



NATIONAL HOME BUYER'S ALLIANCE

Chicago

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 \$		
ADV							



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. 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: _____



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
 Student loan status: In Repayment Defaulted Deferment Forbearance
 If in repayment, monthly payment? \$_____ Estimated balance? \$_____
- 3. Are you obligated to pay child support? Yes No
 Monthly payment? \$_____
 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
 Is it: My Current Residence Currently Rented Sold Foreclosed
 If rented, 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
 Type of bankruptcy: Chapter 7. Chapter 13.
 Chapter 13 monthly payment \$ _____
 Bankruptcy status: Discharged Dismissed?
 If discharged provide month and year. _____
- 6. Are you currently participating in a debt management program? Yes No
 Company name _____ and your monthly payment. _____
- 7. Do you have any outstanding judgments? Yes No
 Estimated amount owed? \$_____
- 8. Do you have any tax liens? Yes No
 Estimate amount owed? \$_____
- 9. In the past 5-years have you had any accounts go to collection? Yes No
 Estimated 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

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