

Pre-Purchase Counseling Application

STEP ONE: Attend the First Time Homebuyer Workshop

STEP TWO: Complete this application

STEP THREE: Gather copies of documents (listed below) for credit check

- Identification: copy of driver's license/state issued ID card
- Signed Workshop Certificate: add your signature and write the last 4 digits of your SSN on the bottom left of the page (on the line titled "Borrower")
- Paystubs: your most recent pay stubs, spanning the past ONE (1) month, and any other income verification including a court order for child support/Alimony agreement, divorce decree, SSI/SSA award letter
- Employment Verification: letter prepared by your employer that states your current salary and length of employment
- Federal Income Tax Returns: full 1040 form for the past TWO (2) years, signed and dated
- W-2s: W-2 forms (or 1099 forms) for the past TWO (2) years
- Checking And Savings Bank Account Statements: For ALL ACCOUNTS, include THREE (3) months of statements up until the most recently issued statement
- Monthly Statements: recent credit card, installment loans, and utilities statements
- Paid Collections Verification (If Applicable): letter or paid receipts for any paid collections accounts, liens, or judgments
- Credit Check Payment: a soft pull on your credit report, which does not affect the credit score. visit mtairycdc.org/creditcheck to pay

STEP FOUR: Submit your application and supplementing documents

Option 1: Documents can be scanned into one pdf file and emailed to us at housing@mtairycdc.org.

Option 2: Drop off the forms at our office (6703 Germantown Ave.) Monday through Thursdays, 9am to 4pm. There is also a drop box on the wall on the right side of the vestibule when you enter through the double doors in the back by the parking lot. Send us an email if you have left anything in the dropbox (housing@mtairycdc.org)

We will review your forms and if everything is there, we will call you to schedule a one-on-one session that will be conducted via phone or video conference. If the required forms are not there, we will call you and let you know what is missing. Please double check the list of items you need to submit before you drop off the forms to make sure everything is there.

STEP FIVE: Attend your one-on-one virtual or in-person counseling session



(APPLICANT)

I. PERSONAL INFORMATION

Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone: _____
 Work: _____
 SS#: _____
 DOB: _____ Age: _____
 Marital Status: _____
 Email Address: _____

(CO-APPLICANT)

I. PERSONAL INFORMATION

Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone: _____
 Work: _____
 SS#: _____
 DOB: _____ Age: _____
 Marital Status: _____
 Email Address: _____

BELOW, LIST ALL HOUSEHOLD MEMBERS (spouse, dependents, other family members)

Name	Relationship	Age	Gender	Disability (Y/N)	Monthly Income	Dependent (Y/N)	Military Service (Y/N)

EMERGENCY CONTACT NAME & NUMBER: _____

II. RENTAL INFORMATION

Landlord: _____
 Landlord Address: _____
 Landlord Phone: _____
 Length of Time at Address: _____
 Rent: _____

II. RENTAL INFORMATION

Landlord: _____
 Landlord Address: _____
 Landlord Phone: _____
 Length of Time at Address: _____
 Rent: _____

III. INCOME INFORMATION

Employment Status (circle): *Full-time* | *Part-time* | *Student* | *Unemployed* | *Retired* | *Other*: _____
 Employer: _____
 Address: _____
 City/State: _____ Zip: _____
 Employment Start Date: _____
 Occupation: _____
 Gross Monthly/Annual Income: _____

III. INCOME INFORMATION

Employment Status (circle): *Full-time* | *Part-time* | *Student* | *Unemployed* | *Retired* | *Other*: _____
 Employer: _____
 Address: _____
 City/State: _____ Zip: _____
 Employment Start Date: _____
 Occupation: _____
 Gross Monthly/Annual Income: _____

IV. ASSETS (APPLICANT)

Name of Bank/Credit Union: _____
Savings Account Balance: _____
Checking Account Balance: _____
401K: _____ Stock/Bonds: _____
Other: _____

IV. ASSETS (CO-APPLICANT)

Name of Bank/Credit Union: _____
Savings Account Balance: _____
Checking Account Balance: _____
401K: _____ Stock/Bonds: _____
Other: _____

APPLICANTS LIABILITIES (Credit/Debts): car payments, student loans, credit cards, etc.

Name of Creditor	Monthly Payment	Balance

CO-APPLICANTS LIABILITIES (Credit/Debts): car payments, student loans, credit cards, etc.

Name of Creditor	Monthly Payment	Balance

V. DEMOGRAPHIC INFORMATION: Please check one in each category best describing the applicant. *Mt. Airy CDC requires the following information in order to comply with regulations from funders who support the Housing Counseling Program.*

Race	Applicant	Co-Applicant
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native and White	<input type="checkbox"/>	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American and White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native and Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Other - Individuals Reporting Multiple Races	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	Applicant	Co-Applicant
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>

VI. GENERAL

Are you a first-time home buyer? Yes No Yes No

Is your name on the deed of any properties? Yes No Yes No

Have you owned any property in the last 3 years? Yes No Yes No

Have you ever filed bankruptcy? Yes No Yes No

Have you ever had a property foreclosed? Yes No Yes No

If yes, when? _____

Have you completed housing counseling? Yes No Yes No

If yes, when? _____

Counseling Agency: _____

Have you been pre-approved for a home mortgage? Yes No Yes No

If yes, how much? _____

Lending Institution: _____

Contact name & number: _____

How were you referred to Mt. Airy CDC? (check all that apply)

- Brochure Website Word of Mouth Internet Search Newspaper Article Other: _____
(please specify)

APPLICANT SIGNATURE DATE

CO-APPLICANT SIGNATURE DATE

Household Budget, Monthly Expenses For Applicant

	Rent/Mortgage Payment	\$ _____
Utilities	Gas	\$ _____
	Electric	\$ _____
	Telephone	\$ _____
	Water/Sewer	\$ _____
	Fuel	\$ _____
Food and Medical	Groceries	\$ _____
	Household Supplies	\$ _____
	School Lunches	\$ _____
	Medical Expenses/Prescriptions	\$ _____
Transportation	Monthly Car Payments	\$ _____
	Gasoline	\$ _____
	Car Insurance	\$ _____
	Public Transportation	\$ _____
Furniture/Household Goods	Clothing	\$ _____
	Installment Loans	\$ _____
	Life Insurance	\$ _____
	Laundry/Dry Cleaning	\$ _____
Education	Private School/Uniforms	\$ _____
	Student Loans	\$ _____
Recreation	Vacation	\$ _____
	Sports/Movies	\$ _____
	Cable TV	\$ _____
	Dining Out	\$ _____
Contribution	Church/Religious	\$ _____
	Charitable Donations	\$ _____
Other Expenses	Day Care	\$ _____
	Babysitters	\$ _____
	Pet Expenses	\$ _____
	Alcohol/Tobacco	\$ _____
	Lottery	\$ _____

A. Total Monthly Net Income	\$ _____
B. Total Monthly Expenses	\$ _____
C. Subtract the amount on line B from the amount on line A above.	\$ _____

The amount on line C represents the monthly amount you have available to put towards your new home!

WAIVER OF PRIVACY & HOUSING COUNSELING INFORMATION FORM

All clients are required to complete this waiver to authorize Mt. Airy CDC to release information to third parties. All information pertaining to your case is kept confidential and shall not be released to any entity without your authorization. Funding sources may review the information contained in the counseling agency file, not lender files, as part of a random review process. Additionally, demographic information is provided to funding sources on each client.

Waiver of Privacy: I hereby authorize MT. AIRY CDC to release information about my case, when appropriate, in any third party negotiations to resolve my case. This authorization allows MT. AIRY CDC to act on your behalf in any third party negotiations with Lenders, Landlords, or other appropriate entities in an effort to resolve the current or possible future problems related to this transaction.

APPLICANT SIGNATURE **DATE**

CO-APPLICANT SIGNATURE **DATE**

ATTENTION MORTGAGE APPLICANTS:

This form must be submitted to your lender at the time of mortgage application!

Applicant Name: _____ Phone: _____

Applicant Signature: _____ Date: _____

Current Address: _____

Purchase Address: _____

Co-Applicant Name: _____ Phone: _____

Co-Applicant Signature: _____ Date: _____

Current Address: _____

Purchase Address: _____



FOR INTERNAL USE ONLY

MORTGAGE -- REVERSE MORTGAGE -- POST PURCHASE--DELINQUENCY -- CREDIT & BUDGET

COUNSELED or REFERRED (please circle one)

Eligible for OHCD settlement grant Yes No

Counseled: The counselor asserts that the agency provided to the clients complete counseling, including but not limited to, employment evaluation, credit review, savings budget analysis and settlement instruction and the client is qualified for a mortgage, loan, and or tenant status.

Referred and recommended: Client has not received full counseling but was referred for a mortgage.

Referred and not recommended: Client is not prepared at this time; additional counseling is needed.

Post-Purchase: The counselor asserts that the agency provided the counseling, which included, but is not limited to, a review of the household budget, utilities, documents, and referrals as needed.

Default & Delinquency: Counselor asserts that the agency provided to the client counseling which includes, but is not limited to, communication with lender to avoid foreclosure, assessment of future financial status and budget, referrals to mortgage assistance programs if the client is eligible.

Counselor Signature: _____



CREDIT REPORT AUTHORIZATION FORM
FEE IS NON REFUNDABLE

Fill out the form below and go to <https://mtairycdc.org/creditcheck> to pay electronically.

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Phone #: _____ Alternate #: _____

AUTHORIZATION

I hereby authorize Mt. Airy CDC to order TWO (2) consumer credit reports. I understand that if a second credit report is needed after 6 months, I will need to pay for a new credit report when asked by the counselor. I understand the first credit report pull will occur the day of the appointment and the second, if needed, will occur 6 months after the initial session.

I understand that a photocopy of this form will serve as authorization for the second report.

Client Signature: _____

Date: _____

BASED UPON PERSONAL CIRCUMSTANCES, THE CREDIT REPORT FEE MAY BE WAIVED AT THE APPROVAL OF THE DIRECTOR OF HOUSING COUNSELING.

Director Signature: _____

