

Highest level of education (please circle one):

Below High School Diploma

Two-Year College

Graduate Degree

High School Diploma or Equivalent

Bachelors Degree

Referred to HomeOwnership Center by (please circle all that apply):

Walk-In

Bank

Government Agency

TV

Staff/board member

Friend

Radio

Print Advertisement

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

Are you a participant in one of the following programs?

HANO (Public Housing)

HANO (Section 8)

Sweet Home New Orleans – Musician’s Clinic

Habitat for Humanity

IDA Program _____

(list name of program administrator or lender)

EMPLOYMENT

Primary Employer: _____

Position/Title _____ Hire Date _____

Address: _____

Street

City

State

Zipcode

Phone: (_____) _____ – _____ Employment: Part-Time _____ Full-Time _____

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month?

Secondary Employer: _____

Title _____ Hire Date _____

Address: _____

Street

City

State

Zipcode

Phone: (_____) _____ – _____ Employment: Part-Time _____ Full-Time _____

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month?

If employed for LESS THAN TWO years at one place, continue listing employers on a separate sheet of paper.

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month?

Secondary Employer: _____

Title Hire Date

Street City State Zipcode

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month?

If employed for LESS THAN TWO years at one place, continue listing employers on a separate sheet of paper.

PERSONAL PROFILE FORM

INCOME

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

Can you document your child support/alimony income? Yes No
If yes, how long will it continue?

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

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

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Whose Debt? (C=Customer, A=Co-Applicant)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
<i>Have your payments been made on time?</i>	Yes	No	Yes	No
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		

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		

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>	___	AM	___	PM

AUTHORIZATION

I authorize NHS HomeOwnership Center to:

- (a) pull my credit report to review my credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my credit report and review my credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

Customer

Date

Co-Applicant

Date