



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#	
GMI		DOB		Mobile Phone or Pager ()		Home Email Address	
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	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 \$		
ADV	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 \$		



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 only be refunded if I am not approved for the NHBA Home Ownership Program.

I hereby authorize National Home Buyer's 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 may 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? _____
 In the past year have you been 30+ days late on your rent/mortgage? Yes No
2. Do you have any student loans? Yes No
 If yes are they currently: In Repayment 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? 0 \$_____
 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 is it: My Current Residence Currently Rented Sold Foreclosed
 If rented, what is monthly rent? \$_____ and what is the mortgage payment \$_____
 Please provide the date if foreclosed _____ or, if sold _____
5. Have you ever filed for bankruptcy? Yes No
 If yes, was it: Chapter 7. Chapter 13. Chapter 13 monthly payment \$_____
 Has it been: Discharged Dismissed? If discharged provide month and year. _____
6. Are you currently participating in a debt management program? Yes No
 If yes provide the company name _____ and your monthly payment?_____
7. Do you have any outstanding judgments? Yes No
 If yes please estimate the amount owed? \$_____
8. Do you have any tax liens? Yes No
 If yes please estimate the amount owed? \$_____
9. In the past 5-years have you had any accounts go to collection? Yes No
 If yes please estimate the total amount of non-medical collections \$_____

Signed Date

Signed Date

Print Name

Print Name

