

CUSTOMER EMPLOYMENT — Last 2 Years**Please Print Clearly**

Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____ **How many years in this line of work?** _____

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)

Continue listing previous employers on a separate sheet of paper.

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 _____

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?

INCOME **Please Print Clearly**

Type of Income	CUSTOMER 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
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.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Have your payments been made on time?				
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
Have you had your credit report ran recently? If yes, what are your credit scores? _____	Yes	No	Yes	No
What maximum housing payment are you comfortable making? (This amount includes Principal, Interest, Taxes, and Insurance)	\$ _____			

LIVING EXPENSES

	CUSTOMER	CO-APPLICANT
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite T.V.		
Other Living Expenses		

Please list the approximate value of the following:

	CUSTOMER	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.)? (circle) Yes No
 If yes, how much? \$ _____

ADDITIONAL INFORMATION

	CUSTOMER		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

I authorize NPHS HomeOwnership Center to:

- (a) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

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.

Customer

Date

Co-Applicant

Date

For Counselor Use Only:	
Applicant(s) is pre-qualified for an approximate loan amount of :	\$ _____
Counselor Name: _____	Date: _____

