



400 West Main Street, Suite 408  
 Durham, NC 27701

Phone: 919-683-1185 Fax: 919-688-0082

Website: [dahc.org](http://dahc.org)

Instructions: Please fill out the first three pages of this form. Then read and sign the following forms: *Government Monitoring Purpose, Client Conflict of Interest Disclosure Statement, Credit Report Authorization and Counseling Agreement.* Bring the following information to your 1<sup>st</sup> counseling session:

- Your most recent pay stubs – if married need both husband and wife stubs( \*also anyone over 18yrs old working and living in the household)
- Your most current credit report
- Copy of working budget – inside Pre-Purchase Application package
- **Be sure to come a few minutes early for your first appointment and to give at least 24 hours notice if you need to cancel!**

## PRE-PURCHASE APPLICATION FORM

**GENERAL INFORMATION**

**DATE:** \_\_\_\_\_

Name

Social Security #

Date of Birth

Co-Borrower / Spouse Name

Social Security #

Date of Birth

Address

City

State

Zipcode

Home Phone #

Work Phone #

Co-Borrower / Spouse home Phone #

Work Phone #

Marital Status:

Married \_\_\_\_\_ Legally Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**DEPENDENTS:**

Name / Age	Name / Age
Name / Age	Name / Age
Name / Age	Name / Age

**RESIDENTIAL INFORMATION**

Name of Current Landlord \_\_\_\_\_

Address Name of Current Landlord \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

Time Lived at Above Address: \_\_\_\_\_ If less than two years, Previous Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Name and Address of Previous Landlord \_\_\_\_\_

Are you Currently in Public Housing Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT AND INCOME**

**APPLICANT'S INCOME:**

Hourly rate: \$ \_\_\_\_\_ Week: \$ \_\_\_\_\_ Semi-Monthly: \$ \_\_\_\_\_

Bi-weekly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address ( Personnel Dept. ): \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Length of time at Current Employment: \_\_\_\_\_

If less than two years, previous employment:

\_\_\_\_\_  
Previous employment Dates of Employment

**CO-APPLICANT'S INCOME:**

Hourly rate: \$ \_\_\_\_\_ Week: \$ \_\_\_\_\_ Semi-Monthly: \$ \_\_\_\_\_

Bi-weekly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address ( Personnel Dept. ): \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Length of time at Current Employment: \_\_\_\_\_

If less than two years, previous employment:

\_\_\_\_\_  
Previous employment Dates of Employment

## Durham Affordable Housing Coalition Monthly Household Budget

ITEM	APPLICANT PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
<b>Monthly Income</b>				
Work				
Social Security Income				
Alimony				
Child Support				
Other: _____				
<b>Housing Costs</b>				
Mortgage or Rent				
2 <sup>nd</sup> Mortgage				
Electric				
Phone				
Cell Phone				
Water/Sewer				
Fuel gas or oil				
Trash removal				
Cable/Satellite				
Maintenance/repairs				
Other: _____				
<b>Automobile(s)</b>				
Payment 1				
Payment 2				
Insurance				
Gas				
Maintenance				
Licensing				
Other: _____				
<b>Insurance</b>				
Homeowners				
Auto				
Health/Dental				
Life				
Other: _____				
<b>TOTAL THIS PAGE</b>				

## Durham Affordable Housing Coalition Household Budget

ITEM	PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
<b>Food and Groceries</b>				
Groceries				
Meals outside the home				
Other: _____				
<b>Professional Fees</b>				
Physician				
Dentist				
Eye Care				
Hair Grooming				
Other: _____				
<b>Taxes</b>				
Federal				
State				
Other: _____				
<b>Savings</b>				
Checking				
Savings				
Retirement				
401(K)				
Stock				
Bonds				
Other: _____				
<b>TOTAL THIS PAGE</b>				

Cash Available for Down Payment / Closing Cost: Amount: \$ \_\_\_\_\_

## Durham Affordable Housing Coalition Monthly Household Budget

ITEM	PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
<b>Clothing</b>				
Purchases				
Cleaning and repair				
Other: _____				
<b>Loans</b>				
Credit Card 1				
Credit Card 2				
Credit Card 3				
Credit Card 4				
Credit Card 5				
Credit Card 6				
Credit Card 7				
Credit Card 8				
Other: _____				
Other: _____				
Other: _____				
<b>Contribution/Gifts</b>				
Charity				
Church				
Other: _____				
<b>TOTAL THIS PAGE</b>				

## Durham Affordable Housing Coalition Monthly Household Budget

ITEM	PAID TO:	MONTHLY AMT.	SPOUSE PAID TO	MONTHLY AMT.
<b>Legal Obligations</b>				
Alimony/Child Support				
Payment/liens/judgments				
Other: _____				
<b>Miscellaneous</b>				
Dues				
Health Club				
Postage				
Child Tuition				
School Loans				
Other: _____				
<b>Total this page</b>				
<b>Total, page 1</b>				
<b>Total, page 2</b>				
<b>Total, page 3</b>				
<b>GRAND TOTAL</b>				



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INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor 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.

BORROWER
I do not wish to furnish this information

CO- BORROWER
I do not wish to furnish this information

RACE / NATIONAL ORIGIN:
BORROWER:

RACE / NATIONAL ORIGIN:
CO-BORROWER:

- American Indian
Black, Non-Hispanic
White, Non-Hispanic
Hispanic
Asian
Other

- American Indian
Black, Non-Hispanic
White, Non-Hispanic
Hispanic
Asian
Other

SEX: Male Female

SEX: Male Female

CERTIFICATION:

I certify that all of the above information is correct and true to the best of my knowledge. I understand that

false or misleading information may be grounds for rejection of my application. I hereby authorize the Housing Counselor, Inc. to obtain a Credit Bureau Report in my name, and/ or request verification of income and residence.

Applicant's Signature

Date

Co-Applicant's Signature

Date



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## CLIENT CONFLICT OF INTEREST DISCLOSURE STATEMENT

From time to time **Durham Affordable Housing Coalition** makes our clients aware of products and/or services that we believe offer good value to our clients. These products and/or services might be available directly from **Durham Affordable Housing Coalition**, from lenders, developers, or other agencies with which **Durham Affordable Housing Coalition** has a working relationship, including but not limited to the attached list. You are under no obligation to use the products and/or services identified by **Durham Affordable Housing Coalition**, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product, or home, from any entity regardless of the recommendations made by the **Durham Affordable Housing Coalition** representative and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with **Durham Affordable Housing Coalition** and to determine whether the counseling is suitable for you. The individual action plan and direction of our counseling sessions will be based on the housing counseling action plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time for any reason.

I have reviewed the above and accept and agree to the above stated conflict of interest and disclosure policy. Every client is required to sign this statement, indicating they have read and understand its contents.

I \_\_\_\_\_ (please print name) certify that I have read and understand the above statement. Any questions I may have had were previously discussed with my counselor and answered to my satisfaction. I have provided with a copy of this disclosure statement.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor Signature**

\_\_\_\_\_  
**Date**

Copy: Client  
Case File

Attachment

Pluto/HUD Counseling/Forms for counseling appointments/Pre-Purchase Application & Consent forms



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CREDIT REPORT AUTHORIZATION

NAME: \_\_\_\_\_
FIRST MIDDLE LAST

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SPOUSE SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SPOUSE DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I (WE) hereby give permission to pull my (our) credit report (maximum of 3 times during counseling period) for the purpose of my (our) application for assistance in regards to my home or my loan through the Durham Affordable Housing Coalition.

All information will be kept confidential between my Counselor and me. I further understand that Durham Affordable Housing Coalition will be held harmless for information received in this credit report.

\*Both signatures are required if joint report is requested.

Client Signature

Date

Spouse Signature

Date



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## COUNSELING AGREEMENT

In order to solve specific housing and other related problems, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on his/her behalf in order to improve his/her housing situation and obtain necessary services.

The applicant understands that any and all information that is required to obtain the help needed, and must be supplied by the applicant. The applicant further authorizes the counselor to obtain other information from outside sources (*including a credit report from one or all of the three credit reporting agencies*) when necessary. The need to exchange information or pass on information is also recognized by the client. It is further understood by the applicant that information obtained will be used to assist applicant in obtaining their housing needs.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interest of the applicant.

I \_\_\_\_\_, give authorization to Durham Affordable Housing Coalition to exchange and obtain information in regards to:

\*If foreclosure, please provide the Loan No. # \_\_\_\_\_

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor Signature**

\_\_\_\_\_  
**Date**

Copy given to applicant \_\_\_\_\_ yes \_\_\_\_\_ no