



# NATIONAL HOME BUYER'S ALLIANCE

Kansas City

Applicant's Name		SSN	DOB	Email		
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

<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 \$		
	<b>Spouse's Name</b> (If not married use separate application)					SS#		
	DOB		Mobile Phone ( )		Email Address			
	<b>GMI</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 \$		
<b>PP1</b>		<b>Spouse's Name</b> (If not married use separate application)					SS#	
		DOB		Mobile Phone ( )		Email Address		
		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 \$		
	<b>PP2</b>	<b>Spouse's Name</b> (If not married use separate application)					SS#	
DOB		Mobile Phone ( )		Email Address				
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 \$		
<b>ADV</b>		<b>Spouse's Name</b> (If not married use separate application)					SS#	
	DOB		Mobile Phone ( )		Email Address			
	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 \$		



**LIST OF CREDITORS 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	HIGH CREDIT	BALANCE	MIN. MO. PAYMENT



**CREDIT AND HOUSING 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 in the past 3 years?  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  
 Month and year filed? \_\_\_\_\_  
 Bankruptcy status:  Ongoing  Discharged  Dismissed  
 Ongoing Chapter 13 bankruptcy payment? \_\_\_\_\_  
 If discharged/dismissed provide month and year. \_\_\_\_\_
6. Are you currently participating in a credit repair program?  Yes  No  
 Company name \_\_\_\_\_ and your monthly payment. \_\_\_\_\_
7. Are you currently participating in a debt management program?  Yes  No  
 Company name \_\_\_\_\_ and your monthly payment. \_\_\_\_\_
8. Do you have any outstanding judgments in your home state?  Yes  No  
 Estimated amount owed? \$\_\_\_\_\_
9. Do you have any state or federal tax liens?  Yes  No  
 Estimated amount owed? \$\_\_\_\_\_
10. In the past 5-years have you had any accounts go to collection?  Yes  No  
 Estimated total amount of non-medical collections \$\_\_\_\_\_
11. Do you currently have any security freezes on your credit files?  Yes  No



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12. Are you VA eligible?  Yes  No

13. In your line of work are you considered a First Responder?  Yes  No

14. Please check any of the following housing styles that you might be interested in:

House  Condominium  Town House  Duplex

15. Please state what amount of house payment would most be comfortable for your budget:

\$ \_\_\_\_\_

16. Have you applied for a mortgage in the past year?  Yes  No

17. If yes where did you apply and what was the result?

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

18. Please provide any information or comments that you would like to have considered.

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

**I acknowledge the information listed above is a full disclosure of the monthly bills that I am currently payment and that I have answered the questions to best of my knowledge. I understand that without full disclosure NHBA cannot make an accurate determination of my approval status.**

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



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## 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 all necessary inquiries to creditors, credit reporting agencies or any other applicable source to determine my credit worthiness and ability to repay debt. Furthermore, I authorize NHBA or its assignees to verify such information with 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 my acceptance letter from NHBA via (select one):  Email  US Mail

Email Address: \_\_\_\_\_@\_\_\_\_\_

Spouse Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_