

HOME OWNER INFORMATION

Date _____

Adult (A) _____

Adult (B) _____

Address _____

City _____ State _____ Zip Code _____

Purchased Home Date _____ Home Phone _____

Refinance Date _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____ Email Address (B) _____

Household Type: Single Head of Household Female Head of Household

Marital Status: Married Separated Single Divorced Widowed

Number of Adults over 18: _____ Number of Children: _____

US Veteran: Yes No

Adult (A) SSN _____ Adult (B) SSN _____

Adult (A) DOB _____ Adult (B) DOB _____

Adult (A) Race _____ Adult (B) Race _____

Adult (A) Ethnicity _____ Adult (B) Ethnicity _____

Adult (A) Disability _____ Adult (B) Disability _____

Adult(A) Employer _____ Title _____ How Long? _____

Adult (B) Employer _____ Title _____ How Long? _____

Adult (A) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Adult (B) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Other household income

Amount per month
Adult (A) Adult (B)

	Adult (A)	Adult (B)
Social Security /SSI / SSDI	\$	
Child or Spousal support received	\$	
Unemployment compensation	\$	
Workers disability compensation	\$	
Veterans Benefits	\$	
Monies from rental properties	\$	
Children's wages	\$	
Food Stamps	\$	
MFIP	\$	
Child care assistance	\$	
Housing assistance	\$	
TOTAL HOUSEHOLD INCOME	\$	

1ST MORTGAGE COMPANY

Name: _____

Loan # _____ Normal monthly payment:: _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____ Has foreclosure been initiated? _____

Name(s) on Mortgage _____

TYPE OF LOAN: (Please check all that apply)

_____ FHA _____ VA _____ RURAL DEVELOPMENT

_____ ASSUMED _____ CONTRACT FOR DEED

_____ Insured CONVENTIONAL _____ Uninsured CONVENTIONAL

_____ MOBILE HOME LOAN (age of home: _____)

TERMS OF LOAN: _____ FIXED RATE _____ ADJUSTABLE RATE

_____ 30 YEAR MTG _____ 15 YEAR MTG

Are Taxes and Insurance included in your mortgage payment? _____ YES _____ NO

If NO. Are your Taxes current: _____ YES _____ NO Amount _____

Is your Insurance current: _____ YES _____ NO Amount _____

2nd MORTGAGE COMPANY or POA DUES

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

Have you filed Bankruptcy in the past 12 months? _____

If so, when was it discharged? _____

If so, when was your mortgage re-affirmed? _____

Monthly Spending Plan Worksheet

Monthly Expense	Before Delinquency	Current	Status
Fixed Expenses			
<i>Housing</i>			
Mortgage			
Property taxes (if not included in mortgage payment)			
Homeowner's Insurance (if not included in mortgage payment)			
Heating (<i>gas or oil</i>)			
Electricity			
Telephones (<i>land-lines and cell phones</i>)			
Other:			
<i>Transportation</i>			
Gas			
Car Payment			
Public Transportation or Taxi			
Parking and Tolls			
Other:			
<i>Insurance</i>			
Health (<i>medical and dental, if not payroll deducted</i>)			
Life			
Disability			
Other:			
<i>Childcare</i>			
Childcare or Babysitters			
Child Support or Alimony			
Fixed Expenses Sub-Total			
Periodic Fixed Expenses (Divide annual payment by 12)			
<i>Housing</i>			
Homeowners Insurance (<i>if not included in mortgage</i>)			
Water or Sewage			
Trash Service			
Other:			
<i>Transportation</i>			
Car Insurance			
Car Inspection			
Car Repairs and Maintenance			
License Plates and Registration Fees			
Other:			
Periodic Fixed Expenses Sub-Total			
Flexible Expenses			
<i>Food</i>			
Groceries			
School Lunches			
Work-Related (<i>lunches and snacks</i>)			
Other:			
<i>Housing</i>			
Home Maintenance and Furnishings			
Cleaning Supplies			
Lawn Care			
Other:			
<i>Medical</i>			
Doctor			
Dentist			
Prescriptions			
Other:			
<i>Savings</i>			
Emergency Fund			
<i>Clothing</i>			
Clothing			
Laundry and Dry Cleaning			
Other:			

Monthly Expense	Before Delinquency	Current	Status
Education			
Tuition			
Books, Papers and Supplies			
Newspapers and Magazines			
Lessons (<i>sports, dance, music</i>)			
Other:			
Donations			
Religious or Charity			
Other (<i>if not payroll deducted</i>):			
Gifts			
Birthdays			
Major Holidays			
Other:			
Personal			
Barber or Beauty Shop			
Toiletries			
Children's Allowances			
Tobacco Products			
Beer, Wine, Liquor			
Other:			
Entertainment			
Movies, Sporting Events, Concerts, Theater, Etc.			
Video Rentals			
Internet Service			
Cable/Satellite TV			
Restaurants and Take-Out Meals			
Gambling or Lottery Tickets			
Fitness or Social Clubs			
Vacations/Trips			
Hobbies or Crafts			
Other:			
Miscellaneous			
Checking Account Fees, Money Order Fees, Etc.			
Pet Care or Supplies			
Postage			
Pictures and Photo Processing			
Other:			
Flexible Expenses Sub-Total			
Indebtedness Expenses			
Debts			
Student Loan			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Credit Card (monthly minimum*)			
Medical Bills			
Personal Loan			
Other:			
Indebtedness Sub-Total			
Total Monthly Expenses			
(fixed + periodic fixed + flexible + indebtedness)			
Income			
Total Monthly Net Income			
Additional Savings			
Amount Left Over			
(total monthly net income - total monthly expenses)			

Source: Adapted from *CreditSmart* by Freddie Mac

HOUSEHOLD ASSETS:

Description	Value / Amount	Amount owed if any
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand over \$100		
Checking account		
Savings account		
Boats / wet bikes		
Money Market Funds		
Computers		
RV/ Recreational homes		
IRA / Keogh Accounts		
Motorcycles / Snowmobile		
Stocks/bonds/CDs/Annuit ies, etc		
Farm equipment		
Other property		
Trailers		
Other_____		
Anticipated tax refunds		

CERTIFICATIONS

- a. I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.
- b. I understand verification of all income and assets is required by federal and state regulations for eligibility and I have no objections to inquiries being made for the purpose of verifying statements made herein, and
- c. I further certify that all information provided by me on this preliminary application is true to the best of my knowledge.
- d. I understand I must contact Housing Opportunities when any of the above information changes.
- e. I am authorizing Housing Opportunities, Inc. to pull my credit report.

Please sign below:

Signature Date

Signature Date

Description of Borrower's Situation

Describe the situation that caused you to call

What caused the situation?

What has been attempted to correct the problem?
