

Owner Occupied Pre-Screening Form

60/40 Grant + Loan Rehab Program

Check here if you'd like to pay your credit report fee over the phone by credit card (\$15/1 person, \$25/2 people)

Applicant

Personal Information

Name _____
Last

_____ First _____ Middle

Address _____
Street

_____ City _____ State _____ Zip Code

Phone _____ / _____ - _____
Primary

_____ / _____ - _____
Cell

Email _____

Social Security Number _____

Date of Birth _____ **Marital Status** _____

Highest Education _____

Number of Years in Property _____

Employment Information

Employer Name _____

Address _____
Street

_____ City _____ State _____ Zip Code

Phone _____ / _____ - _____

Position/Title _____ **Self-Employed?**

Annual Income \$ _____ Yes No

Time at Present Employer _____

If employed less than two years, please list prior employer

Co-Applicant

Personal Information

Name _____
Last

_____ First _____ Middle

Address _____
Street

_____ City _____ State _____ Zip Code

Phone _____ / _____ - _____
Primary

_____ / _____ - _____
Cell

Email _____

Social Security Number _____

Date of Birth _____ **Marital Status** _____

Highest Education _____

Number of Years in Property _____

Employment Information

Employer Name _____

Address _____
Street

_____ City _____ State _____ Zip Code

Phone _____ / _____ - _____

Position/Title _____ **Self-Employed?**

Annual Income \$ _____ Yes No

Time at Present Employer _____

If employed less than two years, please list prior employer

Household Information

Please list ALL persons currently living in your household

_____	_____	\$ _____	_____
<small>Name</small>	<small>Date of Birth</small>	<small>Annual Income</small>	<small>Source of Income</small>
_____	_____	\$ _____	_____
<small>Name</small>	<small>Date of Birth</small>	<small>Annual Income</small>	<small>Source of Income</small>
_____	_____	\$ _____	_____
<small>Name</small>	<small>Date of Birth</small>	<small>Annual Income</small>	<small>Source of Income</small>
_____	_____	\$ _____	_____
<small>Name</small>	<small>Date of Birth</small>	<small>Annual Income</small>	<small>Source of Income</small>
_____	_____	\$ _____	_____
<small>Name</small>	<small>Date of Birth</small>	<small>Annual Income</small>	<small>Source of Income</small>

Property Information

Property Deed/Title in Name of _____

Address of Property to be Improved
If different from above

Home Repairs/Renovations Requesting:
Please select all that apply

Date Purchased _____

Value of Property \$ _____ Mortgage Balance \$ _____

Does property have Grant Lien? Yes No Amount \$ _____

Is this property your primary residence? Yes No

Do you have any ownership interest in another property? Yes No

Roof

Sidewalk

Windows

Paint

Electrical

Foundation

Other _____

Assets

Checking \$ _____

Savings \$ _____

Retirement \$ _____

Other \$ _____

Additional Income

Monthly Amount

Rental \$ _____ \$ _____

SSI/Pension/Disability \$ _____ \$ _____

Child Support \$ _____ \$ _____

Other \$ _____ \$ _____

Debts

	Name of Creditor	Address of Creditor	Monthly Payment	Months Left to Pay	Unpaid Balance
Mortgage	_____	_____	\$ _____	_____	\$ _____
Home Equity	_____	_____	\$ _____	_____	\$ _____
Auto	_____	_____	\$ _____	_____	\$ _____
Credit Cards	_____	_____	\$ _____	_____	\$ _____
Other	_____	_____	\$ _____	_____	\$ _____

Declarations

	Applicant	Co-Applicant
Are you a US Citizen or a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any outstanding judgments? If yes, date discharged	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last seven years, have you been declared bankrupt? If yes, date discharged	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance? If yes, list amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any past-due obligations owed to or insured by an agency of the federal government?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Social Security and/or disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Questions

Have you had a Lead Risk Assessment of your property? Yes No

How did you hear about us? _____

Information For Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race.

Applicant *I do not wish to furnish this information*

Sex Male Female **Foreign Born** Yes No

Race *Select all that apply*

- White Black/African American
 Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Other _____

Ethnicity: Are you Hispanic? Yes No

For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

Co-Applicant *I do not wish to furnish this information*

Sex Male Female **Foreign Born** Yes No

Race *Select all that apply*

- White Black/African American
 Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Other _____

Ethnicity: Are you Hispanic? Yes No

Authorization

I (We) hereby certify that I (We) are the owner(s) and occupant(s) of the property to be improved and that this is my (our) principal place of residence. I (We) certify that all the information provided in this application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (We) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from this program. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application for assistance.

I (We) understand that a lien will be placed against my (our) property for the total amount of the grant funds used for my (our) home repair project. The purpose of this lien is to ensure that I (We) live in this home for the specified period of time. The amount of the lien will become payable, in full, when I (We) either transfer the ownership of the property or fail to comply with other terms of the Grant Note & Mortgage Agreement.

I (We) authorize the staff of NeighborWorks® Community Partners to obtain income and asset verifications from all household income sources.

I (We) authorize NeighborWorks® Community Partners to also obtain credit reports in connection with this application and any Loan or Account established hereby, as well as any update, renewal, extension, review or collection thereof.

I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act. I (We) acknowledge that I (We) have read and received a copy of NeighborWorks® Community Partners Privacy Policy.

I (We) understand that in order to best protect your family's health NeighborWorks® Community Partners will perform a lead risk assessment using the XRF analyzer which determines the presence of lead. If lead is found, repair or replacement will be required.

I (We) have read and understand all the information contained in this program application.

Applicant

Signature

Date

Co-Applicant

Signature

Date

IMPORTANT! Must Submit with This Form:

- * Copy of your driver's license or Government issued ID
- * Copy of 1-month's worth of paystubs

Please submit this completed form and documents to:
info@nwcpbuffalo.org.


 CHARTERED MEMBER



Office Use Only

Application Fee \$ _____ **Method of Pay** Card Check # _____

Date Received _____ **Note** _____