

CO-APPLICANT **PLEASE PRINT CLEARLY**

Name: _____
 First MI Last

Street _____

City _____ State _____ Zip Code _____
 Home: (____) _____ - _____ Work: (____) _____ - _____
 Cell: (____) _____ - _____ Fax: (____) _____ - _____
 Email: _____

Social Security Number _____ Birth Date _____

Race (please circle)
 1. American Indian/ Alaskan Native and White 2. Black or African American 3. American Indian/ Alaskan Native
 4. American Indian/ Alaskan Native Black 5. Native Hawaiian/Other Pacific Islander 6. White 7. Asian
 8. Black/African American and White 9. Asian and White 10. Hispanic
 11. Other: _____

Immigrant Status (please select one):
 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 US born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed
 Gender (please circle): Male Female Handicapped? 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 Applicant (please circle): Spouse Daughter Son Brother Girlfriend
 Boyfriend Mother Father Other: _____

APPLICANT EMPLOYMENT HISTORY (Last 2 Years) **Please Print Clearly**

Primary Employer: _____

Title _____ Hire Date _____
 Address: _____

Phone: (____) _____ - _____ Circle One: Part-time Full-time
 Gross Income (before taxes) \$ _____
 Is this amount paid: ___ hourly ___ weekly ___ every 2 wks ___ twice a month ___ monthly?

Previous Employer: _____

Title _____ Length of Employment _____
 Address: _____

Phone: (____) _____ - _____ Circle One: Part-time Full-time
 Continue listing previous employers on a separate sheet of paper

Secondary Employer: _____

Title _____ Hire Date _____

Phone: (____) _____ - _____ Circle One: Part-time Full-time
 Gross Income (before taxes) \$ _____
 Is this amount paid: ___ hourly ___ weekly ___ every 2 wks ___ twice a month ___ monthly?

CO-APPLICANT EMPLOYMENT HISTORY (Last 2 Years) **Please Print Clearly**

Primary Employer: _____

Title _____ Hire Date _____
 Address: _____

Phone: (____) _____ - _____ Circle One: Part-time Full-time
 Gross Income (before taxes) \$ _____
 Is this amount paid: ___ hourly ___ weekly ___ every 2 wks ___ twice a month ___ monthly?

Previous Employer: _____

Title _____ Length of Employment _____
 Address: _____

Phone: (____) _____ - _____ Circle One: Part-time Full-time
 Continue listing previous employers on a separate sheet of paper

Secondary Employer: _____

Title _____ Hire Date _____
 Address: _____

Phone: (____) _____ - _____ Circle One: Part-time Full-time
 Gross Income (before taxes) \$ _____
 Is this amount paid: ___ hourly ___ weekly ___ every 2 wks ___ twice a month ___ monthly?

INCOME **Please Print Clearly**

TYPE OF INCOME	APPLICANT: MONTHLY AMOUNT	CO-APPLICANT MONTHLY AMOUNT
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 ___
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Regarding other employment, have you worked in this field for two years or more?	Yes ___ No ___	Yes ___ No ___
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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.

PAID TO :	CURRENT BALANCE	MONTHLY PAYMENT	WHO'S DEBT? Applicant, Co-Applicant, Both
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please use additional sheets if necessary!

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

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	APPLICANT	CO-APPLICANT
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)? If yes, how much?	Yes ___ No ___	Yes ___ No ___

LIVING EXPENSES

	APPLICANT	CO-APPLICANT
Current monthly rent or mortgage		
Electric		
Gas		
Telephone		
Cellular		
Cable/Satellite TV		
Water		
Other:		
Other:		
Other:		

ADDITIONAL INFORMATION		
	APPLICANT	CO-APPLICANT
Have you owned a home in the last three (3) years?	Yes ___ No ___	Yes ___ No ___
Are you a Veteran?	Yes ___ No ___	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 _____	
AUTHORIZATION / RELEASE		
<p>I authorize the Housing Authority of the City of Pine Bluff to:</p> <p>(a) pull my/our credit report to review my/our credit file for FSS counseling and/or the homeownership program in my/our pursuit for a loan to purchase real property; (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who makes me/us a loan and/or the title company that closed the loan; and (d) disclose personal information about me/us to financial service providers, such as companies engaged in providing home mortgage or home equity loans and/or non-profits involved in community development, but only for program review, auditing, research and oversight purposes.</p> <p><i>I/We understand that any intentional or negligent representations of the information contained within this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.</i></p>		
Applicant Signature _____	Date _____	Applicant Printed Name _____
Co-Applicant Signature _____	Date _____	Co-Applicant Printed Name _____
Housing Authority of the City of Pine Bluff FSS Program Disclosure		
<p><i>Purpose of FSS Counseling:</i> I/We understand that the purpose of the FSS counseling program is to provide one-on-one counseling to help applicants fix those problems that prevent self-sufficiency and homeownership. The counselor will analyze my/our financial and credit situation, identify barriers preventing self-sufficiency and affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly, manageable budget plan. I/We understand that it will not be the responsibility of the counselor to fix the problem for me/us, but rather to provide guidance and education to empower me/us in fixing those issues preventing self-sufficiency and affordable mortgage financing.</p> <p><i>Mortgage Financing Assistance:</i> With my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan application process runs smoothly and provide assistance as needed. I/We understand that PBHA does not guarantee that I/we will receive mortgage financing from any lender.</p> <p><i>Homeownership Education Classes:</i> I/We understand that as a part of the PBHA FSS Homeownership counseling program, I/we will be required to attend group and individual homeownership education classes.</p> <p><i>Applicant's Responsibility:</i> I/We understand that it is my/our responsibility to work in conjunction with the PBHA FSS is a process and that failure to cooperate will result in the discontinuation of my/our participation in the program. This includes but is not limited to missing three (3) consecutive appointments with the counselor or any agency I/we have been referred to.</p>		
Applicant's Signature _____	Date _____	
Co-Applicant's Signature _____	Date _____	

AFFORDABILITY ANALYSIS WORKSHEET (ESTIMATE)

Annual Income \$ _____ ÷ 12 (Gross Monthly Income=GMI)	\$ _____	1
GMI _____ X _____ % (Housing Ratio)	\$ _____	2
GMI _____ X _____ % (Total Debt Ratio)	\$ _____	3
Total Monthly Debt Payments (Monthly revolving debt & installment debt over 10 months)	\$ _____	4
Subtract Line (4) from Line (3)	\$ _____	5
Enter the lesser of Line (2) or Line (5) (Line 6 = Maximum Monthly PITI Borrower Can Afford)	\$ _____	6
Escrow for Taxes & Insurance (TI) (Multiply Line (6) by 20% (estimated taxes and insurance))	\$ _____	7
Subtract Line (7) from Line (6) (Line 8 = Maximum Principal & Interest Payment)	\$ _____	8
Divide Line (8) by rate factor of _____ (from factor sheet - Based on current rate and terms)	\$ _____	9
Multiply Line (9) by \$1,000.00 (Line (10) = Maximum Mortgage Amount-Borrowing Power based on interest rate, term used and ratios allowed for product)	\$ _____	10
Divide line 10 by 97% LTV (average loan product matrix) = Maximum Purchase Price	\$ _____	11
Cash available for Down Payment	\$ _____	12
Borrower needs sufficient funds for closing:		
Down Payment (Mutliply line 10 by 12% for average)	\$ _____	
Closing Cost (Multiply line 10 by 3% for average estimate)	\$ _____	
Fees	\$ _____	
Other:	\$ _____	
Amount Needed at Closing:	\$ _____	

CLIENT ACTION PLAN

NAME: _____

GOAL: _____

OBSTACLE(S):

- | | |
|--|---|
| <input type="checkbox"/> Documentation | <input type="checkbox"/> Debt Repayment |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Income |
| <input type="checkbox"/> Credit Issue(s) | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Mortgage Qualifying | <input type="checkbox"/> Other: _____ |

Counselor's Recommended Strategy:

Financial Snapshot:	Applicant	Co-Applicant
Recent Credit Score	_____	_____
Current Savings	_____	_____
Total Gross Monthly Income	_____	_____
Monthly Mortgage/Rent	_____	_____
Net Monthly Income	_____	_____
Total Monthly Living Expense	_____	_____
Monthly Debt Obligations	_____	_____
Discretionary Income Left Over	_____	_____

Income Source Summary	Assets	Housing Options/Preference
<input type="checkbox"/> Full Time Employ	<input type="checkbox"/> Gift Letter	<input type="checkbox"/> _____
<input type="checkbox"/> Part Time Employ	<input type="checkbox"/> Tax Refund	<input type="checkbox"/> _____
<input type="checkbox"/> Self Employment	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Child Support	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Spouse/Partner Employ	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Action/Tasks

Progress/Status Code

Mortgage Ready NR (within 3 months) ST (3-6 months) LT (6 + months)

Applicant Signature _____

Counselor Signature _____

Co-Applicant Signature _____