

Kansas City

Applicant's Name					SSN			DOE	DOB		
Home Phone		Mobile Phone			Circle Marital Status SNGL MAR DIV WID		# Depe	ndents	Dependent Ages		
Address			Uni	t #	City		State	Zip (	Code	# Years	
Circle One: Rent/Mtg Payment: OWN RENT LIVE W/FAM \$				Landlord Name / Mtg. Co.							
Previous Address – (if at current address less than 2 years) Unit #			t #	City State			Zip (	Code	# Years		
	Employer		•			Posi	tion		Rate of	• pav	# Years
								\$			
	Address				City			State	State Zip Code		
PP:	Work Phone Can you be contacted at work? Work Email Address  ( ) YES NO										
	Previous Employer (if at current employer less than 2				ears)	Posit	Position Rate of pay \$			pay	# Years
	Other Income (2 <sup>nd</sup> Job, Child Support, Social Security,								Amt per Month \$		
	Other Income (2 <sup>nd</sup> Job, Child Support, Social Security,				Pension)					Amt per Month \$	
COAPP	Assets and Other Information	Checking \$	Savings \$	\$ \$				Stock/Bonds/Mutual Funds			
GMI	Relative Address								Phone (	)	
OWII	Friend Address							Phone (			
PP1	Spouse's Name (If not married use separate application				n) SS#						
	DOB Mobile Phone or Pag			Page	er			Home Email	l Address		
	Employer					Posi	tion		Rate of	pay	# Years
PP2	Address					City		State	Zip Cod	e	
	Work Phone Can you be con					ork?	Work Er	nail Address			
	Previous Employer (if at current employer less than 2 y				NO ears)			Rate of	pay	# Years	
								\$			
ADV	Other Income (2 <sup>nd</sup> Job, Child Support, Social Security,			•	Long?				Amt per Month \$		
	Other Income (2 <sup>nd</sup> Job, Child Support, Social Security,			rity, l	Pension)				Amt pe Month		



Kansas City

### LIST OF CREDITORS AND ALTERNATIVE CREDIT CHECKLIST

loans, credit and chartax payments, child s	of all credit related accounts rge cards, personal loans, st support and alimony. It is no es, medical bills, or accounts	udent loans, mortgage ot necessary to list uti	lity bills, automobile
CREDITOR	ESTIMA'	TED BALANCE	MIN. MO. PAYMENT
PLEASE CHECK ANY	ALTNERATIVE CREDIT AC	CCOUNTS BELOW THA	AT ARE LISTED IN YOUR NAME
□ TELEPHONE	□ WATER	□ GAS	□ CABLE
□ PAGER	□ CELLULAR PHONE	□ ELECTRIC	□ CAR INSURANCE
□ DAY CARE	□ HEALTH INSURANCE	□ FINGERHUT ACCOUNT	OTHER
_	e above listed accounts are anderstand that without full dupproval status.		•
Signed	Date	Signed	Date
Print Name		Print Name	



Kansas City

#### 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. If my account is sent to a collection agency, or attorney, for my failure to make payment I agree to be liable for all court filing fees, attorney fees and collection expenses in processing my delinquent account. Said amounts are in addition to any unpaid balance on my account.

Applicant Name:	_
Social Security #:	_
Date of Birth:/	
Signature:	Date:
Address:	_ Unit #
City: State: Zip	p Code:
Home Telephone: ()	
I prefer to receive communications from NHBA via (sele	ect one):   E-Mail   U.S. Mail
Email Address:	
Spouse Name:	
Social Security #:	_
Date of Birth:/	
Signatura	Data



Kansas City

### **CREDIT QUESTIONAIRE**

	Print Name	Print Name					
	Signed Date	Signed		Ι	Date		
	Estimated total amount of non-medical coll		\$				
9.	In the past 5-years have you had any accounts go	to collection?		Yes	☐ No		
	Estimate amount owed?		\$				
8.	Do you have any tax liens?			Yes	☐ No		
	Estimated amount owed?			\$			
7.	Do you have any outstanding judgments?			Yes	☐ No		
	Company name	onthly paym	ent				
6.	Are you currently participating in a debt management			Yes	☐ No		
	If discharged provide month and year.						
	Bankruptcy status: Discharged Discharged						
	Chapter 13 monthly payment \$						
٥.	Have you ever filed for bankruptcy?  Type of bankruptcy:  Chapter 7.  Chapter 7.	ontar 13		∐ Yes			
5	Please provide the date if foreclosed	0	r, ii soiu		☐ No		
	If rented, monthly rent? \$ and v						
	Is it: My Current Residence Currently Rented Sold Foreclosed						
4.	Do you now or have you previously owned a hon		~	∐ Yes	∐ No		
	Are the payments at the agreed amount and			∐ Yes	∐ No		
	Monthly payment?		\$				
3.	Are you obligated to pay child support?		Yes	☐ No			
	If in repayment, monthly payment? \$	Estimated b	alance? \$		<del></del>		
	Student loan status:   In Repayment   I	erment 🗌 Fo	orbearance	;			
2.	Do you have any student loans?			Yes	No		
	In the past year have you been 30+ days late	e on your rent/mo	rtgage?	Yes	☐ No		
1.	If you are currently renting a property when does	your lease end?					



Kansas City

### PROPERTY PREFERENCES

1. Please list the areas of	town or suburbs when	re you are interested in	living:
2. Desired # of Bedroom	s: Des	ired # of Bathrooms: _	
3. Please check any or al in:  House		sing styles that you mi	
4. Please state what amore budget.	unt of house payment	would be most comfor	table for your
5. How long have you be	en trying to purchase	a home?	
<u>—</u>	□No	apply for a mortgage,	
7. Please provide any inf	ormation or comment	s that you would like to	o have considered:
Signed	Date	Signed	Date
Print Name		Print Name	