



NATIONAL HOME BUYER'S ALLIANCE

St. Louis

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:	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			
	GMI	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 \$			
DP	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 \$		
PP	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 \$		
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 \$		



LIST OF CREDITORS AND ALTERNATIVE CREDIT CHECKLIST

Please provide a list of all accounts that you are *currently paying*. Please include car loans, credit and charge cards, personal loans, student loans, mortgage payments, bankruptcy or tax payments, child support and alimony. It is not necessary to list utility bills, automobile insurance, cell phones or medical bills. Please use back of this sheet if necessary and indicate that you have done so.

CREDITOR	ESTIMATED BALANCE	MIN. MO. PAYMENT

PLEASE CHECK ANY ALTERNATIVE CREDIT ACCOUNTS BELOW THAT ARE LISTED IN YOUR NAME

<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> WATER	<input type="checkbox"/> GAS	<input type="checkbox"/> CABLE
<input type="checkbox"/> PAGER	<input type="checkbox"/> CELLULAR PHONE	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> CAR INSURANCE
<input type="checkbox"/> DAY CARE	<input type="checkbox"/> HEALTH INSURANCE	<input type="checkbox"/> FINGERHUT ACCOUNT	<input type="checkbox"/> OTHER

I acknowledge that the above listed accounts are a full disclosure of the monthly bills that I am *currently paying*. I understand that without full disclosure NHBA cannot make a correct determination of my approval status.

Signed Date

Signed Date

Print Name

Print Name



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



PROPERTY PREFERENCES

1. Please list the areas of town or suburbs where you are interested in living: _____

2. Desired # Bedrooms: _____ Desired # Bathrooms: _____

3. Please check any or all of the following housing styles that you might be interested in:

House Condominium Town House Duplex

4. Please state what amount of house payment would be most comfortable for your budget?

\$

5. How long have you been trying to purchase a home? _____

6. Have you attempted to purchase a home, or apply for a mortgage, in the past year?

Yes No

If yes, where did you apply and what was the result? _____

7. Please provide any information or comments that you would like to have considered:

Signed

Date

Signed

Date

Print Name

Print Name