



# NATIONAL HOME BUYER'S ALLIANCE

Chicago

<b>Applicant's Name</b>		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

<b>COAPP:</b>	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 <sup>nd</sup> Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$		
	Other Income (2 <sup>nd</sup> 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 # ( )	
	<b>Spouse's Name</b> (If not married use separate application)				SS#		
	DOB	Mobile Phone or Pager ( )		Home Email Address			
	<b>GMI</b>	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 <sup>nd</sup> Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$			
<b>DP</b>	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 <sup>nd</sup> Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$		
<b>PP</b>	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 <sup>nd</sup> Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$		
<b>ADV</b>	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 <sup>nd</sup> Job, Child Support, Social Security, Pension)		How Long?		Amt per Month \$		





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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

