employed    <input type="checkbox"/> Seasonal work</p> <p>Present Employer: _____</p> <p>Employer's Address: _____</p> <p>City/State: _____</p> <p>How long: _____ Dates: _____ to _____</p> <p>Job Title: _____</p> <p><input type="checkbox"/> Paid weekly    <input type="checkbox"/> Paid every two weeks</p> <p><input type="checkbox"/> Paid monthly    <input type="checkbox"/> Paid twice per month</p> <p>Pay Rate: \$ _____/hour X _____ hours</p> <p>\$ _____/month</p> <p>Total income before taxes? \$ _____/year</p> <p>Do you receive overtime pay at this job? _____</p> <p>If yes, how much and how often? _____</p>
<p><b>Previous Employer</b></p> <p>If employed less than two years, previous employers:</p> <p>1) _____</p> <p>_____</p> <p>Dates Employed: _____ to _____</p> <p>Job Title: _____</p> <p>Gross Wages: \$ _____/month</p>	<p><b>Previous Employer</b></p> <p>If employed less than two years, previous employers:</p> <p>1) _____</p> <p>_____</p> <p>Dates Employed: _____ to _____</p> <p>Job Title: _____</p> <p>Gross Wages: \$ _____/month</p>
<p><b>Other Income</b></p> <p>If currently employed in more than one position:</p> <p>Employer: _____</p> <p>Employer's Address: _____</p> <p>City/State: _____</p> <p><input type="checkbox"/> Full time    <input type="checkbox"/> Part-time</p> <p>Gross Wages: \$ _____/month</p>	<p><b>Other Income</b></p> <p>If currently employed in more than one position:</p> <p>Employer: _____</p> <p>Employer's Address: _____</p> <p>City/State: _____</p> <p><input type="checkbox"/> Full time    <input type="checkbox"/> Part-time</p> <p>Gross Wages: \$ _____/month</p>
<p><b>Do you receive income from any of the following?</b></p> <p><input type="checkbox"/> Bonuses: \$ _____ month</p> <p><input type="checkbox"/> Commissions: \$ _____ month    Tips: \$ _____</p> <p><input type="checkbox"/> Unemployment: \$ _____ mo. Continues until _____</p> <p><input type="checkbox"/> Alimony: \$ _____ mo. Continues until _____</p> <p><input type="checkbox"/> Child Support: \$ _____ mo. Continues until _____</p> <p><input type="checkbox"/> MFIP: \$ _____ mo.    <input type="checkbox"/> Food Stamps \$ _____ mo.</p> <p><input type="checkbox"/> Social Security: \$ _____ mo.    <input type="checkbox"/> SSI \$ _____ mo.</p> <p><input type="checkbox"/> Other Income: \$ _____ Source _____</p>	<p><b>Do you receive income from any of the following?</b></p> <p><input type="checkbox"/> Bonuses: \$ _____ month</p> <p><input type="checkbox"/> Commissions: \$ _____ month    Tips: \$ _____</p> <p><input type="checkbox"/> Unemployment: \$ _____ mo. Continues until _____</p> <p><input type="checkbox"/> Alimony: \$ _____ mo. Continues until _____</p> <p><input type="checkbox"/> Child Support: \$ _____ mo. Continues until _____</p> <p><input type="checkbox"/> MFIP: \$ _____ mo.    <input type="checkbox"/> Food Stamps \$ _____ mo.</p> <p><input type="checkbox"/> Social Security: \$ _____ mo.    <input type="checkbox"/> SSI \$ _____ mo.</p> <p><input type="checkbox"/> Other Income: \$ _____ Source _____</p>

**LIABILITIES AND DEBTS**

BUYER	CO-BUYER
<b>Auto Loan</b>	<b>Auto Loan</b>
Monthly Payment \$ _____ Balance \$ _____ Paid to: _____	Monthly Payment \$ _____ Balance \$ _____ Paid to: _____
<b>Student Loans</b>	<b>Student Loans</b>
<i>(Additional information may be requested.)</i> Monthly Payment \$ _____ Balance \$ _____ Paid to: _____	<i>(Additional information may be requested.)</i> Monthly Payment \$ _____ Balance \$ _____ Paid to: _____
<b>Credit Card</b>	<b>Credit Card</b>
Monthly Payment \$ _____ Balance \$ _____ Paid to: _____	Monthly Payment \$ _____ Balance \$ _____ Paid to: _____
<b>Credit Card</b>	<b>Credit Card</b>
Monthly Payment \$ _____ Balance \$ _____ Paid to: _____	Monthly Payment \$ _____ Balance \$ _____ Paid to: _____
<b>Credit Card</b>	<b>Credit Card</b>
Monthly Payment \$ _____ Balance \$ _____ Paid to: _____	Monthly Payment \$ _____ Balance \$ _____ Paid to: _____
<b>Child Support Payments</b>	<b>Child Support Payments</b>
<i>(Do not include child support payments received.)</i> Child Support Payout: _____ Monthly Amount \$ _____	<i>(Do not include child support payments received.)</i> Child Support Payout: _____ Monthly Amount \$ _____
<b>Alimony/Separation Maintenance:</b> _____	<b>Alimony/Separation Maintenance:</b> _____
Monthly Amount \$ _____	Monthly Amount \$ _____
<b>Miscellaneous</b>	<b>Miscellaneous</b>
<i>(Personal Loan, Medical Loan, additional credit cards)</i> Monthly Payment \$ _____ Balance \$ _____	<i>(Personal Loan, Medical Loan, additional credit cards)</i> Monthly Payment \$ _____ Balance \$ _____
<b>Miscellaneous</b>	<b>Miscellaneous</b>
<i>(Personal Loan, Medical Loan, additional credit cards)</i> Monthly Payment \$ _____ Balance \$ _____	<i>(Personal Loan, Medical Loan, additional credit cards)</i> Monthly Payment \$ _____ Balance \$ _____
<b>Buyer Total Monthly Liabilities/Debts:</b>	<b>Co-Buyer Total Monthly Liabilities/Debts:</b>
\$ _____	\$ _____
<b>TOTAL MONTHLY LIABILITIES/DEBTS, ALL BUYERS:</b>	
\$ _____	

## ASSETS

ASSETS		
	BUYER	CO-BUYER
Name of Bank or Institution #1		
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Balance	\$	\$
Name of Bank or Institution #2		
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Balance	\$	\$
Stocks & Bonds- Description		
Numbers of Shares		
Estimated Value	\$	\$
Held Jointly?		
Life Insurance- Face Amount		
Cash Value	\$	\$
Retirement/Pension Plan		
Vested Interest	\$	\$
Automobiles- Make, Model, Year		
Value	\$	\$
Other Assets over \$1,000- Description		
Value	\$	\$
<i>(i.e. Real estate, electronics, etc.)</i>		
TOTAL ASSETS	\$	\$

## LEGAL & FINANCIAL HISTORY

Please answer the following questions by checking **Y** for Yes or **N** for No. Clarify answers in section below.

	BUYER	CO-BUYER
Have there been any judgments filed against you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you declared bankruptcy with in the past 7 years? If yes, please provide year. Year of bankruptcy: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you written any NSF checks in the last 6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are there any outstanding collections against you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had property foreclosed upon or given title or deed in lieu there of in the last 7 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you currently delinquent or in default on any state or federal loans, including student loans?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you a co-signer on any other loans (including student loans)? <i>If yes, please make sure these commitments have been included in the liabilities sections.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you applied for or received credit in any other name?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you now, or ever have been, party to a lawsuit?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

### LEGAL & FINANCIAL EXPLANATION(S):

I understand that the above information is for the purpose of HWR program qualifications and will be kept confidential, except as otherwise agreed in writing, I also declare the above information to be complete and correct to the best of my knowledge.

Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE - HWR's NOTES:

Homes Within Reach - HOMEBUYER QUESTIONNAIRE

Please answer the following questions in as much detail as possible.

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

- 1) Please list the names and ages of all household members:
  
  
  
  
  
  
  
  
  
  
  
  
- 2) Name the school, school district, and grades of children that attend school:
  
  
  
  
  
  
  
  
  
  
  
  
  
- 3) Please list any connection to the West Hennepin County Suburban area (or city) you are interested in (work, family, history):
  
  
  
  
  
  
  
  
  
  
  
  
- 4) Are you a first-time homebuyer or when did you last own a home?



Homebuyer Questionnaire *continued*

- 5) Do you currently have a lease? If so, do you rent month-to-month or are you maintaining a lease agreement?
  
  
  
  
  
  
  
  
  
  
- 6) Do you have a location (city in Suburban West Hennepin County) first choice? Please list choices and explain:
  
  
  
  
  
  
  
  
  
  
- 7) Right now, most available homes in our program are single-family homes. Are you interested in a certain number of bedrooms, bathrooms or single-family home, or town-home?
  
  
  
  
  
  
  
  
  
  
- 8) Anything else you could tell us about yourself to assist us in helping you in find a home?

Send completed forms and required additional documents to:

*Documents in PDF format can be submitted electronically.*



**Homes Within Reach**  
**5100 Thimsen Ave, Suite 120**  
**Minnetonka, MN 55345**  
**Tel: 952-401-7071**  
**Fax: 952-224-2857**  
[Application@homeswithinreach.org](mailto:Application@homeswithinreach.org)

**West Hennepin Affordable Housing Land Trust, (WHAHLT)  
dba Homes Within Reach  
Request for Disclosure of Credit Bureau File Information**

Applicant			Co-Applicant		
First Name	MI	Last Name	First Name	MI	Last Name
Address/City/State/Zip Code			Address/City/State/Zip Code		
Social Security #			Social Security #		
Date of Birth (MM/DD/YYYY)			Date of Birth (MM/DD/YYYY)		
Home Phone			Home Phone		

I am the person named above and I understand that federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year, or both. I understand that by signing this form, my credit report will be delivered to a location other than my residence. By signing this form, I also authorize disclosure of my credit report to: WHAHLT, 5100 Thimsen Ave., Suite 120, Minnetonka, MN 55345

I understand that this Request for Disclosure will expire one (1) year after I have signed it. I also understand that I can cancel this Request for Disclosure at any time, but this will not affect any information released before I cancelled my consent.

I hereby authorize CBC Innovis to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to WHAHLT, for WHAHLT to provide housing services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

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**Both signatures are required if a joint is requested.**

<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	