Applicant Information(Pl	ease incl	ude Co-/	Applicant informat	ion on right	:)	Co-Applicant Inform	nation					
Social Security No.						Social Security No.	······································					
Full Name					-	Full Name						
Street Name					-	Street Name						
Home Phone		Work P	hone			Home Phone		<u>ا</u>	Work Pl	none		
Are You a U.S. Citizen? Yes 🗌 No Date of Birth						Are You a U.S. Citizen? Yes 🗌 No Date of Birth						
Marital Status⊡ Single □ M	arried 🗆 S	Separate	d Divorced Oth	ner		Marital Status Single	e 🗆 Marrieo	I 🗆 Se	parated	d Divorced Oth	er	
Email Address					_	Email Address						
Employment Information Include other sources of inc child support, alimony, etc.	come suc	h as soc	ial security, disabil	ity income,		Employment Inforn Include other sources child support, alimon	s of income	such	as soci	al security, disabili	ty income,	
Source of Income/Employer	Hours per Week	Rate of Pay	Dates of Employment (Month, Day & Year) From To	t Monthly Income Before Taxes		Source of Income/Emp		s per ek	Rate of Pay	Dates of Employment (Month, Day & Year) From To	Monthly Income Before Taxes	
Have you owned a home before?						_ Have you owned a home before?						
What is your current rental						What is your current						
How long have you lived at Who is your landlord?	•					How long have you li Who is your landlord						
List all debts, such as car pa loans, furniture bills. Also in your paycheck.Include any if applicable.(Attach additional	íclude an debts for	y debts which y	and/or payments o	deducted fro	om t	List all debts, such as loans, furniture bills. <i>I</i> your paycheck.Includ if applicable.(Attach add	Also includ e any debt	e any 5 for w	debts a /hich yo	and/or payments o	leducted fro	
Creditors		Mo	onthly Payment Amt.	Balance Due		Creditors Mor			nthly Payment Amt.	Balance Due		
List cash available such as o 401K, etc. toward a down p				counts,		List cash available suc 401K, etc. toward a de					counts,	
		stimated Balance	Type of Acco (Checking, Sav			Bank or Type of Savings		Estimated Balance		Type of Account/Bank (Checking, Savings, etc.)		
Please list all other household members and the Name				r Income®ttach additional page Relationship		Date of Birth		ecurity	Number	Monthly	Monthly Income	
										\$		
										\$		
										\$		
										\$		
Program Monitoring Info	ormatior is reques	า ted for p	orogram monitorin	g purposes.	You	are not required to fur	nish this in	^f orma	ition.			
Applicant: Sex: 🗆 Mal Race / Nation		emale n: 🗌 Ame	rican Indian or Ala	skan Native	Bla	ck, Non-Hispanic 🛛 W	′hite, Non-I	lispar	nic 🗆 H	lispanic 🗌 Othe	r	
Co-Applicant: Sex: 🗆 Ma	le 🗆 Fe	emale										

Race / National Origin: 🗆 American Indian or Alaskan Native Black, Non-Hispanic 🗌 White, Non-Hispanic 🗌 Hispanic 🗌

If you were referred by your Realtor, please list: Name_____

Certification (PLEASE SIGN BELOW)

I certify that all of the above information is correct and true to the best of my knowledge. I understand that the information is to be used in assessing my readiness for homeownership. I understand that false of misleading information will affect my program eligibility. I understand that the completion of this form in no way guarantees assistance with housing. I understand that this is an application for counseling services and not an application for a mortgage loan.

Authorization

I hereby authorize National Foundation for Debt Management ("NFDM") to obtain a credit report in my name. I am aware that in connection with counseling me relative to determining my readiness for homeownership, NFDM will obtain information about me, including, but not limited to, employment history and income, bank, money market and similar accountbalances, credit history, and identification of debts owed by me.

Company

Phone