



400 West Main Street, Suite 408

Durham, NC 27701

Phone: 919-683-1185 Fax: 919-688-0082

Website: dahc.org

Instructions: Please fill out the first four pages of this form. Then read and sign the following forms: Government Monitoring Purpose, Client Conflict of Interest Disclosure Statement, Credit Report Authorization and Counseling Agreement. Bring the following information to your 1st counseling session:

- Your most recent pay stubs - if married need both husband and wife stubs (*also anyone over 18yr old working and living in the household)
Your utility bills (ex: telephone, water, gas, electric)
Your most recent credit card statements (preferably NOT internet printouts)
Any other relevant bills, statements, or paperwork
Be sure to come a few minutes early for your first appointment and to give at least 24 hours notice if you need to cancel!

DEFAULT/FORECLOSURE PRE-APPLICATION FORM

DATE _____

*Name _____

*Street Address _____

*City _____ *State _____ *Zip _____

*Home Phone # _____ Cell Phone # _____

*Age _____ *Date of Birth _____

*Social Security # _____

*Spouse/Co-Borrower Name _____

Home Phone # _____ Cell Phone # _____

Age _____ Date of Birth _____

Social Security # _____

*Household Type: Single Adult ___ Widow ___ Female headed single parent ___ Other ___
Male headed single parent ___ Married without kids ___ Married with kids ___ Two unrelated adults ___

DEPENDENTS:

Name _____ Date of Birth _____ Age _____ Gender _____

Name _____ Date of Birth _____ Age _____ Gender _____

Name _____ Date of Birth _____ Age _____ Gender _____

Name _____ Date of Birth _____ Age _____ Gender _____

Name _____ Date of Birth _____ Age _____ Gender _____

Name _____ Date of Birth _____ Age _____ Gender _____

Name _____ Date of Birth _____ Age _____ Gender _____

RESIDENTIAL INFORMATION:

How long at current address _____ If less than two years, previous address:

City _____ State _____ Zip _____

***1st Mortgage Company Name** _____

Address _____

City _____ State _____ Zip _____

Phone # _____ ***Monthly Payment \$** _____Estimate Value of your home \$ _____ Balance of 1st Mortgage _____ Interest Rate _____***First Loan Product: Fixed rate currently under 8%** _____ **Fixed rate 8% greater** _____**ARM under 8%** _____ **ARM currently 8% or greater** _____ **Other** _____***Loan Status: Current** _____ **30-60 days late** _____ **61-90 days late** _____ **91-120 days late** _____ **121 & days late** _____

2ndst Mortgage Company Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Monthly Payment \$ _____

#Months Past Due _____ How Much Past Due \$ _____

Estimate Value of your home \$ _____ Balance of 1st Mortgage _____ Interest Rate _____

***PRIMARY DEFAULT REASON:**

____ **Reduction in income** ____ **Poor budget skills** ____ **Loss of income** ____ **Medical** ____ **Increase in Expenses**
____ **Divorce/Separation** ____ **Death in Family** ____ **Business failed** ____ **Increase in loan payment** ____ **Other**

EMPLOYMENT INFORMATION:

Applicant's Income

Hourly rate: \$ _____ Week: \$ _____ Semi-Monthly: \$ _____

Bi-weekly: \$ _____ Monthly: \$ _____ Annual: \$ _____

Employer: _____ Job Title _____

Employer's Address (Personnel Dept): _____

City _____ State _____ Zip _____ Phone # _____

Hours per Week: _____ Length of time at Current Employment: _____

If less than two years, previous employment:

Previous employment _____ Dates of Employment _____

City _____ State _____ Zip _____ Phone # _____

Co-Applicant's Income

Hourly rate: \$ _____ Week: \$ _____ Semi-Monthly: \$ _____

Bi-weekly: \$ _____ Monthly: \$ _____ Annual: \$ _____

Employer: _____ Job Title _____

Employer's Address (Personnel Dept): _____

City _____ State _____ Zip _____ Phone # _____

Hours per Week: _____ Length of time at Current Employment: _____

If less than two years, previous employment:

Previous employment _____ Dates of Employment _____

City _____ State _____ Zip _____ Phone # _____

Durham Affordable Housing Coalition Monthly Household Budget

ITEM	APPLICANT PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
Monthly Income				
Work				
Social Security Income				
Alimony				
Child Support				
Other: _____				
Housing Costs				
Mortgage or Rent				
2 nd Mortgage				
Electric				
Phone				
Cell Phone				
Water/Sewer				
Fuel gas or oil				
Trash removal				
Cable/Satellite				
Maintenance/repairs				
Other: _____				
Automobile(s)				
Payment 1				
Payment 2				
Insurance				
Gas				
Maintenance				
Licensing				
Other: _____				
Insurance				
Homeowners				
Auto				
Health/Dental				
Life				
Other: _____				
TOTAL THIS PAGE				

Durham Affordable Housing Coalition Household Budget

ITEM	PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
Food and Groceries				
Groceries				
Meals outside the home				
Other:				
Professional Fees				
Physician				
Dentist				
Eye Care				
Hair Grooming				
Other:				
Taxes				
Federal				
State				
Other:				
Savings				
Checking				
Savings				
Retirement				
401(K)				
Stock				
Bonds				
Other:				
TOTAL THIS PAGE				

Durham Affordable Housing Coalition Monthly Household Budget

ITEM	PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
Clothing				
Purchases				
Cleaning and repair				
Other: _____				
Loans				
Credit Card 1				
Credit Card 2				
Credit Card 3				
Credit Card 4				
Credit Card 5				
Credit Card 6				
Credit Card 7				
Credit Card 8				
Other: _____				
Other: _____				
Other: _____				
Contribution/Gifts				
Charity				
Church				
Other: _____				
TOTAL THIS PAGE				

Durham Affordable Housing Coalition Monthly Household Budget

ITEM	PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
Legal Obligations				
Alimony/Child Support				
Payment/liens/judgments				
Other: _____				
Miscellaneous				
Dues				
Health Club				
Postage				
Child Tuition				
School Loans				
Other: _____				
Total this page				
Total, page 1				
Total, page 2				
Total, page 3				
GRAND TOTAL				

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

BORROWER
 _____ I do not wish to furnish this information

CO- BORROWER
 _____ I do not wish to furnish this information

RACE / NATIONAL ORIGIN:
BORROWER:

- _____ American Indian
- _____ Black, Non-Hispanic
- _____ White, Non-Hispanic
- _____ Hispanic
- _____ Asian
- _____ Other

RACE / NATIONAL ORIGIN:
CO-BORROWER:

- _____ American Indian
- _____ Black, Non-Hispanic
- _____ White, Non-Hispanic
- _____ Hispanic
- _____ Asian
- _____ Other

SEX: _____ Male _____ Female

SEX: _____ Male _____ Female

Income (circle one only) –to be completed by counselors only***

- A. <50% of AMI B. 50-80% of AMI C. 80-100% of AMI D. >100% of AMI

CERTIFICATION:

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize the Housing Counselor, Inc. to obtain a Credit Bureau Report in my name, and/ or request verification of income and residence.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____



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COUNSELING AGREEMENT

In order to solve specific housing and other related problems, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on his/her behalf in order to improve his/her housing situation and obtain necessary services.

The applicant understands that any and all information that is required to obtain the help needed, and must be supplied by the applicant. The applicant further authorizes the counselor to obtain other information from outside sources (including a credit report from one or all of the three credit reporting agencies) when necessary. The need to exchange information or pass on information is also recognized by the client. It is further understood by the applicant that information obtained will be used to assist applicant in obtaining their housing needs.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interest of the applicant.

I _____, give authorization to Durham Affordable Housing Coalition to exchange and obtain information in regards to:

*If foreclosure, please provide the Loan No. # _____

Client Signature

Date

Counselor Signature

Date

Copy given to applicant _____ yes _____ no



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CLIENT CONFLICT OF INTEREST DISCLOSURE STATEMENT

From time to time **Durham Affordable Housing Coalition** makes our clients aware of products and/or services that we believe offer good value to our clients. These products and/or services might be available directly from **Durham Affordable Housing Coalition**, from lenders, developers, or other agencies with which **Durham Affordable Housing Coalition** has a working relationship, including but not limited to the attached list. You are under no obligation to use the products and/or services identified by **Durham Affordable Housing Coalition**, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product, or home, from any entity regardless of the recommendations made by the **Durham Affordable Housing Coalition** representative and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with **Durham Affordable Housing Coalition** and to determine whether the counseling is suitable for you. The individual action plan and direction of our counseling sessions will be based on the housing counseling action plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time for any reason.

I have reviewed the above and accept and agree to the above stated conflict of interest and disclosure policy. Every client is required to sign this statement, indicating they have read and understand its contents.

I _____ (please print name) certify that I have read and understand the above statement. Any questions I may have had were previously discussed with my counselor and answered to my satisfaction. I have provided with a copy of this disclosure statement.

Client Signature

Date

Counselor Signature

Date

Copy: Client
Case File

Attachment



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CREDIT REPORT AUTHORIZATION

NAME: _____

FIRST

MIDDLE

LAST

SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY # _____ / _____ / _____

SPOUSE SOCIAL SECURITY # _____ / _____ / _____

DATE OF BIRTH _____ / _____ / _____

SPOUSE DATE OF BIRTH _____ / _____ / _____

I (WE) hereby give permission to pull my (our) credit report (maximum of 3 times during counseling period) for the purpose of my (our) application for assistance in regards to my home or my loan through the Durham Affordable Housing Coalition.

All information will be kept confidential between my Counselor and me. I further understand that Durham Affordable Housing Coalition will be held harmless for information received in this credit report.

***Both signatures are required if joint report is requested.**

Client Signature

Date

Spouse Signature

Date