



NATIONAL HOME BUYER'S ALLIANCE

Atlanta

Applicant's Name		SSN		DOB	
Home Phone ()	Mobile Phone or Pager ()	Circle Marital Status SNGL MAR DIV WID	# Dependents	Dependent Ages	
Address		Unit #	City	State	Zip Code # Years
Circle One: OWN RENT LIVE W/FAM	Rent/Mtg Payment: \$	Landlord Name / Mtg. Co.			
Previous Address – (if at current address less than 2 years)		Unit #	City	State	Zip Code # Years

COAPP:

GMI

DP

PP

ADV

Employer		Position		Rate of pay \$	# Years
Address		City		State	Zip Code
Work Phone ()	Can you be contacted at work? YES NO	Work Email Address			
Previous Employer (if at current employer less than 2 years)		Position		Rate of pay \$	# Years

Other Income (2 nd Job, Child Support, Social Security, Pension)	How Long?	Amt per Month \$
Other Income (2 nd Job, Child Support, Social Security, Pension)	How Long?	Amt per Month \$

Assets and Other Information	Checking \$	Savings \$	401K \$	IRA \$	Stock/Bonds/Mutual Funds \$
Relative	Address				Phone # ()
Friend	Address				Phone # ()

Spouse's Name (If not married use separate application)		SS#
DOB	Mobile Phone or Pager ()	Home Email Address

Employer		Position		Rate of pay \$	# Years
Address		City		State	Zip Code
Work Phone ()	Can you be contacted at work? YES NO	Work Email Address			
Previous Employer (if at current employer less than 2 years)		Position		Rate of pay \$	# Years

Other Income (2 nd Job, Child Support, Social Security, Pension)	How Long?	Amt per Month \$
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CREDIT RELEASE AUTHORIZATION AND LETTER OF UNDERSTANDING

I understand that I am submitting my personal information so that a credit and financial evaluation can be completed. I understand the application fee of \$100 per person will be refunded if I am not approved for the NHBA Home Ownership Program.

I hereby authorize National Home Buyers Alliance or its assignees to make any and all necessary inquiries to creditors, credit reporting agencies or any other applicable source in order to determine my credit worthiness and ability to repay debt. Furthermore, I authorize NHBA or its assignees to verify such information with any and all necessary information sources.

I understand that if this or any future payment is returned for any reason that NHBA will make subsequent attempts to process the payment. If I have paid by personal check and NHBA cannot redeposit my check then I authorize NHBA to append my check number and reissue my check using "Remotely Created Check" technology. In any event, I understand that NHBA may add actual bank service charges for returned payments along with a \$25 service fee. Should your account have to go to a collection agency, or attorney, for your failure to make payment you agree to be liable for all court filing fees, attorney fees and collection expenses in processing your delinquent account. Said amounts are in addition to any unpaid balance on your account.

Applicant Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Signature: _____ Date: _____

Address: _____ Unit # _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____

I prefer to receive communications from NHBA via (select one): E-Mail U.S. Mail

Email Address: _____@_____

Spouse Name: _____

Social Security #: _____

Date of Birth: ____/____/____

Signature: _____ Date: _____



CREDIT QUESTIONNAIRE

1. If you are currently renting a property when does your lease end? _____
 Have you paid your rent/mortgage on time for the last 12 months? Yes ____ No ____
2. Do you have any student loans? Yes ____ No ____
 If yes, please complete the following student loan questions.
 Are they currently: Being Paid Defaulted Deferment Forbearance
 If in repayment, how much monthly? \$ _____ Estimated balance owed? \$ _____
3. Are you obligated to pay child support? Yes ____ No ____
 If yes, how much monthly? \$ _____
 Are the payments at the agreed amount and on time? Yes ____ No ____
4. Do you now or have you previously owned a home? Yes ____ No ____
 If yes, check the statement below that best describes the property status.
 Current Residence Currently Rented Sold Foreclosed
 If rented, what is monthly rent? \$ _____ What is the mortgage payment \$ _____
 If foreclosed when? _____ If sold when? _____
5. Have you ever filed for bankruptcy? Yes ____ No ____
 If yes, was it a Chapter 7 (liquidation) _____
 Chapter 13 (repayment) _____ Chapter 13 monthly payment \$ _____
 Has it been discharged? Yes ____ No ____ When was it discharged? _____
 Was it dismissed (not completed or cancelled)? Yes ____ No ____
6. Are you currently participating in a debt management program? Yes ____ No ____
 If yes please provide the company name (CCCS, Genus etc)? _____
 If yes please provide your monthly payment? _____
7. Do you have any outstanding judgments? Yes ____ No ____
8. Do you have any tax liens? Yes ____ No ____

 Signed Date Signed Date

 Print Name Print Name

