
Dear First-Time Homebuyer,

Attached you will find an application for the New Haven HomeOwnership Center's First-Time Homebuyers Education Program.

Please complete the application and return it with **COPIES** of the following documents:

- **Copy** of valid driver's license or state-issued ID card
- **Copy** of 3 most recent pay stubs
- **\$35** application processing fee (**MONEY ORDER ONLY** made payable to **NHS**)
- Copies of your income tax returns & W-2 statements for 2009 and 2010 (if self-employed, also bring in profit & loss statements for 2009 and 2010)

****No application will be accepted without the supporting documents listed above****

When you return your completed application and copies of the requested documents, you will be scheduled for the next available orientation date. ***Orientations are typically scheduled on Monday evenings from 5:30 p.m. – 7:30 p.m.***

NOTE: If you are in the process of purchasing a house and have **signed a Purchase and Sale Agreement** for a property, please contact the office for additional instructions (203) 777-6925 x26.

Thank you for your cooperation.

NHS/HOC Staff

Current Housing - Length of Occupancy: _____(years)_____ (months)

Do you live in a public housing? Yes No

Do you receive Section 8 or any other kind of housing subsidy? Yes No

If other than Section 8, please explain? _____

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 |
|--------------|-----|--------------|-----|
|--------------|-----|--------------|-----|

Annual Family or Household Income: \$ _____

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

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

CO-APPLICANT

Name: _____
First MI Last

Street _____

City _____ **State** _____ **Zip Code** _____

Home: (____) _____-_____
Work: (____) _____-_____
Email: _____

_____-_____-_____
Social Security Number **ITIN** **Date of Birth** /____/____

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

(If yes, please circle): Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino

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'S EMPLOYMENT — Last 2 Years

Please Print Clearly

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)

If necessary, please 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

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

| | <i>APPLICANT</i> | | <i>CO-APPLICANT</i> | |
|---|------------------|-----------|---------------------|-----------|
| <i>Can you document your child support/alimony income?</i> | <i>Yes</i> | <i>No</i> | <i>Yes</i> | <i>No</i> |
| <i>If yes, how long will it continue?</i> | _____ | | _____ | |
| <i>If your child or a family member receives SSI, How many more years will the payments continue?</i> | _____ | | _____ | |
| <i>If you receive disability income, Is it for a permanent disability?</i> | <i>Yes</i> | <i>No</i> | <i>Yes</i> | <i>No</i> |
| <i>Regarding other employment, have you worked in this field for two years or more?</i> | <i>Yes</i> | <i>No</i> | <i>Yes</i> | <i>No</i> |

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.

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

Please use additional sheets if necessary

APPLICANT**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>List Bank Name (below)</i> | <i>APPLICANT</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, proceeds from property sales, etc.)? (circle) Yes No

If yes, how much? \$ _____

LIVING EXPENSES

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

How did you learn about our program? (please circle all that apply):

| | | | | |
|---------------------|----------------|-----------------|-------------|-------------------|
| Print Advertisement | Bank | Government | TV | Real Estate Agent |
| Staff/Board member | Walk-In | Friend | Radio | Newspaper Article |
| Lender | Another Agency | Agency Outreach | HUD Website | |

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

Have you been pre-qualified for a mortgage? _____ If yes, please state lender/mortgage company _____

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

AUTHORIZATION

I authorize Neighborhood Housing Services of New Haven and the New Haven HomeOwnership Center 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, 1003-mortgage application, Good Faith Estimate, Truth in Lending Disclosure Statement, commitment letter, purchase and sales agreement and real estate note(s) when I purchase a home, from either the lender who made me/us a loan and/or the attorney and/or 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.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Internal Office Use Only

Date Application Received: _____ Processing fee: \$ _____ Orientation Date: _____

Post-Purchase

Client Received HUD issued HECM Certificate: Yes No Client is victim of Predatory Lending Practices: Yes No

Revised 1/2010



Neighborhood Housing Services of New Haven
Positioning New Haven's Neighborhoods to Succeed

Pre-purchase COUNSELING AGREEMENT and Conflict of Interest Statement

Page 1 of 2

Neighborhood Housing Services of New Haven, Inc, and the New Haven HomeOwnership Center, Inc. (collectively referred to as the “Agency”) hereby assert that they represent their clients without any conflict of interest. This includes, but is not limited to, any area where the Agency has an interest that might compromise its ability to represent fully the best interest of its client(s). A conflict of interest would exist whenever the Agency:

1. Is the client’s landlord, manages the property occupied by the client, collects the client’s rent on behalf of the owner or manager, holds or administers the client’s lease, or in some other manner has a direct interest in the client as a tenant;
2. Serves as a collection agent for the client’s mortgagee, landlord, or creditor;
3. Holds or services the mortgage on the client’s property;
4. Has a staff member who serves as the client’s attorney, landlord, or creditor;
5. Owns or Purchases a property that the client seeks to rent or chooses to rent, or owns or purchases the property that the client seeks to purchase or chooses to purchase. (This standard shall not apply when the Agency gives a written disclosure to its counseling program client(s) stating that it owns property, and that the client(s) is (are) under no obligation to purchase or rent a property from the Agency;
6. Accepts a fee for in any way participating in the purchase, sale or rental of the client’s property;
7. Acquires the client’s property from the trustee in bankruptcy; or
8. Accepts a fee from the lender for referring prospective homebuyers to a specific mortgagee. In this regard, the Agency shall comply with the Real Estate Settlement Procedures Act, especially Section 8, Prohibition Against Kickbacks and Unearned Fees [Public Law 95-533; 88 Stat. 1724; 12 U.S.C. 2601 et seq.].

I understand that the Agency provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from the Agency in no way obligates me to choose any of these particular loan products or housing programs. Some of the services and products that the Agency can assist with are listed below:

Smart Move Counseling
 ADDI Down payment Assistance Mortgage
 Rehabilitation Mortgages
 IDA Home Improvement & Energy Conservation Program
 Homebuyer Education workshops
 Post Purchase Workshops

Affordable Housing Development
 Credit Counseling
 Pre-purchase Counseling
 UR Home Counseling
 Financial Literacy Workshops
 Mortgage Delinquency/Default Counseling

I understand that the Agency receives HUD funds for their pre purchase counseling and congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program for their mortgage delinquency and default counseling and, as such, are required to share some of my personal information with HUD and NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I give permission to the Agency to pull and review my credit report.

I give authorization for HUD and/or NFMC program administrators and/or their agents to follow-up with me for the purposes of program evaluation.

I may be referred to other housing services of the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A housing counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred to the appropriate source for such assistance.

I acknowledge that I have received a copy of the Agency Pre-purchase Counseling Agreement and accept its provisions.

Applicant's Name (print): _____

Date: _____

Applicant's Signature: _____

Date: _____

Co- Applicant's Name (print): _____

Date: _____

Co- Applicant's Signature: _____

Date: _____

A copy of this authorization may be accepted as an original

