



Thank you for your interest in Neighborhood Housing Services (NHS). NHS is a private, non-profit organization dedicated to assisting renters in becoming first time homebuyers and persons who are homeowners in the renovation or repair of their homes.

The first step to becoming a part of NHS' homebuyer program is to complete a pre-enrollment packet. The checklist below provides additional details. Completed packets can be submitted to NHS in person on **Tuesdays from 9:00 a.m. - 5:00 p.m.** or mailed to us at the address listed below.

PRE-ENROLLMENT CHECKLIST

A pre-enrollment packet contains the information listed below. Incomplete packets with missing and/or insufficient information **will not** be processed.

ENROLLMENT QUESTIONNAIRE

Complete the attached enrollment questionnaire. This form will be used to determine your eligibility/readiness for the homebuyer program. Please make sure that all areas of the form are completed and the form is signed.

PROOF OF INCOME

Proof of income must be provided for all members of the household. Please provide copies of these documents. Original documents will not be accepted.

Types of income include but are not limited to the following sources:

- Employment- pay stubs to verify current monthly income or verification letter from employer
- Disability income (SSI) - award letter(s) for current year
- Self-employment – current and/or year-to-date "Profit & Loss" Statement
- Retirement income - copy of monthly check and/or verification of payment
- Child support – support order or judgment with payment details
- Prior year's Federal Income Tax Return with W-2s, 1099s and/or annual income verification

PROCESSING FEE (INCLUDES TRI-MERGE CREDIT REPORT)

\$50.00 - Single Applicants or \$80.00 - Joint (Married) Applicants

Payments should be made via check or money order made payable to ***Neighborhood Housing Services or NHS***. Debit cards are also accepted. NHS will not accept cash. **Processing fees are non-refundable.** Credit reports from outside sources are not accepted.

PHOTO IDENTIFICATION

Current Driver's License, State Issued I.D. or Military Identification card are acceptable. Employer and/or student I.D. cards are not accepted. Proof of identification should also be submitted for the co-applicant (if applicable).

Completed pre-enrollment packets will be reviewed by a housing administrator **within 48 hours** of submission. Applicants will be notified regarding their eligibility status for the program and their next course of action within **five (5)** business days.



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Homeownership Program - Enrollment Questionnaire

Applicant Information				
First Name:		Last Name:		
Middle Name:		Name Suffix: JR SR III IV		
Street Address:				
City & State:		Zip Code:		
Home Phone:	Work Phone:	Cell Phone:		
SSN:		Birth date:		
Email Address:		Handicapped?	Veteran?	Active Military?
Gender:		Female Headed Household?		
Education: (Please circle highest level completed) Below High School High School Diploma or Equivalent				
Vocational/Technical Two-Year College/Associate Degree Bachelor's Degree Graduate Degree				
Marital Status: (please circle) Single Married		Race: (please circle) White Black Hispanic		
Divorced Separated Widowed Other		Asian American Indian Native-American Other		
Do you live in a rural area?		Is English your first language?		
First-time buyer?	Housing Choice Voucher?	Current Housing Arrangement? Rent Own		
		Living w/family Homeless Other		
Family Household Size: Include self & co-applicant (if any)		Annual Household Income: (all sources)		
Employment Information (all jobs within the past two years and all types of income in the household)				
Employer/Income Source	Hours/week	Rate	Dates of Employment	Monthly Income (pre-tax)
Liabilities/Debt (include credit cards, loans and/or any debts for which you co-signed; include child support obligations)				
Creditor Name	Monthly Payment		Total Balance Due	

Assets (List all checking, savings, credit union accounts, CDs, 401Ks and other down payment resources for household.)			
Bank Name:		Estimated Balance:	
Co-Applicant Information (if applicable)			
First Name:		Last Name:	
Middle Name:		Name Suffix: JR SR III IV	
Street Address:			
City & State:		Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	
SSN:		Birth date:	
Relationship to applicant:		Race: (please circle) White Black Hispanic Asian American Indian Native-American Other	
Gender:		Handicapped?	Veteran?
		Active Military?	
Additional Information			
Are you currently in Chapter 13 bankruptcy? (If yes, when did it begin?)			
Have you had a Chapter 7 bankruptcy? (If yes, when was it discharged?)			
Have you owned a home within the last three (3) years?		Do you currently have a contract on a house?	
Authorization			
<p>I authorize NHS' HomeOwnership Center to:</p> <ul style="list-style-type: none"> (a) Obtain my credit report to review my credit file for assessment in connection with my pursuit on a loan to purchase real property: (b) Obtain 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 made me a loan or the title company that closed the loan. <p>I certify that all of the information provided herein is true and correct and that all household income is reported. I understand that this information is subject to verification by this agency, the City of New Orleans, and the U.S. Department of Housing and Urban Development (HUD) and its affiliates and/or agents for the purpose of determining my eligibility for participation in the HUD-funded program that is administered by Neighborhood Housing Services. I further understand that deliberate misrepresentation of the required information may subject me to dismissal from the program and prosecution under applicable local, state and federal laws.</p>			
Applicant:		Date:	
Co-Applicant:		Date:	