

NEIGHBORHOOD HOUSING SERVICES

of Albuquerque, Inc.
PO Box 7476, Albuquerque, NM 87194
(505) 243-5511



Thank you for inquiring about Neighborhood Housing Services First-time Home Buyer Program or Rehabilitation Loan Program. We offer financing for qualified applicants. Please fill out the enclosed personal profile intake forms to the best of your ability and as accurately as possible. These forms help determine whether you meet the requirements of our program. You may take the completed forms to our office or mail them. The addresses are listed below.

Once we receive your profile, we will call you within 1 to 2 weeks to let you know if you qualify for our program. We will then contact you to set up a time when we can meet and discuss your profile and any additional information we may need.

If you have any questions, please contact our office at (505) 243.5511. Please keep this page as a reference.

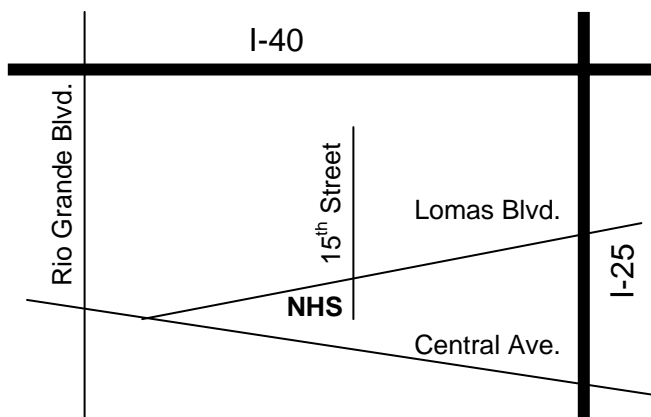
Sincerely,

A handwritten signature in black ink, appearing to be "R Garcia".

Robert Garcia
Executive Director

Office Location:
1500 Lomas Blvd. NW
Albuquerque, NM 87104
at the SW corner of Lomas Blvd.
and 15th Street

Mailing Address:
PO Box 7476
Albuquerque, NM 87194



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Document Checklist For Refinances and Rehab Loans

Dear Applicant(s)

Please plan to bring the supporting documents that are marked with an "X" for your appointment.

- XX** Two most recent pay-stubs for all Borrowers.
- XX** Two most recent checking and savings account statements. (Print-outs)
- XX** Residence for the last two years.
- Rental information for the past three (3) years (**Purchase only**): Landlord name, address, phone number, amount of rental payment.
- XX** Last three (3) years of income tax returns along with W-2's and all supporting schedules. **(For all returns processed by the borrowers, NHS will require print outs from the IRS.)**
- XX** Name, address, and phone numbers of all employers for the last three (3) years.
- XX** Check or money order for a Credit Report in the amount of **\$63.00**.
- XX** Letters of explanation for any derogatory credit.
- XX** Letter of explanation for gap in employment.
- XX** Social Security Card and Driver's license or picture ID.

****If applicable:**

- XX** Chapter 7 or 13 Bankruptcy documentation with list of creditors.
 - XX** Name and address of all creditors along with account numbers and balances.
 - XX** Social Security, SSI, Pension or Benefits letters for all borrowers.
 - XX** Evidence of other income (Child support, part-time employment, seasonal Employment, etc.).
-

— **Copy of Purchase Agreement.**

Neighborhood Housing Services of Albuquerque, Inc.
Borrower's Signature Authorization

To Whom It May Concern:

I/We hereby authorize you to release to Neighborhood Housing Services of Albuquerque, Inc., and/or its assigns the information for the purpose of verification.

- Employment History, Dates, Title, Income, Hours, etc.
- Bank and Savings Account of record
- Mortgage Loan Rating(s) and/or Escrow Information
- Social Security, Pension or Retirement Income
- Child Support Accounts

Any other information deemed necessary in connection with a consumer Credit report for transaction, which involves Real Estate.

THIS INFORMATION IS FOR THE CONFIDENTIAL USE IN COMPILING A MORTGAGE LOAN CREDIT FILE.

A PHOTOGRAPHIC OR CARBON COPY OF THIS AUTHORIZATION (BEING A VALID COPY OF THE SIGNATURE (S) OF THE UNDERSIGNED) MAY BE DEEMED TO BE THE EQUIVALENT OF THE ORIGINAL AND MAY BE USED AS A DUPLICATE ORIGINAL.

YOUR PROMPT REPLY WILL HELP EXPEDITE MY REAL ESTATE TRANSACTION:

THANK YOU,

Borrower

Co-Borrower

(Social Security)

(Social Security)

CERTIFICATION OF AUTHORITY TO RECEIVE CUSTOMER INFORMATION

Loan Number: _____ Borrower(s) Name(s): _____

Neighborhood Housing Services has been authorized by the Borrower to receive the requested information on the attached form.

Neighborhood Housing Services agrees to keep the information received confidential, and limit use of the information to evaluating the borrower(s) for a mortgage loan.

Neighborhood Housing Services of Albuquerque, Inc.

Contact Person for NHS of Albuquerque:

(Loan Processor)

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor or borrower under their program. It will not be disclosed outside the agency without your consent except to your employer(s) for verification of employment and as required and permitted by law. You do not have to give us this information, but if you do not wish to your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 at seq. (if HUD/FHA); by 42 U.S.C., Section 1425b (if HUD/CPD); and by 42 U.S.C., Section 1471 et seq., or 7 U.S.C., Section 1921 at seq. (if U.S.D.A., FmHA).

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P R O F I L E

GENERAL INFORMATION

APPLICANT

Please circle one of the following: Mr. Miss. Mrs. Ms.

First _____ MI _____ Last _____

Social security number _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____

Mobile/Pager _____ Fax _____

Email _____ Birthday ____/____/____

<p>Ethnicity</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other	<p>Marital Status</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other
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<p>Housing arrangement</p> <input type="checkbox"/> Own home with mortgage <input type="checkbox"/> own home with mortgage paid off <input type="checkbox"/> Rent <input type="checkbox"/> Does not pay rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<p>Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <p>Disabled</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Household type</p> <input type="checkbox"/> Single adult <input type="checkbox"/> Female head of household <input type="checkbox"/> Male head of household <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other	<p>First time buyer</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Family size _____ Number of dependents _____

Age	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

<p>Education</p> <input type="checkbox"/> diploma/G.E.D. <input type="checkbox"/> associates degree <input type="checkbox"/> bachelor's degree <input type="checkbox"/> master's degree <input type="checkbox"/> other	<p>Referred by</p> <input type="checkbox"/> Bank/Mortgage co. <input type="checkbox"/> Real estate agent <input type="checkbox"/> Advertisement <input type="checkbox"/> Another organization <input type="checkbox"/> Friend/Family
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Are there any non-dependents who will be living in the household? Yes No

If yes, please list name & age:

CO-APPLICANT

Please circle one of the following: Mr. Miss. Mrs. Ms.

First _____ MI _____ Last _____

Social security number _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____

Mobile/Pager _____ Fax _____

Email _____ Birthday ____/____/____

<p>Ethnicity</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other	<p>Marital Status</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other
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-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

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_____	_____
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_____	_____

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If yes, please list name & age:

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EMPLOYMENT

APPLICANT

Primary Employer _____

Title _____

Hire date _____ Part time or _____ Full time

Address _____

City _____ State _____ Zip code _____

Phone _____

Gross income (before taxes) \$ _____

Paid hourly weekly biweekly
 twice a month monthly annually

Secondary employer _____

Title _____

Hire date _____ Part time or _____ Full time

Address _____

City _____ State _____ Zip code _____

Phone _____

Gross income (before taxes) \$ _____

Paid hourly weekly biweekly
 twice a month monthly annually

If employed LESS THAN TWO YEARS at one place, continue listing employers below:

Employer _____

Title _____

Hire date _____ Part time or _____ Full time

Address _____

City _____ State _____ Zip code _____

Phone _____

Gross income (before taxes) \$ _____

Paid hourly weekly biweekly
 twice a month monthly annually

CO-APPLICANT

Primary Employer _____

Title _____

Hire date _____ Part time or _____ Full time

Address _____

City _____ State _____ Zip code _____

Phone _____

Gross income (before taxes) \$ _____

Paid hourly weekly biweekly
 twice a month monthly annually

Secondary employer _____

Title _____

Hire date _____ Part time or _____ Full time

Address _____

City _____ State _____ Zip code _____

Phone _____

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 twice a month monthly annually

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INCOME				
Type of income (monthly figures)	Applicant		Co-Applicant	
Salary	\$	per month	\$	per month
Alimony/Child support	\$	per month	\$	per month
Rental income	\$	per month	\$	per month
Pension income	\$	per month	\$	per month
Public Assistance	\$	per month	\$	per month
Self-employment income	\$	per month	\$	per month
Depend SSI income	\$	per month	\$	per month
Seasonal employment	\$	per month	\$	per month
Other	\$	per month	\$	per month
Subtotal	\$	per month	\$	per month
Total Income	\$		per month	

Can you document your child support? Yes No Alimony support? Yes No

If you 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.	Account number	Current balance	Interest rate	Mo. payment	Applicant	Co-Applicant	Both
1.		\$	%	\$			
2.		\$	%	\$			
3.		\$	%	\$			
4.		\$	%	\$			
5.		\$	%	\$			
6.		\$	%	\$			
7.		\$	%	\$			
8.		\$	%	\$			
9.		\$	%	\$			
10.		\$	%	\$			
Total		\$	%	\$			

Please use additional sheets if necessary.

		Applicant		Co-Applicant
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy:	Yes	No	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	Yes	No
If yes, when was it discharged?	_____		_____	

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LIQUID FUNDS/SAVINGS /INVESTMENTS

Please list the approximate value of the following.

	Applicant	Co-Applicant	Applicant & Co-Applicant
Checking account	\$ _____	\$ _____	\$ _____
Saving account	\$ _____	\$ _____	\$ _____
Cash	\$ _____	\$ _____	\$ _____
Certificates of Deposit (CDs)	\$ _____	\$ _____	\$ _____
Securities	\$ _____	\$ _____	\$ _____
Retirement account	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.) Yes No
If yes, how much? \$ _____

LIVING EXPENSES

	Applicant	Co-Applicant
Current monthly rent or mortgage	\$ _____	\$ _____

ADDITIONAL INFORMATION

	Applicant	Co-Applicant
Have you owned a home in the last three (3) years?	Yes No	Yes No
Have you taken a Homebuyer Education Course?	Yes No	Yes No
If yes, please list date of class	____/____/____	____/____/____
Where did you take the class?	_____	_____
Are you a veteran?	Yes No	Yes No
Do you have a contract on a house at this time?	Yes No	Yes No
Are you currently working with a real estate agent?	Yes No	Yes No
Most convenient time for an individual appointment?	_____	_____
Days available <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

AUTHORIZATION

I authorize NHS 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 HUS-1 settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

Applicant _____ Date _____ Co-Applicant _____ Date _____

FOR OFFICE USE ONLY			
____ FTHB	Date mailed	_____	Approved by _____ Date _____
____ DPCC	Date received	_____	Client contacted by _____ Date _____
____ Rehab.	Class taken	_____	NW2000 by _____ Date _____