

# First Home Club

Dear Future Homeowner:

Thank you for your interest in the First Home Club program offered through Astoria Bank, HSBC Bank USA, N.A., First Niagara Bank, M&T Bank and PCSB Bank. We are so happy to have the opportunity to help you make the American Dream come true!

Please complete the following forms and collect all of the documents required as reflected on the Document Checklist (next page). Once you have done this, please send back the forms and documents to the dedicated CHI First Home Club Administrator (page 2). They will then guide you on the next steps in the process and answer any questions you may have.

CHI is proud to assist you to make your first time home-buying as painless as possible and is excited that you are planning to take advantage of the First Home Club program's grant of up to \$7500.

# First Home Club

## Document Checklist

Name(s): \_\_\_\_\_

1. \_\_\_\_\_ **Complete Registration Form** (*enclosed*)
  - *Complete, Sign & Date*
  
2. \_\_\_\_\_ **COPIES of the following:**
  - *Last 2 Years W2s*
  - *Last 2 Years Federal 1040 Signed Tax Returns, (no state returns)*
  - *1 month of current, consecutive pay stubs showing year to date earnings (2 if paid bi-weekly ;4 if paid weekly)*
  - *Documentation for all other income (e.g. disability, unemployment, social security, etc)*
  - *2 years of Business tax returns and a current year-to-date schedule C /P&L for self-employed prepared by an accountant or tax preparer. Teachers: contracts required*
  
3. \_\_\_\_\_ **Child Support Documentation**
  - *Complete Child Support Statement (enclosed)(even if not receiving support)*
  - *Legal documents verifying support amount (court order or divorce decree)*
  
4. \_\_\_\_\_ **First Home Club Terms and Conditions** (*enclosed*)
  - *Signature required*
  
5. \_\_\_\_\_ **Credit Report Authorization Form** (*enclosed*)
  - *Complete, Sign & Date*
  
6. \_\_\_\_\_ **Homebuyer Education Certificate** (*to be sent later*)
  - *Required before the completion of the Savings Program, issued by an approved housing agency*

### Returning your completed package:

Please return the completed enrollment package, credit report fee and copies of the above documentation to your dedicated CHI's Homeownership Counselor and First Home Club Administrator:

Community Housing Innovations, Inc.  
(Homeownership Dept)  
75 South Broadway, Suite 340  
White Plains, NY 10601

Please email us at [tmonroe@communityhousing.org](mailto:tmonroe@communityhousing.org) if you would like to go over the package or have any questions!



# First Home Club

## Registration Form

### APPLICANT

First	Middle Initial	Last Name	
Mailing Address	City	State	Zip
Home Ph#	Cell Ph#	Work Ph#	
Email Address	County		
Age	Soc Sec #	Marital Status: Single, Married, Separated, Divorced	

### CO-APPLICANT

First	Middle Initial	Last Name	
Mailing Address	City	State	Zip
Home Ph#	Cell Ph#	Work Ph#	
Email Address			
Age	Soc Sec #	Marital Status: Single, Married, Separated, Divorced	

### LIST ALL OTHERS LIVING IN HOUSEHOLD *(not including names above)*

<u>First &amp; Last Names</u>	<u>Age</u>	<u>Relationship</u>	<u>Student?</u>	<u>Earn/Receive \$?</u>	<u>Comments</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Bank Branch Location most convenient= \_\_\_\_\_

# First Home Club

## Registration Form

### APPLICANT'S EMPLOYMENT *(submit 1 months of consecutive, current paystubs, 2yrs W-2s & Federal 1040s)*

_____ Employer Name	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Student
_____ Mailing Address (Human Resources)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
_____ City	_____ Position	_____ Start Date
_____ State		
_____ Zip		
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Hourly Rate: _____
Check all that apply to your annual pay: <input type="checkbox"/> Overtime <input type="checkbox"/> Commission <input type="checkbox"/> Bonus <input type="checkbox"/> Other _____		Hours Worked per Week: _____
2 <sup>nd</sup> job Employer Name & Start Date: _____	\$Monthly Amt: _____	P/T? _____

### APPLICANT'S PREVIOUS EMPLOYMENT OR UNEMPLOYMENT *(provide W-2s, 1099Gs)*

_____ Employer Name/Agency/Institution	_____ Position/Full/Part Time	_____ Start Date	_____ End Date
_____ Employer Name/Agency/Institution	_____ Position/Full/Part Time	_____ Start Date	_____ End Date
_____ Employer Name/Agency/Institution	_____ Position/Full/Part Time	_____ Start Date	_____ End Date

### CO-APPLICANT'S EMPLOYMENT *(submit 1 months of consecutive, current paystubs, 2yrs W-2s & Federal 1040s)*

_____ Employer Name	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Student
_____ Mailing Address (Human Resources)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
_____ City	_____ Position	_____ Start Date
_____ State		
_____ Zip		
Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Hourly Rate: _____
Check all that apply to your annual pay: <input type="checkbox"/> Overtime <input type="checkbox"/> Commission <input type="checkbox"/> Bonus <input type="checkbox"/> Other _____		Hours Worked per Week: _____
2 <sup>nd</sup> job Employer Name & Start Date: _____	\$Monthly Amt: _____	P/T? _____

### CO-APPLICANT'S PREVIOUS EMPLOYMENT OR UNEMPLOYMENT *(provide W-2s, 1099Gs)*

_____ Employer Name/Agency/Institution	_____ Position/ Full/Part Time	_____ Start Date	_____ End Date
_____ Employer Name/Agency/Institution	_____ Position/ Full/Part Time	_____ Start Date	_____ End Date
_____ Employer Name/Agency/Institution	_____ Position/ Full/Part Time	_____ Start Date	_____ End Date

# First Home Club

## Registration Form

### APPLICANT'S OTHER INCOME

Type	Monthly	Comments	Type	Monthly	Comments
Alimony	\$ _____	_____	Section 8	\$ _____	<u>not included in income</u>
Child Support	\$ _____	_____	Social Security	\$ _____	_____
Disability	\$ _____	_____	SSI/SSD	\$ _____	_____
Insurance	\$ _____	_____	Unemployment	\$ _____	_____
Interest	\$ _____	_____	VA Benefits	\$ _____	_____
Pension	\$ _____	_____	Workers Comp.	\$ _____	_____
Public Assist	\$ _____	_____	Other	\$ _____	_____

### CO-APPLICANT'S OTHER INCOME

Type	Monthly	Comments	Type	Monthly	Comments
Alimony	\$ _____	_____	Section 8	\$ _____	<u>not included in income</u>
Child Support	\$ _____	_____	Social Security	\$ _____	_____
Disability	\$ _____	_____	SSI/SSD	\$ _____	_____
Insurance	\$ _____	_____	Unemployment	\$ _____	_____
Interest	\$ _____	_____	VA Benefits	\$ _____	_____
Pension	\$ _____	_____	Workers Comp.	\$ _____	_____
Public Assist	\$ _____	_____	Other	\$ _____	_____

Credit Scores: Applicant- \_\_\_\_\_ Co-Applicant- \_\_\_\_\_

Will you be mortgage ready, have a signed purchase contract and be in a home within 2 years? If not, your household will expire from the program and you will need to start the enrollment application process over (including a new savings account with a minimum of 10 monthly deposits)  Yes  No  Unsure

### COMMENTS

### AGREEMENT & CERTIFICATION

I/We hereby authorize the approved counseling provider/member bank to request any information they deem necessary to determine my/our eligibility for this program, pertaining to employment, credit, real estate, mortgage financing, utilities, rent history, etc. The approved counseling provider/member bank may employ any lawful means to verify any information about me/us. I/We hereby authorize the approved counseling provider/member bank to share any information they obtain about me/us with the lender, FHLB NY, government, nonprofit, and other entities or individuals. My/Our receipt of any or all related services or assistance from the approved counseling provider does not guarantee a mortgage loan, house, or any tangible benefits.

THE UNDERSIGNED DO HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF THEIR ABILITY AND UNDERSTAND THAT THIS IS NOT AN APPLICATION FOR A MORTGAGE.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ /\_CHI\_\_\_\_\_ Agency \_\_\_\_\_

# First Home Club

## *Deposit Monthly Breakdown:*

The goal is to save a total of **\$1,875.00** to obtain the full grant of \$7500!  
You may select any of the following, but must stick to this plan:

- 10 Deposits @ \$188.00
- 11 Deposits @ \$171.00
- 12 Deposits @ \$157.00
- 13 Deposits @ \$145.00
- 14 Deposits @ \$134.00
- 15 Deposits @ \$125.00
- 16 Deposits @ \$118.00
- 17 Deposits @ \$111.00
- 18 Deposits @ \$105.00

Deposits must be made/posted once monthly or divided bi-monthly and can be made anytime during each & every calendar month (except the last business day). Withdrawals and/or missed deposits may result in termination of the grant program. Auto-deductions/Payroll Savings are highly recommended. The minimum term is 10 months.

# First Home Club

## Quick Reference Guide

### 1. What does not constitute “income”?

According to §813.106 of the HUD regulations, annual income is *not* to include the following:

- Income from the employment of children (including foster children) under the age of 18 years;
- Payments received for the care of foster children;
- Lump sum additions to family assets (e.g., inheritances, capital gains, insurance policy death benefit payments, settlement for personal/property losses, medical expense reimbursements);
- Income of a live-in aide;
- Educational scholarships paid directly to a student, educational institution, or a veteran;
- Earned income tax credits;
- Unreliable and non-recurring income (e.g., gifts, employee stock option buyouts, etc. As indicated above in 1.b, overtime pay, commissions, fees, tips and bonuses do not constitute unreliable and non-recurring income as defined here.); and
- The value of food stamps allotments (per §913.106 of the HUD regulations).

### 2. Bank Savings Account

- Once your enrollment is approved, you will make an appt to open up a dedicated savings account at your local Bank branch. You will then make 1 consistent deposit each month for a period of 10-18 months. Do not make deposits on the last business day of the month and do not withdraw funds or add additional funds.

### 3. Homebuyer Counseling Program

- All adult household members applying for a mortgage will need to participate in an educational homebuyer counseling program at a local FHC approved agency while saving. This invaluable course will help you understand the entire home buying process!

### 4. Mortgage Financing

- Once you are close to reaching your savings goal, a Bank Mortgage Consultant will be happy to pre-qualify you for a mortgage loan, so you are ready to make an offer on your first home. The Mortgage Consultant will also help you through the entire mortgage process.

### 5. Important Details

- You must be mortgage ready, have a signed purchase contract on a home and close and be in your home within 2 years. If not, you will expire from the program and you will need to start the enrollment application process over. (including a new savings account with a minimum of 10 monthly deposits)
- If you sell your home to a household who is not eligible for the FHC grant before you have been in the property for 5 years, you may need to pay back a portion of the grant. After you have enjoyed your home for 5 years, the grant is forgiven & the lien can be released, by calling your Bank.
- Your entire household income must meet the Income Requirements for your county. If you add a member to your household after you are enrolled, their income must be included.
- Contact our team if you ever have any questions at





**FIRST HOME CLUB<sup>SM</sup>**

**ENROLLMENT TERMS AND CONDITIONS**

**APPLICANT**

<b>Applicant Name</b>	<b>Co-Applicant Name</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code +4</b>
<b>FHLBNY Member ("Member")</b>	<b>County</b>	<b>MSA</b>	<b>Census Tract</b>

*In order for a household to enroll in the First Home Club Program ("Program") and become eligible to receive a grant of up to \$7,500 per household for downpayment and closing cost assistance and up to \$500 to defray home ownership counseling costs towards the purchase of the household's primary residence ("Home"), all applicants agree and understand that they must meet the following terms and conditions:*

1. Meet the definition of a First-Time Homebuyer, as set forth in the First Home Club Program Guidelines.
2. Household must be a resident in, and agree to purchase within the District of the Federal Home Loan Bank of New York ("FHLBNY") at time of enrollment. The FHLBNY's District is New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands.
3. Household acknowledges the maximum eligible purchase price of a home under the FHC Program is \$500,000.
4. The FHLBNY will match \$4 for every \$1 saved by the Household in a dedicated savings account for a total match of up to \$7,500.
5. At the time of enrollment in the Program, the Household must have an income of 80% or less of the area median income for their current place of residence, adjusted for household size.
6. The time of enrollment is defined as the time at which the Household opens the dedicated savings account with the Member.
7. The maximum timeframe to close on a home and fund is 24 months from the date of enrollment.
8. The Applicant(s) are not college enrolled household members; and if the Household composition includes such members, they conform to the definition as set forth in the Program Guidelines.
9. The Applicant(s) must demonstrate a two-year history of receiving a consistent and reliable stream of income derived through full time employment.
10. The actual Household size is determined by the number of verifiable Household members (i.e., individuals related by blood, marriage, or adoption, or unrelated individuals, including all reported dependents) who will occupy the FHC-assisted residence as established at the time of enrollment.
11. In the event the Household's actual family size changes prior to the time of closing, the FHLBNY reserves the right to re-evaluate the Household's size and qualifying income(s) retroactively to the time of enrollment.
12. Each Applicant(s) must complete, a homebuyer counseling program meeting the First Home Club Program Guidelines; qualify for and obtain mortgage financing exclusively through the Member for the purchase of a primary residence within the FHLBNY's District of New York, New Jersey, Puerto Rico or the U.S. Virgin Islands.
13. The Household must execute FHLBNY's legal recordable Subordinate Mortgage, at the time of closing, for a period of 5 years ("Recapture Period"). The FHLBNY may request the return of a portion of the matching grant funds awarded if the house purchased with the assistance of the matching funds is sold to an ineligible Household (income exceeds 80% of the area median income, adjusted for family size, in the county and state in which the house is located). The FHC grant may be fully forgiven if the Household sells the home to an eligible Household (income not exceeding 80% of the area median income, adjusted for family size, in the county and state in which the house is located) or is foreclosed on during the recapture period.





**FIRST HOME CLUB<sup>SM</sup> PROGRAM EMPLOYMENT HISTORY STATEMENT**

This document is to be completed and executed by FHC Member and FHC Household Applicant(s) at Enrollment

Please enter below the start and end dates (month/day/year) for ALL employment &/or other income sources for the past 2 years for ALL household members over the age of 18.

**Applicant:**

_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date

**Co-Applicant:**

_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date
_____ Employer	_____ Position	_____ Pay Frequency	____/____/____ Start Date	____/____/____ End Date

**Certification:**

I / We, certify that this Employment History Statement and its supporting documentation is true and accurate.

_____ Print Household Name (Applicant)	____/____/____ Date	_____ Signature of Household (Applicant)
_____ Print Household Name (Co-Applicant)	____/____/____ Date	_____ Signature of Household (Co-Applicant)

_____ First Home Club Member (Stockholder Institution)	_____ Print Name	____/____/____ Date
_____ Title of FHC Representative	_____ Signature of FHC Representative	



**FIRST HOME CLUB<sup>SM</sup> PROGRAM CHILD SUPPORT STATEMENT**

This document is to be completed and executed by FHC Member and FHC Household Applicant(s) at Enrollment

- I DO NOT have children [Skip to Certification below]
- I DO have children and receive child support through a court order. (Court order must be included)
  - Child Support: \$\_\_\_\_\_ received on a weekly / bi-weekly / monthly basis.
- I DO have children and receive child support through a Private Arrangement (No Court order is necessary, but at least two (2) copies of canceled checks are included for your file.)
  - Child Support: \$\_\_\_\_\_ received on a weekly / bi-weekly / monthly basis.
- I DO have children however I am receiving partial or none of the awarded child support payments (Court order must be included).
  - Child Support: \$\_\_\_\_\_ to be received on a weekly / bi-weekly / monthly basis.
- I DO have children and certify that ***I have not been awarded child support payments***. In addition, I certify that currently our household is not receiving any other type of child support payments from any source.

Number of children residing in current household: \_\_\_\_\_

Name of child: _____	Age of child: _____
Name of child: _____	Age of child: _____
Name of child: _____	Age of child: _____
Name of child: _____	Age of child: _____

**HOUSEHOLD AFFIRMATION**

**Certification:** // We certify that this Child Support Statement and its supporting documentation is true and accurate.

_____	_____/_____/_____ Date	_____
Print Household Name (Applicant)		Signature of Household (Applicant)

_____	_____/_____/_____ Date	_____
Print Household Name (Co-Applicant)		Signature of Household (Co-Applicant)

_____	_____	_____/_____/_____ Date
First Home Club Member (Stockholder Institution)	Print Name	

_____	_____
Title of FHC Representative	Signature of FHC Representative



**First Home Clubsm (FHC): Income Calculation Worksheet**

Version 1.0.1

**Household Summary**

<b>Member Name</b>	<b>Household Name</b>	<b>Savings Account Opening Year</b>	<b>Date</b>	<b>Household Size</b>	<b>Total Income*</b>
					\$ -

\* Total Income from all sources for the last two calendar years and year-to-date income at time of enrollment received by the Household (even if a member is temporarily absent) and by each additional member of the household 18 years or older.

**Section A - Employment Income**

**Consistent Income - Instructions/Required Documentation**

- One (1) month of paychecks with accompanying earnings/deductions statements from within two (2) months of the date of enrollment/account opening. The pay period end date, not the check date, will be utilized in calculating income.
- In instances where YTD earnings are not listed on paychecks, a completed and properly executed Fannie Mae Request for Verification of Employment (Form 1005) reflecting income as of the enrollment date.
- Employment history listing start and end dates of all employment for 3 year period prior to date of enrollment.
- Two (2) years most recent signed 1040 Federal Income Tax Returns and any associated schedules, with applicable W-2 Wage Statements and other income statements such as 1099s.

Applicant Name	Employer	Start Date	End of Pay Period	Paystubs / Year	YTD Gross Income	YTD Paystubs	Income / Paystub	Annual Income
<b>Section A, Total Consistent Income</b>								\$ -

**Variable/Bonus Income - Instructions/Required Documentation**

- Includes tips, commissions, bonuses, etc.
- Recurring income should remain in YTD gross income.
- One time payments or non-recurring income should be itemized below.

Applicant Name	Employer	End of Pay Period	Amount
<b>Section A, Total Variable/Bonus Income</b>			\$ -

**Section B - Self-Employment Income**

**Instructions/Required Documentation**

- 2 years prior Federal Tax Returns, i.e. 1040, 1065, 1120, with all applicable schedules and 1099.
- Year-to-date Profit and Loss Statement prepared by a tax service or accountant coinciding with enrollment date.

Applicant Name	Enter Acct. Opening Year Above		Average	
	# Months	Net Income	# Months	Annual Income
<b>Section B, Total Income</b> .....				\$

**Section C - Child Support**

**Instructions/Required Documentation**

- Most recent Court Order verifying alimony awards and/or child support payments.

Applicant Name	Children Names	Payment Frequency	Payment Amount	Annual Income
<b>Section C, Total Income</b> .....				\$

**Section D- Seasonal Employment, Unemployment, Interest, Dividends and Capital Gains**

**Instructions/Required Documentation**

- Seasonal employment or unemployment averaged over two (2) years as supported from Federal Income Tax Returns.
- Interest, dividend, capital gains, averaged over two (2) years as supported from Federal Income Tax Returns.
- For other income sources provide most current applicable benefit statement (see program guidelines).

Applicant Name	Income Source	Enter Acct. Opening Year Above		Average	
		Income Amount	Payment Frequency	Income Amount	Annual Income
<b>Section D, Total Income</b> .....					\$

**MUST REVIEW & SIGN:**

**CHI DISCLOSURE STATEMENT**

This statement describes the various types of services provided by Community Housing Innovation, Inc. (CHI), and any financial relationship between CHI organization and any other industry partners. Further, it states that any client of CHI is not obligated to receive or use any other services offered by CHI, its branches and/or affiliates.

- **Foreclosure Prevention Counseling:** CHI provides free counseling to families that are in danger of losing their homes because of a default or potential default on their mortgage payments. Assistance is provided with the following mitigations options: loan forbearance, loan modification, partial claim, pre-foreclosure sale, deed-in-lieu of foreclosure, and bankruptcy.
- **Homeownership Counseling:** CHI provides one-on-one home ownership counseling to first time homebuyers who are interested in knowing the facts about buying a home and about low interest rate loan programs. CHI offers free workshops for prospective homebuyers.
- **Homeownership Grants:** CHI provides grants of up to \$30,000 per home to income qualified first time homebuyers.
- **Permanent Rental Housing:** CHI owns and manages 600 units of homeless and affordable housing, including senior housing. CHI staff is dedicated to assisting tenants with housing retention.
- **Scattered Site Transitional Housing:** CHI manages transitional and emergency housing for homeless families and singles under contract with the Suffolk County Department of Social Services, Westchester County Department of Social Services and Nassau County Department of Social Services. These programs include case management that emphasizes self-reliance and teaches families the skills they need to succeed once they are living in permanent housing.
- **Rental Subsidy Program** - CHI administers the Westchester County Rental Assistance Program. This program offers a rental subsidy to the family whose head-of-household is employed, on public assistance and living in emergency housing simply as the result of an inability to pay unaffordable rents.
- **Case Management & Supportive Services** - CHI offers case management services to all residents in the properties it owns and manages. CHI's programs are supervised by Certified Social Workers. Whether emergency, transitional or permanent housing, the primary goal is to assist individuals in achieving personal and economic independence and self-sufficiency.
- **Career Services Program** - CHI's Career Services program offers free skills enhancement classes so that earnings can be increased, which are a necessity to complete in the current housing market in this region. The training is hands-on, and job oriented. Participants can become proficient in computer applications through an office administrator course or learn medical billing, a sought after skill.
- **Housing Development:** CHI purchases abandoned and foreclosed properties under the Neighborhood Stabilization Program and renovate them to market standards. Renovated properties are offered for sale to qualified buyers.

- **Neighborhood Stabilization Program:** CHI, in conjunction with Nassau County, purchases and rehabilitates foreclosed homes in Nassau County. Rehabilitated homes are available for purchase by income eligible households.

*While affordable homes, lending products and other forms of assistance may be made available by CHI and/or through partnerships in which CHI has entered, the undersigned is under no obligation to utilize these services.*

**Anti-Discrimination Policy**

CHI is committed to providing equal opportunities to all clients and does not discriminate against individuals on the basis of race, creed, color, religion, gender, sexual orientation, nationality, marital status, age, or disability in the administration and provision of services to the public. CHI will not tolerate acts deemed to constitute discrimination or harassment based on gender, sexual orientation, race, creed, color, religion, national origin, marital status, age, disability, or any other characteristic protected by law.

**Community Housing Innovations, Inc. is a HUD-approved counseling agency.**

***SIGNATURE of ALL APPLICANTS/ CLIENTS REQUIRED:***

\_\_\_\_\_ Date: \_\_\_\_\_  
Housing Counseling Client

\_\_\_\_\_ Date: \_\_\_\_\_  
Housing Counseling Client



**CREDIT AUTHORIZATION**

I/we authorize Community Housing Innovations, Inc. to:

(a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property. **I/We Authorize** Community Housing Innovations, Inc. to share my/our credit report and any information that I/we have provided with potential mortgage lenders for the purpose of qualifying for a mortgage loan. These lenders may contact me/us to discuss loans for which I/we may be eligible;

(b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and

(c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

**I/We understand and agree to pay a fee of \$30.00 Single, \$60.00 Couple for processing fee** (Please enclose a check or money order made payable to Community Housing Innovations, Inc.)

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
*Applicant Name (Please Print)*

\_\_\_\_\_  
*Co-Applicant's Name (Please Print)*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Social Security Number                      Date*

\_\_\_\_\_  
*Social Security Number                      Date*