

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 am - 4:00 pm or mailed to us at the address listed below.

PRE-ENROLLMENT CHECKLIST

The 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 judgement with payment details
 - Prior year's Federal Income Tax Return with W-2s, 1099s and/or annual income verification
- ☐ **PROCESSING FEE (INCLUDE 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**. Debt 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.

HOMEOWNERSHIP PROGRAM ENROLLMENT QUESTIONNAIRE



Applicant Information (Please include Co-Applicant information on right)

Social Security _____ - _____ - _____
Full Name _____
Street Name _____

Home Phone _____ Work Phone _____

Are you a U.S. Citizen? ☐ Yes ☐ No Date of Birth _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Other _____

Email Address _____

Employment Information: (include jobs for past two years)

Include other sources of income such as social security, disability income, child support, alimony, etc. (attach additional pages as needed).

Source of income/Employer	Hours per week	Rate of Pay	Dates of Employment (Month, Day, Year) From - To	Monthly Income Before Taxes

Have you owned a home before? _____

What is your current rental payment? _____

How long have you lived at your current residence? _____

Who is your landlord? _____

List all debts, such as car payments, credit cards, personal loans, student loans, furniture bills, etc. Include any debts and/or payments deducted from your paycheck. Include any debts for which you co-signed and child support is applicable (attach additional pages as needed).

Creditors	Monthly Payment Amount	Balance Due

List cash available such as: checking, savings, credit union accounts, 401k, etc. toward a down payment: (include additional pages as needed)

Bank / Savings Type	Estimated Balance	Type of Account / Bank

Program Monitoring Information

The following information is requested for program monitoring purposes. You are not required to furnish this information.

Applicant Sex: ☐ Male ☐ Female
Race / National Origin: ☐ American Indian or Alaskan Native ☐ Black, Non-Hispanic
☐ White, Non-Hispanic ☐ Hispanic ☐ Other _____

Do you reside in a NHS-owned, multi-family property? ☐ Yes ☐ No If yes, which one _____

If you were referred by your Realtor, please list: Name _____ Company _____ Phone _____

Please list all other household members and their incomes: (Attach additional pages as needed)

Name	Relationship	Date of Birth	Social Security Number	Monthly Income
				\$
				\$
				\$

Certification (Please Sign Below)

I certify that all of the information above is correct to the best of my knowledge. I understand that the information obtained is used in assessing my readiness for homeownership. I understand that false or misleading information will affect my program eligibility. I also 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 that this is not an application for a mortgage loan.

Authorization

I hereby authorize Neighborhood Housing Services of New Orleans (NHS) to obtain a credit report in my name. I am aware that in connection with counseling me relative to determining my readiness for homeownership, NHS will obtain information about me, including, but not limited to: employment history and income, bank, money market, and similar account balances, credit history, and identification of debts owed by me. I am aware that NHS may reproduce and share information obtained about me with its mortgage brokering/lending staff. I am aware that I may object to NHS sharing information it obtains about me in the capacity as a homeownership readiness counselor with NHS's mortgage brokering/lending staff. If I object, NHS will not share my information with NHS's mortgage brokering/lending staff.

_____ Please initial here if you DO NOT wish to share your information with NHS's mortgage brokering/lending staff.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

CO-Applicant Information

Social Security _____ - _____ - _____
Full Name _____
Street Name _____

Home Phone _____ Work Phone _____

Are you a U.S. Citizen? ☐ Yes ☐ No Date of Birth _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Other _____

Email Address _____

Employment Information: (include jobs for past two years)

Include other sources of income such as social security, disability income, child support, alimony, etc. (attach additional pages as needed).

Source of income/Employer	Hours per week	Rate of Pay	Dates of Employment (Month, Day, Year) From - To	Monthly Income Before Taxes

Have you owned a home before? _____

What is your current rental payment? _____

How long have you lived at your current residence? _____

Who is your landlord? _____

List all debts, such as car payments, credit cards, personal loans, student loans, furniture bills, etc. Include any debts and/or payments deducted from your paycheck. Include any debts for which you co-signed and child support is applicable (attach additional pages as needed).

Creditors	Monthly Payment Amount	Balance Due

List cash available such as: checking, savings, credit union accounts, 401k, etc. toward a down payment: (include additional pages as needed)

Bank / Savings Type	Estimated Balance	Type of Account / Bank