



**NEIGHBORHOOD HOUSING SERVICES
OF DAVENPORT, INC.**

**710 CHARLOTTE STREET,
DAVENPORT, IOWA 52803**

PHONE: (563) 324-1556

FAX: (563) 324-3540



In Order to participate in Neighborhood Housing Services of Davenport, Inc. programs:

- You will be required to provide and disclose **all** household income earned by **all** Household members 18 and over. **All income will be verified.**
- If applicant is married, a spouse may be required to sign a Deed or other documents.
- All Income, Assets, and Liabilities for all parties will be included on Loan Application.
- An attempt to withhold any of the above information will result in a denial of a loan application.
- If this loan involves rehabilitation of your property, you may be required to relocate.
- There is a \$25.00 credit report fee required.

Borrower

Date

Co-Borrower

Date

**NEIGHBORHOOD HOUSING SERVICES OF DAVENPORT, INC.
PERSONAL PROFILE INTAKE FORM**

Purchase _____
Rehab _____

CUSTOMER:

Name				DOB	
Social Security Number					
Street Address					
City		State		Zip	
If at current address less than 2 years, please list all addresses and landlords for the past 2 years					
Cell Phone					
Work Phone					
Email Address					

Marital Status (please circle) : Married Unmarried
Disabled? Yes No
Renting? Please list landlord's name and ph #:

Family/Household Size: _____

Household Members (include all)

Name	SS#	Relationship	DOB	Age

Annual Family or Household Income: \$ _____ (All household members over 18)

Education (please circle one):

Below High School Diploma Two-Year College Graduate Degree
 High School Diploma or Equivalent Bachelors Degree

Referred to Home Ownership Center by (please circle all that apply):

Print Advertisement Bank Government TV
 Staff/board member Walk-In Friend Radio

If you were referred by a bank, which one?

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
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	

EMPLOYMENT: NEED FULL 2 YEAR HISTORY OF EMPLOYMENT!

Employer		Hire Date	
Street Address			
City	State	Zip	
Phone			
Position			
Average hours per week and hourly rate of pay			
How often paid?			
Secondary Employer		Hire Date	
Street Address			
City	State	Zip	
Phone			
Position			
Average hours per week/hourly rate of pay			
How often paid?			

2 - CO-APPLICANT:

Name		DOB	
Social Security Number			
Street Address			
City	State	Zip	
Home Phone			
Cell Phone			
Work Phone			
Email Address			

Employer				Hire Date	
Street Address					
City		State		Zip	
Phone					
Position					
Average hours per week/hourly rate of pay					
How often paid?					

Please list all previous employers for the past 2 years here, along with position, dates worked and employer's phone number, if you have been at your current position for less than 2 years:

APPLICANT QUESTIONNAIRE

APPLICANT DOCUMENT CHECKLIST

THIRD PARTY DOCUMENTATION

Yes	No	Indicate 1 – Borrower, 2 – Co-Borrower, 3 Both, 4 – Other (explain which member of household)		
		I am entitled to file a tax return	2 most recent tax returns w/W2's	tax transcripts
		I am currently a student - (please circle) (a) full-time (b) part-time	Current Transcript/letter from school	
		I am presently employed and receive wages/tips/commissions	3 most recent paystubs	Verification of Employment
		I am self employed	Schedule "C" and tax returns	tax transcripts
		I own a business	Current Profit and Loss Statements	tax transcripts
		I currently am on leave of absence from work	Letter from employer	
		I currently receive unemployment benefits	2 most recent statements from agency	Verification of Benefits
		I have a savings account	2 most recent statements	Verification of Deposit
		I have a checking account	2 most recent statements	Verification of Deposit
		I have a money-market account	2 most recent statements	Verification of Deposit
		I own a certificate of deposit(CD)	2 most recent statements	Verification of Deposit
		I own stocks/bonds	2 most recent statements	Verification of Deposit
		I own real estate or I am in the process of selling real estate	mortgage statement	Verification of Mortgage
		I have sold or gifted property or other assets in the past 2 years	What was the value and price	
		I have an IRA (not yet receiving income)	2 most recent statements	Verification of Benefits
		I have a pension plan at work(not yet receiving income)	2 most recent statements	Verification of Benefits
		I receive Social Security Income - (please circle) (a) for myself (b) for another member of the household	recent Benefit letter from Social Security	Verification of Benefits
		I receive income from a pension/annuity/retirement fund	2 most recent statements	Verification of Deposit
		I receive money periodically from my family, church, friends, etc.	letter detailing amount and frequency	Verification of recurring cash cont.
		I am entitled to receive child support	proof of last 12 months payments	verification of Child Support
		I am currently paying child support	proof of last 12 months payments	verification of Child Support
		I am entitled to receive alimony	proof of last 12 months payments	Verification of Alimony and Separation
		I am currently paying alimony	proof of last 12 months payments	Verification of Alimony and Separation
		I receive AFDC/TANF	Most recent benefits letter	Verification of Public Assistance
		I receive assistance from a Public Housing Authority	Most recent benefits letter	Verification of Public Assistance
		I receive Supplemental Social Security	Most recent benefits letter	
		I receive Workman's Compensation	2 most recent statements	Verification of Benefits
		I have a trust fund	2 most recent statements	Verification of recurring trust pymt

Valid Form of ID for every household member over 17

Please answer the following Questions for (1) Borrower, (2)Co-Borrower, (3)Joint and all members of the household 18 and over(4).

1. Have You ever filed Bankruptcy?		Date of Discharge		
2. Do You have a Mortgage?		Loan #		
Name of Financial Institution				
Street Address				
City	State	Zip		
Are Taxes and Insurance Escrowed?				
3. Do You own any other property?				
If So – Address?				
4. Housing Expenses	Monthly \$	Are you current on your payments?	<div style="border: 1px solid black; padding: 5px;"> <p>Report average cost, only include property Taxes and insurance if NOT included in your House payment as escrow.</p> </div>	
Rent/Mortgage Amount				
Property Taxes				
Insurance				
Gas/Electric				
Water(quarterly)				
Sewer(quarterly)				
Other				
5. All Other Expenses	Monthly \$	Balance	<div style="border: 1px solid black; padding: 5px;"> <p>Explain:</p> <p>All Non-housing expenses, credit cards, Include payment(s) to doctors, hospitals, Pharmacies and child care payments.</p> <p>Please use additional sheets if necessary</p> </div>	
7. Savings/Checking/Assets Indicate Financial Institution	Type	Acct #	Balance	<div style="border: 1px solid black; padding: 5px;"> <p>Indicate 1 – Borrower, 2 – Co-Borrower, 3 Both, 4 – Other (explain which member of household)</p> <p>List savings, checking, Savings Certificates, Money Market funds, Equity in real property, Capital Investments, trusts that are available to household, IRA, KEOGH, and similar retirement Savings accounts; company Retirement/pension funds that Can be withdrawn without retiring Or terminating employment; Inheritances, capital gains, lottery Winnings, insurance settlements Personal property held as an Investment (gems, jewelry, coin collections, antique cars, etc.); cash value life insurance policies.</p> </div>
<i>Example: Bank of Midwest</i>	<i>Savings</i>	<i>654321</i>	<i>100.00</i>	<i>3 joint</i>

8. *If you have assets which were not included previously, please list the approximate value: Include auto's, motorcycles, RV's, etc.*

Description	Value	Indicate 1 – Borrower, 2 – Co-Borrower, 3 Both, 4 – Other (explain which member of household)

NHS of Davenport does business in accordance with the Federal Fair Housing Law which states that all people have freedom from discrimination because of race, color, religion, creed, sex, sexual orientation, gender identity, national origin or ancestry, age, mental or physical disability, marital status and familial status (in housing only) in the areas of employment, housing, public accommodation and credit.

AUTHORIZATON

I authorize NHS Home Ownership Center 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 or a rehab loan to repair real property.*
- (b) Pull my credit report and review my credit file for informational inquiry purposes; and*
- (c) Obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who makes me a loan or the title company that closes the loan.*
- (d) Request and obtain verifications related to employment, rental/mortgage payment history, deposit, and benefits.*
- (e) multiple credit report charges may be required for the processing / final approval of this file.*

Customer

Date

Co-Applicant

Date

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors, or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; **Acknowledgement. Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate purpose through any source, including a source named in this application or a consumer reporting agency.**

ATTACHMENT II

CDBG Initial Eligibility Worksheet:

This worksheet must be completed in its entirety in order to be considered for program consideration.

How many people live in your household? _____

Are you or is anyone else in your household a veteran? If so, please describe status _____

What is the total income of your household? \$ _____

(This amount includes income from wages, salaries, child support, social security, pensions, and public assistance)

M _____ F _____ Single Head of Household Y _____ N _____

Do You consider yourself Hispanic? Yes No

Race (please circle)

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

AGENCY USE ONLY

Household Size _____

Annual Household Income Category(circle one):

Very Low (30% and lower)

Low(31% to 50%)

Moderate(51% to 80%)

Staff Member _____ Date _____

Questionnaire:

If Applying for Home Purchase Loan:

- Have you identified a property? If so, address: _____
- Have you completed the DREAM Home Buyer Education Course at United Neighbors? If so, attach copy of certificate. If not, call (563)322-7363 to register for classes
- What amount of mortgage payment (principal, interest, taxes, and insurance) would you feel comfortable with?
- A MINIMUM 3.5% down payment is required for a home purchase loan.

If Applying for a Home Rehab Loan:

- **Please describe the repairs you would like completed –**



Neighborhood Housing Services

Frequently Asked Questions

1. What is the Mission?

The purposes for which the corporation is organized are; to promote and sustain home ownership for low and moderate income individuals and families, to renew pride, restore confidence, promote reinvestment, and revitalize neighborhoods.

2. What does NHS do?

NHS offers varying programs dependent on the needs identified in the community. NHS offers assistance with homeownership (Conventional, FHA, USDA, and VA) loans, refinance loans, exterior rehab loans, and grants. The programs available vary. If you are interested in a specific program please come into the office to learn more.

3. I would like to buy a home, What do I do?

Congratulations, buying a home is a very exciting time of your life. There are many steps involved when you are considering purchasing a home.

- a. You want to start by coming into the office and picking up a home purchase intake packet.
- b. Complete the intake packet and gather all required attachments.
- c. Attend the Homebuyers Education course at United Neighbors, 808 Harrison, (563)322-7363.
- d. Our loan officers will evaluate your credit situation and determine a plan for you to meet your goal of homeownership.
- e. Once the goals identified in your plan are complete NHS will work with you to determine possible lending options.

4. Once I have received my preapproval for a purchase loan how do I proceed?

- a. Begin looking for a home, keep in mind that all NHS programs have requirements to meet minimum standards. If you find a home that does not meet standards you may be required to obtain an FHA 203(k) Mortgage loan, or the repairs may need to be completed prior to closing.
- b. If your preapproval is for an FHA eligible property please let your realtor or attorney known as the offer needs to contain language regarding the condition meeting FHA guidelines.
- c. You will be provided with a list of contingencies that need to be attached to any offer.

d. The process then involves extensive underwriting. NHS loan officers work with underwriters to determine all of the additional items that must be completed prior to closing. This is sometimes a long process, NHS staff will do our best to keep you updated, but much of this process is done by underwriters for lenders.

5. I have questions or do not understand the loan documents. Who do I contact?

If you do not understand the loan documents provided at any time during the application feel free to contact our Mortgage Loan Originator – Brook Hayes Upton at NHS 563 324 1556. NMLS#124151

6. I own my home and would like to apply for a loan/grant for exterior repairs (i.e. roof, siding, windows, etc.) What do I do?

Contact NHS for an intake form so we can determine if you qualify for any of our loan/grant repair programs at 563-324-1556

7. I have an emergency repair necessary on the home that I own, What do I do?

NHS does have emergency funds available but the funds are extremely limited. You need to come into the office and fill out a rehab loan intake packet, return the form with all required attachments and a letter demonstrating your hardship.

8. I would like to become involved with NHS, What do I do?

NHS is an organization made up of committees that identify our programs, determine our focus, and provide oversight of the organization. We would love for you to consider serving on a committee to assist the organization in meeting our mission. Feel free to contact us at (563)324-1556 for more information.