



NATIONAL HOME BUYER'S ALLIANCE

Atlanta

Applicant's Name		SSN		DOB	
Home Phone ()	Mobile Phone ()	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 # ()	
	GMI	Spouse's Name (If not married use separate application)				SS#	
DOB		Mobile Phone or Pager ()		Home Email Address			
PP1	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 \$		
PP2	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 \$		
	Employer		Position		Rate of pay \$	# Years	
	Address		City		State	Zip Code	
ADV	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 \$		



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 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: _____

