

Affordable Housing Alliance

59 Broad Street
Eatontown, NJ 07724
732-389-2958
fax: 732-389-3163



“We Help With Housing”

Donna M. Blaze
Chief Executive Officer

In order to obtain a one-on-one counseling session all of the requested supporting documents listed below will be needed prior to scheduling any appointment(s).

Please be advised that as a consumer you may opt to obtain a copy of your credit reports by logging onto www.annualcreditreport.com. You **MUST** provide copies of each report from all three credit repository companies (Equifax, Experian, and Transunion) and credit scores. If you would like for AHA to order your credit reports the fee is \$16.75 or \$33.50 per couple. Payment must be in the form of a money order or credit/debit payments only. You will be contacted to schedule an appointment once all of the requested information and/or payments have been received.

Pre-purchase Supporting Document Checklist

If you have any questions concerning the information requested, please contact us at (732) 389-2958.

Please **ONLY** provide copies. Original documentation will **NOT** be accepted. AHA does charge \$1 per page copied.

- _____ Bank Statements; 3 months saving & checking accounts (all pages including the blank pages)
- _____ Federal Income Tax Returns (*last 2 years, must be signed & include W-2s*)
- _____ Most Recent Paycheck Stubs (*for last 30 days*) must be consecutive, for weekly last 4 pay periods/biweekly last 2 pay periods.
- _____ Credit Card and Installment Loan Statements or Payment Books
- _____ Divorce Decree (*if applicable*)
- _____ Bankruptcy Documentation (*if applicable*)
- _____ Alimony and Child Support Documentation (*if applicable*)
- _____ Proof of other household income (*if applicable*)
- _____ Credit Report Fee **\$19** per person or **\$37** a couple (*Includes all 3 reports & scores*)
- _____ Budget Form (must be completed)
- _____ Credit Authorization Form (if paying by credit/debit card this form must be completed)
- _____ Other: _____

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information and services about housing counseling, please speak with agency staff about arranging alternative accommodations.

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

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

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

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

CO-APPLICANT

Name: _____
First MI Last

Street _____

City State Zip Code

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

_____-_____-_____
Social Security Number Birth Date

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 (specify) _____

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

Immigrant Status (please select one for each applicant if applicable):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents foreign born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender: Male Female

Handicapped Household 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

Relationship to Primary Client (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years*Please Print Clearly*

Primary Employer: _____

Title _____ Hire Date (Month Date and Year) _____

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)

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 EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title _____ Hire Date (Month Date and Year) _____

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)

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?

CLIENT INCOME*Please Print Clearly*

<i>Type of Income</i>	<i>CLIENT 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		

CUSTOMER**CO-APPLICANT**

*Can you document your child support/alimony income?
If yes, how long will it continue?*

Yes _____ No _____

Yes _____ No _____

*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 _____

Yes _____ No _____

*Regarding other employment, have you worked
in this field for two years or more?*

Yes _____ No _____

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. Both Applicants

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

Please use additional sheets if necessary.

Have your payments been made on time? Yes No

Are you currently in Chapter 13 bankruptcy? 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

If yes, when was it discharged? _____

LIQUID FUNDS/SAVINGS/INVESTMENTS *Please Print Clearly*

Please list the approximate value of the following:

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, property sales, etc.)? (circle) Yes No

If yes, how much? \$ _____

LIVING EXPENSES

Current monthly rent or mortgage			
Electric/Gas/Solid Waste			
Telephone			
Cellular/Pager			
Cable/Satellite TV			
Other Living Expenses			

ADDITIONAL INFORMATION

Have you owned a home in the last three (3) years? Yes No

Are you a Veteran? 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

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.

Client

Date

Co-Client

Date

	Gross	Net	Verification
Person (A) Monthly Income Employer	\$	\$	
Person (B) Monthly Income Employer	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

Pre-Purchase Counseling Budget Form

For expenses, please answer only what is applicable

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Housing				
Rent				
Renter insurance				
Gas /heating source				
Electricity				
Telephone: Land Line, Cable, Internet				
Telephone: Cell				
Water/sewer				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Insurance				
Maintenance /repairs				
Insurance				
Health (<i>medical and dental, if not payroll deducted</i>)				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				
Flexible Expenses				
Groceries				
School Lunches				
Work-Related (<i>lunches and snacks</i>)				
Housing				
Home Maintenance				
Other:				
Medical				
Doctor				
Dentist				
Prescriptions				
Other:				
Savings				
Flexible Expenses				

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Savings Account				
College Funds				
Emergency Fund				
Clothing				
Clothing				
Laundry and Dry Cleaning				
Other:				
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>):				
Miscellaneous				
Birthdays				
Pet Care or Supplies				
Entertainment (<i>concerts, sports, movies etc</i>)				
Barber or Beauty Shop				
Other:				
Flexible Expenses Sub-Total				

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HUD – 1 RELEASE

I authorize the Affordable Housing Alliance of New Jersey to obtain a copy of the HUD – 1 Settlement Statement from the lender who made me a loan or the title company that closed the loan when I purchase a home.

Print Name

Signature

Date

WWW.HOUSINGALL.ORG

"The Alliance mission is to improve the quality of life for all new Jersey Residents by developing and preserving affordable housing, by providing services to maintain housing affordability, by providing housing education, and by helping communities meet their legal and moral housing obligations.



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Disclosure Statement & Privacy Policy

In addition to providing comprehensive housing counseling services for homebuyers, homeowners and renters, the Affordable Housing Alliance offers the following services and programs: administrative agent services for municipalities; ownership, management and development of affordable for-sale and rental housing; administration of utility assistance programs; administration of housing rehabilitation programs; administration of matching savings account programs; provision of pre-purchase, post-purchase and rental workshops

Financial support for the Affordable Housing Alliance’s Housing Counseling Program is currently being provided by the following industry partners:

- US Department of Housing and Urban Development (HUD)
- Department of Community Affairs (DCA)
- New Jersey Housing Mortgage Finance Agency (NJHMFA)
- Congressional funds through NFMC Program
- Federal Home Loan Bank (FHLB)

Housing Counseling clients are not obligated to use any other product or service offered by this agency, its affiliate or partners. The Affordable Housing Alliance will provide information on alternative services, programs and products. Clients should consider a variety of resources and options and upon evaluation, select the resources that best meet their needs.

The Affordable Housing Alliance is committed to assuring the privacy of clients. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Within the organization, we restrict access to nonpublic personal information to only those employees who need to know the information to provide services to you. We maintain physical, electronic and procedural safeguards to protect your information. Information will only be released to those institutions, companies or agencies who our agency believes can provide assistance to you, or who require it as a condition of the grant awards which make our services possible. We may use anonymous aggregated case file data for the purposes of evaluating our services.

Signature: _____ Date: _____
Borrower

_____ Date: _____
Co- Borrower

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CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct **Affordable Housing Alliance** (hereinafter “**AHA**”) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by **AHA**. I understand and agree that **AHA** intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities. My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to **AHA** in connection with such evaluation. Authorization is further granted to the credit-reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

Authorize
 Do not authorize

AHA to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services. I understand that I may revoke my consent to these disclosures by notifying **AHA** in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Date

Date

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CREDIT CARD AUTHORIZATION

NAME: _____
 FIRST MIDDLE LAST

ADDRESS: _____

Credit card type: Master Card Visa

Credit card number: _____

Expiration date: _____

I hereby give permission to the Affordable Housing Alliance to charge my credit card for the following purposes and/or program:

Signature

Date

IMPORTANT INFORMATION IF YOU WANT TO PAY BY CREDIT CARD

If you are planning on paying by credit card you must sign and make a legible copy of the credit card you want to pay with on a separate sheet of paper (Visa or Master Card only). If we do not have a signature and a copy of the credit card, we will not be able to charge your card. We will not accept credit card information over the phone.

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