



# NATIONAL HOME BUYER'S ALLIANCE

Kansas City

<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#	
<b>GMI</b>		DOB		Mobile Phone or Pager ( )		Home Email Address	
<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>	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 \$		
<b>ADV</b>	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 \$		



**LIST OF CREDITORS AND ALTERNATIVE CREDIT CHECKLIST**

Please provide a list of all credit related 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, medical bills, or accounts that are in collection.

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 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? \$\_\_\_\_\_  
 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



**PROPERTY PREFERENCES**

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

\_\_\_\_\_  
\_\_\_\_\_

2. Desired # of Bedrooms: \_\_\_\_\_ Desired # of 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