

Household Type (please select the most accurate)?

- 1. Female headed single parent household 2. Male headed single parent household 3. Single adult
- 4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **How many dependents (other than those listed by any co-borrower)?** _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship	Age	Relationship	Age
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Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below High School Diploma 2. High School Diploma or Equivalent
- 3. Two-Year College 4. Bachelors Degree
- 5. Masters Degree 6. Above Masters Degree

Referred to by (please circle all that apply):

- | | | | | |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank | Government | TV | Realtor |
| Staff/Board member | Walk-In | Friend | Radio | Newspaper Article |

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CUSTOMER EMPLOYMENT — Last 2 Years *Please Print Clearly*

Primary Employer: _____

<i>Title</i>	<i>Hire Date</i>
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<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Phone: (____) _____ - _____

Part-Time or **Full-Time** *(Please Circle)*

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

<i>Title</i>	<i>Length of Employment</i>
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<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Phone: (____) _____ - _____

Part-Time or **Full-Time** *(Please Circle)*

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____

Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

CO-APPLICANT

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____
Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Social Security Number _____ Birth Date ____/____/____

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No

Immigrant Status (please select one):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents are foreign born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title _____ Length of Employment _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME

Please Print Clearly

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

CUSTOMER

CO-APPLICANT

Can you document your child support/alimony income?
If yes, how long will it continue? _____

Yes No

Yes No

If your child or a family member receives SSI,
how many more years will the payments continue? _____

If you receive disability income,
is it for a permanent disability?

Yes No

Yes No

Regarding other employment, have you worked
in this field for two years or more?

Yes No

Yes No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

CUSTOMER

CO-APPLICANT

Have your payments been made on time?

Yes No

Yes No

Are you currently in Chapter 13 bankruptcy?

Yes No

Yes No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 bankruptcy?

Yes No

Yes No

If yes, when was it discharged? _____

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please Print Clearly**Please list the approximate value of the following:*

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle)

Yes No

*If yes, how much? \$ _____***LIVING EXPENSES**

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	___ <i>AM</i>			___ <i>PM</i>

AUTHORIZATION

I authorize the Housing Counseling Agency to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

Co-Applicant

Date





Alliance for Building Communities
830 Hamilton Street, Allentown, PA 18101
610-439-7007 Fax: 610-439-7888

Disclosure Notice For Counseling Individuals And Prospective Buyers

Alliance For Building Communities represents that it currently owns properties that are for sale and applicant(s) is under no obligation to purchase any of the properties due to the applicant(s) having received housing counseling. Furthermore, it is understood that **Alliance For Building Communities** will not charge the applicant(s) a fee for any counseling services that are provided.

If applicant(s) elects to purchase a property from **Alliance For Building Communities**, it is understood that housing counselors are obligated to treat the applicant(s) fairly, but has a duty of loyalty and faithfulness to **Alliance For Building Communities**.

Housing counselors, without breaching their loyalty to **Alliance For Building Communities**, will show properties to prospective buyers, provide information about the properties, and perform services for prospective buyers in connection with financing, insurance and document preparation. Housing counselors have a duty to respond accurately and honestly to all questions and to disclose any known adverse material factors that relate to the properties. All properties will be offered in accordance with the Federal Fair Housing Act without regard to race, marital status, color, religion, age, sex, national origin, sexual orientation, ancestry, disability or veteran status.

Alliance For Building Communities represents that housing counselors will not receive a commission, rebate or profit from the sale of any property.

By signing below, applicant(s) hereby acknowledges that they have read and understand this notice.

Applicant: _____
Print Name

Co Applicant: _____
Print Name

Signature: _____

Signature: _____

Date: _____

Housing Counseling Program Disclosure

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Mortgage Financing Assistance. Upon completion of the housing counseling program, I/we understand that the counselor will help to identify those loan programs that best my/our needs and choose a lender that is right for me/us. Upon completion of the program, and with my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling program.

Homeownership Education Classes. I/We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes.

Customer's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Customer's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Source: *INHP Pre-Purchase Counseling Manual* by Indianapolis Neighborhood Housing Partnership.

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I/We hereby authorize and instruct **Alliance For Building Communities** to obtain and review my/our credit report. I/We understand and agree that **Alliance For Building Communities** intends to use the credit report for the purpose of evaluating my/our financial readiness to purchase a home.

In connection with determining my/our financial readiness, I/we

authorize

do not authorize

Alliance For Building Communities to share with potential mortgage lenders and/or local non-profit agencies a copy of the credit report and any information that I/we have provided, including any computations and assessments. These lenders and/or local non-profit agencies may contact me/us to discuss loans or other services for which I/we may be eligible.

I/We understand that I/we may revoke my/our consent to these disclosures by notifying **Alliance For Building Communities** in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

Supporting Document Checklist

Please bring the following documentation and/or fees to your upcoming counseling session. If you have any questions concerning the information requested, please contact us.

Bank Statements

Proof of Income (signed tax returns for last 2 years, including W-2s)

Most Recent Paycheck Stubs (for last 30 days)

Credit Card and Installment Loan Statements or Payment Books

Divorce Decree (if applicable)

Bankruptcy Documentation (if applicable)

Alimony and Child Support Documentation (if applicable)

Proof of other household income (if applicable)

\$15.00 Credit Report Fee

Other:

Other:

Other: