

Down Payment/Closing Cost Assistance Application

Please supply all applicable documentation pertaining to you/your household members

- ☐ Complete and submit the attached Application.
- ☐ A copy of each household member government approved ID
- ☐ A copy of head of household Social Security Card
- ☐ 2 full/complete month of the most recent (not more than 30 days old) Paycheck Stubs (must show year to date paid, employer. Bring original and we can make copies) for all working household members; or a copy of other proofs of incomes i.e. Social Security, Pensions, Child Support/Alimony, Student grant payment etc. Complete affidavit if necessary.
- ☐ Signed CHWC's certification of Applicants
- ☐ CHWC's intake packet (*information disclosure, programs & services disclosure, privacy policy, closing disclosure authorization*)

Program funds are limited and may or may not be available at the time of your closing.

CHWC is PRIORITIZING applications that meet additional qualifications (50% or below AMI, special needs households, property qualifications).

Please remember additional documentation could be required.

Once your application is approved, you will need to sign/complete the following documents:

- ☐ CHWC Homeownership Education Certificate
- ☐ Signed CHWC's Financial Education Offer
- ☐ A copy of your Loan Estimate (LE) showing the FHLB grant or draft of Closing Disclosure and our 2 fees. (*Please Note that your lender must have in-house approval to accept this down payment/closing cost assistance for you*).
- ☐ Real Estate Retention agreement

Staff use only: Date Received _____ Time Received _____
Staff Initials _____



2 South 14th Street
Kansas City, KS 66102
Office: 913.342.7580 Fax: 913.342.7581
www.chwckck.org

Application for Downpayment / Closing Cost Assistance

This application must be filled out completely along with the supporting documentation in order to be processed

Date: _____ Phone #(____) _____ Alt Phone#(____) _____

Borrower: _____ Email _____

Co-Borrower: _____ Email _____

Current Address: _____

Subject/New Property Address:

List all of your household members and their gross incomes. Incomes from: salary/wages, SSI, AFDC, disability, pension, child support, rental property income, etc.

Name	Student? Yes/No FT/PT	Date of Birth & Age	Relationship to the Head of Household	Source and Gross Amount of Monthly Income



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NOTE: In order to report to HUD on assistance received, this organization must provide information regarding race and gender. Information will not be used to determine eligibility or priority. No person shall, because of race, color, national origin, or gender be excluded from, or denied benefits from any program funded through Housing and Community Development.

Applicant's marital status: Single _____ Married _____ Divorced _____ Widowed _____

Gender: Male _____ Female _____ Other _____ Choose not to respond _____

Are you the Head of Household: Yes / No **Are you Veteran?** Yes / No

Ethnicity Hispanic or Latino _____ Not Hispanic or Latino _____ Choose not to respond _____

Race: White _____ Black/African American _____ Asian _____ American Indian or Alaska Native _____
Native Hawaiian or Other Pacific Islander _____ More than one race _____ Choose not to respond _____

HOUSEHOLD SPECIAL NEEDS* - Please complete an affidavit if you answer Yes to b. or c. of the following questions (no additional information required)

- a. Is someone in the household physical or mentally disabled? Y/N _____ *If yes, please provide a copy of a disability award letter*
- b. Is someone in the household living with HIV/Aids? Y/N _____
- c. Is someone in the household recovering from physical, drug or alcohol abuse? Y/N _____

EMPLOYMENT INFORMATION

Please fill out for each employed household member who is not a full-time student between the ages of 18 and 26.

Household member #1- Applicant

Borrower _____

Name of Supervisor _____

Employer _____

Address _____

From: _____ To: _____

Position Title /Duties _____

Hourly Rate _____ Salary _____

Reason for Leaving _____

Phone _____ Fax _____

Household member #2- Co-Applicant

Co-Borrower/s _____

Name of Supervisor _____

Employer _____

Address _____

From: _____ To: _____

Position Title /Duties _____

Hourly Rate _____ Salary _____

Reason for Leaving _____

Phone _____ Fax _____





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Name of Supervisor _____
Employer _____
Address _____

From: _____ To: _____
Position Title /Duties _____
Hourly Rate _____ Salary _____
Reason for Leaving _____

Phone _____ Fax _____

Name of Supervisor _____
Employer _____
Address _____

From: _____ To: _____
Position Title /Duties _____
Hourly Rate _____ Salary _____
Reason for Leaving _____

Phone _____ Fax _____

Household member #3

Borrower _____
Name of Supervisor _____
Employer _____
Address _____

From: _____ To: _____
Position Title /Duties _____
Hourly Rate _____ Salary _____
Reason for Leaving _____

Phone _____ Fax _____

Household member #4

Co-Borrower/s _____
Name of Supervisor _____
Employer _____
Address _____

From: _____ To: _____
Position Title /Duties _____
Hourly Rate _____ Salary _____
Reason for Leaving _____

Phone _____ Fax _____

Name of Supervisor _____
Employer _____
Address _____

From: _____ To: _____
Position Title /Duties _____
Hourly Rate _____ Salary _____
Reason for Leaving _____

Phone _____ Fax _____

Name of Supervisor _____
Employer _____
Address _____

From: _____ To: _____
Position Title /Duties _____
Hourly Rate _____ Salary _____
Reason for Leaving _____

Phone _____ Fax _____





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CERTIFICATION OF APPLICANT(S)

The Applicant certifies that all information in this application, and all information furnished in support of this application is given for the purpose of determining eligibility under Community Housing of Wyandotte County (CHWC) Inc.'s funding guidelines.

The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of Race, Color, Creed or National Origin in the sale, lease, rental, use or occupancy of the real property assisted. The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right in the event or any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Penalty for false or fraudulent statement: U.S.C. Title 18, Sec. 1001 provides, "whoever, in any matter within the jurisdiction of any Department of Agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years."

I, the undersigned have read and understand the above statements and hereby give this organization Community Housing of Wyandotte County (CHWC) and its staff permission to obtain credit and income verifications and verification of any information stated in this application.

(Date)

(Signature of Applicant)

(Date)

(Signature of Co-Applicant)

(Date)

(Signature of Co-Applicant)





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Affidavit – Income Source

CHWC, INC
COMMUNITY HOUSING OF WYANDOTTE COUNTY
PROGRAM INCOME SOURCE

I, _____, receive income from the following source(s).

- _____ EMPLOYMENT *(all regular, special pay and allowances as member of the armed forces)*
_____ UNEMPLOYMENT *(workers compensation, severance pay – designated type of income)*
_____ RETIREMENT *(periodic payments from annuities, retirement funds, disability or death benefits, insurance policies – designated type of income)*
_____ SELF-EMPLOYMENT
_____ SOCIAL SECURITY
_____ PENSION
_____ CHILD SUPPORT
_____ ALIMONY
_____ SRS *(minus funds designated for shelter and utilities based on source documentation)*
_____ ARMED FORCES
_____ NO Income - Affidavit
_____ OTHER *(including, but not limited to income from, earned income, tax credit, regular gifts from people not residing in the household, interest, dividends, and other net income from real estate, or personal property. Designate the type of income)*

The above checked item(s) are the only income I receive at this time. No other income is received, nor do I have any case(s) pending for payment of any other income. Authorization is given to the Lending Institution(s) to obtain the necessary documentation to verify my income.

Signature

Date

ACKNOWLEDGEMENT

STATE OF KANSAS)
)
COUNTY OF WYANDOTTE) ss.:

On this _____ day of _____, 20 _____, before me
_____, a Notary Public, personally appeared
_____, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in Kansas City, Kansas.

NOTARY PUBLIC WITHIN AND FOR SAID COUNTY AND STATE

My term expires: _____





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Financial Education Offer Letter

Part of this application requirement is your access to Financial Education. All applicants are offered the opportunity to fill out the Financial Education Offer.

What we offer:

- CHWC offers a 24/7 online homebuyer education class at a customary charge of \$99. You will learn about credit, budgeting, saving money for goals and much more. Along with this self-paced training, you will receive individualized financial coaching at no charge from our counseling staff!
- CHWC also offers a 2-hour Financial training class. This class is Free of Charge. Participants learn about credit, budgeting, saving for goals and much more.
- CHWC offers Individualized Financial Counseling/Coaching where helping you reach your financial goal becomes our goal.

Please indicate below which of the service/s you are interested in. We will then schedule you an appointment as soon as available. For our online training, no appointment is needed, just go online www.chwckck.org , signup and begin!

If you would like to decline these services at this time, please indicate that as well.

Thank you.

I, _____ am interested in the training/s on _____ and I would like to schedule a Financial Education/Credit Counseling session ASAP.

Signature, _____ Date _____

I, _____ would like to decline your offer for Financial Education/Credit Counseling at this time.

Signature, _____ Date _____





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Affidavit – Special needs

CHWC, INC
COMMUNITY HOUSING OF WYANDOTTE COUNTY
Special Needs

I, _____, certify that at least one person in my household:

_____ is living with HIV/Aids

_____ is recovering from physical, alcohol or drug abuse

Signature

Date

ACKNOWLEDGEMENT

STATE OF KANSAS)
)
COUNTY OF WYANDOTTE) ss.:

On this _____ day of _____, 20 _____, before me
_____, a Notary Public, personally appeared
_____, to me known to be the person(s) described in and who executed the
foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in
Kansas City, Kansas.

NOTARY PUBLIC WITHIN AND FOR SAID COUNTY AND STATE

My term expires: _____





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CHWC's intake packet (information disclosure, programs & services disclosure, privacy policy, closing disclosure authorization)



Today's Date: _____

Applicant/Co-applicant



General Intake

Full Name (first & last name): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ (Home/Work/Cell) Phone 2: _____

Email Address: _____ Gender(M/F): _____

DOB (mm/dd/yyyy): ____/____/____ Marital Status: _____

Monthly Household Income? _____ Number of people in the home? _____ Number of Dependents? _____

Household Type? _____

Education: _____

Race: _____

Preferred Language (English/Spanish/Other): _____

Are you Fluent in English? _____ Currently: Own____ Rent____ Other____

Ethnicity? _____ Active Military (Y/N)? _____

Do you live in a rural or urban area _____ Veteran(Y/N)? _____

First-Time Home-Buyer(Y/N)? _____ Disabled (Y/N)? _____

**If you have a co-applicant, please fill out another General Intake and mark on the top co-applicant.*

How did you Hear/Learn about **CHWC's services**? _____

Comments: _____

Acknowledgement: By signing below I agree that I was offered/received these documents: CHWC Programs & Services, CHWC Privacy Policy, Information Disclosure Authorization form and the Authorization to Release a copy of my signed Closing Disclosure to CHWC for reporting purposes. I also acknowledge that photos will be taken for promotional purposes (social media, website, etc.)

Name (full name)

Signature

Date





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INFORMATION DISCLOSURE AUTHORIZATION FORM

To Whom it May Concern:

I/We, by signing below, hereby authorize CHWC, Inc. to check/verify any and all information concerning the following for Housing Counseling purposes:

YES	NO	
		• Income/Employment history (dates, title, hours, earnings etc.)
		• Asset Accounts (Checking, Savings, Pension and other asset account records)
		• Rental History/Mortgage loan rating (opening date, beginning and ending balances, monthly payment amount, escrow payments, UPB etc.)
		• Background History/Criminal Background Check
		• Credit Report Check
		• Other information requested as deemed necessary to provide the requested housing counseling services.

This information is for the confidential use of CHWC to evaluate my/our housing needs/goals.

A photographic copy of this authorized document with my/our signatures must be deemed equivalent of the original and is being used as a duplicate of the original.

Please Note: Your prompt return requested information is appreciated.

Applicant	Social Security Number / ITIN	Date
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Co-Applicant	Social Security Number / ITIN	Date
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Updated 9/1/2018



Make a Budget

Use this worksheet to see how much money you spend this month. Then, use this month's information to help you plan next month's budget.

Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

MONTH _____ YEAR _____

My income this month

Income	Monthly total
Paychecks (salary after taxes, benefits, and check cashing fees)	\$
Other income (after taxes) for example: child support	\$
Total monthly income	\$ 0.00
	Income

My expenses this month

	Expenses	Monthly total
HOUSING	Rent or mortgage	\$
	Renter's insurance or homeowner's insurance	\$
	Utilities (like electricity and gas)	\$
	Internet, cable, and phones	\$
	Other housing expenses (like property taxes)	\$
FOOD	Groceries and household supplies	\$
	Meals out	\$
	Other food expenses	\$
TRANSPORTATION	Public transportation and taxis	\$
	Gas for car	\$
	Parking and tolls	\$
	Car maintenance (like oil changes)	\$
	Car insurance	\$
	Car loan	\$
	Other transportation expenses	\$

Make a Budget

	Expenses	Monthly total
HEALTH	Medicine	\$
	Health insurance	\$
	Other health expenses (like doctors' appointments and eyeglasses)	\$
PERSONAL AND FAMILY	Child care	\$
	Child support	\$
	Money given or sent to family	\$
	Clothing and shoes	\$
	Laundry	\$
	Donations	\$
	Entertainment (like movies and amusement parks)	\$
	Other personal or family expenses (like beauty care)	\$
FINANCE	Fees for cashier's checks and money transfers	\$
	Prepaid cards and phone cards	\$
	Bank or credit card fees	\$
	Other fees	\$
OTHER	School costs (like supplies, tuition, student loans)	\$
	Other payments (like credit cards and savings)	\$
	Other expenses this month	\$
Total monthly expenses		\$ 0.00
		Expenses

\$ 0.00 — \$ 0.00 = \$ 0.00
Income **Expenses**

Maybe your income is more than your expenses. You have money left to save or spend.

Maybe your expenses are more than your income. Look at your budget to find expenses to cut.

Print Form



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Programs Services Disclosure

NOTE: *If you have an impairment, disability, language barrier, or otherwise require an alternative means of understanding this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

About Us and Program Purpose: CHWC, INC. is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide pre-purchase educational workshops and a full spectrum of housing counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Client and Counselor Roles and Responsibilities

<u>Counselor's Roles and Responsibilities</u>	<u>Client's Roles and Responsibilities</u>
<ul style="list-style-type: none">• Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.• Preparing a household budget that will help you manage your debt, expenses, and savings.• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.• Neither your counselor nor CHWC's employees, agents, or directors may provide legal advice.	<ul style="list-style-type: none">• Completing the steps assigned to you in your Client Action Plan.• Providing accurate information about your income, debts, expenses, credit, and employment.• Attending meetings, returning calls, providing requested paperwork in a timely manner.• Notifying CHWC or your counselor when changing housing goals.• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
Termination of Services: Failure to work cooperatively with your housing counselor and/or CHWC will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.	

Agency Conduct: No CHWC employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: CHWC has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, NeighborWorks America, Wyandotte County Unified Government (UG), Local Initiatives Support Corporation (LISC), and banks including Federal Home Loan Bank Topeka, Capitol Federal, and Wells Fargo. ***As a housing counseling program participant, you are not obligated to use the products and services of CHWC or our industry partners.***





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Alternative Services, Programs, and Products & Client Freedom of Choice: Services offered here at CHWC are: FBC - Financial Management/Budget Counseling; HIC - Home Improvement and Rehabilitation Counseling; DFC - Mortgage Delinquency and Default Resolution Counseling; PPC - Pre-purchase Counseling; PPW - Pre-purchase Homebuyer Education Workshops. Services are offered via Face to Face Counseling, Phone Counseling and Group Counseling. Please Note that You Are Not Obligated to participate in these or any other CHWC programs and services offered by CHWC while you are receiving housing counseling services from our agency. You may consider seeking and choose alternative products and services from other entities including, but not limited to, the Federal Housing Authority (FHA) for first-time homebuyer loan programs, NHS of KCMO, the Housing Authorities of Wyandotte and Johnson Counties for Rental Housing/Section-8 programs or other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, insurance companies and whatever lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by CHWC and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of CHWC's Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree CHWC, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in CHWC's counseling; and I hereby release and waive all claims of action against CHWC and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, CHWC or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with CHWC grantors such as HUD or NeighborWorks America.





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Privacy Policy

CHWC, Inc. Approved by HUD 2017

NOTE: *If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

Community Housing of Wayandotte County Agency (CHWC, INC.) is committed to ensuring the privacy of individuals and/or families who have contacted us for services. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does CHWC, INC. collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to CHWC, INC. employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct CHWC, INC. to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit CHWC, INC.'s ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please give a written notice to CHWC counselor or other staff





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**AUTHORIZATION FOR CHWC TO OBTAIN A
COPY OF MY CLOSING DISCLOSURE**

To whom it may concern, I/we _____ give my permission for my Mortgage Lender, Title Company, Real Estate Agent/Broker, or my Closing Agent to release a copy of my Final Signed HUD-1 Settlement Statement/Closing Disclosure to CHWC regarding my recent current purchase.

I understand that CHWC is a not-for-profit, a HUD Approved Housing Counseling Agency www.hud.gov, and a member of NeighborWorks America www.nw.org therefore data pulled from this document could be used in our Outcomes Measurements Reporting to these funders.

I also understand that I can revoke this authorization as it applies to any information protected by Federal Regulation, and at any time, but not any time after the action/service has already taken place/been received.

Sincerely,

Signatures _____

Name (Please Print) _____

Date _____

LOAN INFORMATION

Have you met with a Lender about getting a home loan? *Yes / No*

Have you been pre-approved for a loan up to a certain amount? *Yes / No* How much? \$ _____

Lender Name: _____

Loan Officer's Name: _____

Loan Officer's email address: _____

Phone: _____ Fax: _____

