

# INSTRUCTIONS FOR THE IDA INTAKE PRE-PURCHASE APPLICATION

**Intake Application Instructions:** The following application must be completed before an appointment will be schedule. **Please complete the entire application and bring the requested documentation listed below prior to your first scheduled appointment.**

**Please note that appointments will be schedule based on the return of the completed application. Any incomplete application will be returned which will delay the scheduling of an appointment for you.**

Upon receipt of the application the following will occur:

1. Credit report will be pulled and application reviewed
2. Call will be made to you to schedule an appointment
3. A letter confirming your appointment will be mailed to you
4. Phone call prior to your appointment to remind you

***Please fax application to 919-688-0082, Attention Darlene Tilley or mail too:***

***Attention – Darlene Tilley  
DAHC  
400 West Main Street, Suite 408  
Durham, NC 27701***

**PLEASE KEEP THIS PAGE AND BRING WITH YOU TO YOUR SCHEDULED APPOINTMENT ALONG WITH THE DOCUMENTATION LISTED BELOW. DO NOT FAX OR MAIL THIS INFORMATION BACK WITH YOUR APPLICATION – BRING WITH YOU TO APPOINTMENT!**

- ✓ Your most recent pay subs – if married need both husband and wife stubs (\*also anyone over 18yr old working and living in the household)
- ✓ Utility bills (ex – telephone, water, gas, electric)
- ✓ Most recent credit card statement (preferable NOT internet printouts)

The counselor can cancel your appointment if you do not have all the requested documentation listed above during your appointment. This means that you would have to schedule another appointment to be seen. **PLEASE HAVE ALL REQUIRED PAPERWORK LISTED ABOVE BEFORE COMING TO YOUR SCHEDULED APPOINTMENT! PLEASE NOTE WE WILL CHARGE \$10.00 FOR COPIES THAT WE HAVE TO MAKE, SO PLEASE MAKE COPIES OF ALL INFORMATION REQUESTED ABOVE BEFORE YOU COME TO YOUR APPOINTMENT.**

**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!**



400 WEST MAIN STREET  
DURHAM, NC 27701

PHONE : 919-683-1185

FAX: 919-688-0082

WEBSITE: DAHC.ORG

Instructions: Please fill out all the pages of this form. Then read and sign the *Government Monitoring Purpose and Certification of Counseling*. Bring the following:

- Your most recent pay stubs or other forms of income verification
- 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!**

## INDIVIDUAL DEVELOPMENT ACCOUNT APPLICATION

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

---

**RESIDENTIAL INFORMATION:**

Landlord/Property Management \_\_\_\_\_

How long at current address? \_\_\_\_\_ If less than two years, previous address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

**EMPLOYMENT INFORMATION:**

**APPLICANT'S INCOME**

Hourly rate: \$ \_\_\_\_\_ Weekly: \$ \_\_\_\_\_ Semi-Monthly: \$ \_\_\_\_\_ Overtime \_\_\_yes \_\_\_No

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:**

Employer: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**CO-APPLICANT'S INCOME**

Hourly rate: \$ \_\_\_\_\_ Weekly: \$ \_\_\_\_\_ 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:

\_\_\_\_\_

Employer: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

---

---

**OTHER INCOME SOURCES:**

(Monthly)

Child Support: \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Social Security / Disability \$ \_\_\_\_\_ Pension: \$ \_\_\_\_\_

Other: \_\_\_\_\_

---

**TOTAL INCOME FROM ALL SOURCES:**

Per Month: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

**INCOME – PLEASE CIRCLE ONE**

**Family**

Size ⇒	1	2	3	4	5	6	7	8
80%	39,950	45,650	51,350	57,050	61,600	66,150	70,750	75,300

**ASSETS:**

Savings: Bank / Credit Union, etc. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Checking: Bank / Credit Union, etc. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

401K / Retirement / IRA: Bank / Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cash Available for Mortgage Loan Contribution: \$ \_\_\_\_\_

---

**LIABILITIES – INSTALLMENT AND CREDIT ACCOUNTS:**

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

**COLLECTIONS OR JUDGMENTS**

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment/Monthly: \_\_\_\_\_

Alimony or Child Support Payments (Monthly) \$ \_\_\_\_\_

TOTAL MONTHLY DEBT PAYMENTS: \$ \_\_\_\_\_

---

---

## Durham Affordable Housing Coalition Monthly Household Budget

Monthly Expense Category	Amount Projected to Paid	Amount Actually Paid
<b>Housing Expenses</b>		
Rent or 1 <sup>st</sup> Mortgage		
2 <sup>nd</sup> Mortgage/Home Equity Loan		
Property tax		
Homeowner's or Renter's Insurance		
Homeowner's Association Dues		
Garbage collection		
Water and Sewer		
Electricity		
Gas or oil heat		
Home and lawn maintenance		
Home improvements		
Home security		
Home furnishings		
Appliances/Electronics		
Cleaning supplies		
Contingency for surprise repairs		
<b>Subtotals</b>		
<b>Banking Expenses</b>		
Bank service fees		
Bank loans		
Credit card debt		
Savings		
<b>Subtotals</b>		
<b>Transportation Expenses</b>		
Car payments		
Auto insurance		
Driver's license fees		
Auto tags/Inspection		
Auto property tax		
Gasoline		
Car wash		
Auto maintenance		
Auto repairs		
AAA or road services club		
Bus, cabs, parking fees		
Parking tickets		
Contingency for surprise repairs		
<b>Subtotals</b>		

<b>Monthly Expense Category</b>	<b>Amount Projected to Paid</b>	<b>Amount Actually Paid</b>
<b>Food Expenses</b>		
Groceries		
School lunches		
Vending machines		
Snacks		
Fast Food stops		
Eating out		
Pet food		
<b><i>Subtotals</i></b>		
<b>Communication Expenses</b>		
Basic telephone		
Long distance service		
Cell phone		
Internet connection		
Cable TV or dish fees		
<b><i>Subtotals</i></b>		
<b>Health Expenses</b>		
Health insurance		
Life insurance		
Regular medications		
Vitamins		
Regular doctor visits		
Dental visits		
Eye care		
Veterinary visits		
Contingency for health expenses		
<b><i>Subtotals</i></b>		
<b>Child Expenses</b>		
Child Support payments		
Regular child care		
Baby sitting costs		
Diapers/Formula/Supplies		
School supplies		
Allowances		
Tuition and fees		
<b><i>Subtotals</i></b>		
<b>Personal Expenses</b>		
Postage		
Film developing		
Clothing		

<b>Monthly Expense Category</b>	<b>Amount Projected to Paid</b>	<b>Amount Actually Paid</b>
<b>Personal Expenses continued</b>		
Tobacco/Alcoholic beverages		
Barber/Beauty shop		
Toiletries		
Laundry		
Dry cleaning		
Household expenses (from stores)		
Membership and dues		
Hobby expenses		
Newspaper/Magazines/Books		
CDs/DVDs		
Movie rentals		
Software/Video games		
Recreation and Entertainment		
Sporting events		
Charitable contributions		
Gifts/Parties/Holidays		
Vacations and travel		
Miscellaneous untracked expenses		
<b>GRAND TOTAL</b>		

Cash Available for Down Payment / Closing Cost: Amount: \$ \_\_\_\_\_

---

**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  
 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

**SEX:** \_\_\_\_\_ Male      \_\_\_\_\_ Female

**RACE / NATIONAL ORIGIN:  
 CO-BORROWER:**

- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Black, Non-Hispanic
- \_\_\_\_\_ White, Non-Hispanic
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Other

**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



400 West Main Street, Suite 408 - Durham, NC 27701  
Phone: 919-683-1185 Fax: 919-688-0082  
Website: dahc.org

## 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



400 West Main Street, Suite 408 - Durham, NC 27701  
Phone: 919-683-1185 Fax: 919-688-0082  
Website: dahc.org

## 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**



400 West Main Street, Suite 408 - Durham, NC 27701
Phone: 919-683-1185 Fax: 919-688-0082
Website: dahc.org

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



## **Durham Affordable Housing Coalition Privacy Policy**

Durham Affordable Housing Coalition is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### **Types of information that we gather about you**

- Information we received from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### **You may opt-out of certain disclosures**

- You have the opportunity to “opt-out” of disclosures of your nonpublic information to third parties (such as your creditors), that is, direct not to make those disclosures.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at anytime, you wish to change your decision with regard to your “opt-out”, you may call us at 919-683-1185.

### **Release of your information to third parties**

- So long as you have not “opt-out”, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client Initials \_\_\_\_\_

Date \_\_\_\_\_

**REQUIRED INCOME DOCUMENTATION FOR CITY OF DURHAM  
RESIDENTS**

Documentation for household income, full or part-time, is required for **all** individuals that reside in your household and are 18 years of age or older. Any individual residing in your household that is **unemployed** must provide the following:

- A signed Income Affidavit that states no income is currently received from any source.
- A verification of full-time student status if the individual is currently enrolled in school.

Please note that failure to provide this information will result in a delay of the processing of your application.

**DURHAM AFFORDABLE HOUSING COALITION**

400 West Main Street  
Durham, North Carolina 27701

**INCOME AFFIDAVIT**

THE PERSON OR PERSONS LISTED BELOW CERTIFY THAT THEY ARE CURRENTLY UNEMPLOYED AND ARE NOT RECEIVING UNEMPLOYMENT BENEFITS, WORKMEN'S COMPENSATION, PUBLIC ASSISTANCE, OR ANY OTHER INCOME WHATSOEVER FROM ANY SOURCE:

_____ (Printed Name)	_____ (Date)
_____ (Signature)	_____ (Date)
_____ (Printed Name)	_____ (Date)
_____ (Signature)	_____ (Date)
_____ (Witness Printed Name)	_____ (Date)
_____ (Witness Signature)	_____ (Date)
_____ (Person Giving Statement)	_____ (Date)
_____ (Person Giving Statement Signature)	_____ (Date)