



Lorie Noakes
134-A Peyton Street
Front Royal, VA 22630
E-mail: blueridgehousi@embarqmail.com
Phone: (540) 622-2711 Fax: (540) 622-2715

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- ❖ Pay stubs for the most recent month for everyone in the household over 18 years old that works part-time and/or full-time, even if they are not going to be on the loan.
- ❖ If anyone in the household receives Social Security, SSI, or Disability, please provide evidence of the amount and the time from you will receive.
- ❖ Copy of any court ordered child support, will except print out of payments from the DCSE website.
- ❖ Copy of most recent bank statement for the past 3 months for all Checking and Savings accounts, include all pages.
- ❖ Copy of Federal Tax Return for 2015 and 2016 with W2's. If self-employed we will need three years of Federal Tax Return.

*(If you do not have all two-(2) years, please contact the IRS @ 1-800-829-1040
Request Tax Letter 1722 or a printout covering the tax year you are missing)*

PLEASE BRING COPIES, WE ARE UNABLE TO MAKE COPIES FOR YOU

Please read through all of the application, then sign. After I receive the complete application, along with the above information I will put your information into Loan Prospector Outreach. I will notify you in writing if you need further counseling.

If you have any questions, please do not hesitate to call.



Client 1 Information

First Name: _____ SSN: _____

Middle Initial: _____ Home Phone Number: _____ # of Dependents # _____

Last Name: _____ # Years of School _____ Date of Birth _____
_____ / _____ / _____

Marital Status (Single – Married – Separated – Divorced) _____ Email address _____
*If separated, we will need a copy of agreement _____

Present Address

Present Address: _____

City _____

State _____ Zip Code _____

Own / Rent? _____ Years in Residence _____

Former Address

(If residing at present address less than 2 years)

Former Address _____

City _____

State _____ Zip Code _____

Own / Rent? _____ Years in Residence _____

Income Information

Gross Monthly Income: _____ When did you start this job? _____

Do you get paid: Weekly Every 2 weeks twice a month monthly?

Child Support / Alimony Income: _____ Self Employed Income: _____

Social Security / Disability Income: _____

Bank Interest & Dividend Income: _____ Gift Income: _____

PLEASE FILL THIS PAGE OUT ONLY IF YOU ARE GOING TO BE ON THE LOAN

Client 2 Information

First Name: _____ SSN: _____
Middle Initial: _____ Home Phone Number: _____ # of Dependents # _____
Last Name: _____ # Years of School _____ Date of Birth _____
_____ / _____ / _____
Marital Status (Single – Married – Separated – Divorced) _____ Email address _____
*If separated, we will need a copy of agreement _____

Present Address

Present Address: _____
City _____
State _____ Zip Code _____
Own / Rent? _____ Years in Residence _____

Former Address

(If residing at present address less than 2 years)

Former Address _____
City _____
State _____ Zip Code _____
Own / Rent? _____ Years in Residence _____

Income Information

Gross Monthly Income: _____ When did you start this job? _____
Do you get paid: Weekly Every 2 weeks twice a month monthly?
Child Support / Alimony Income: _____ Self Employed Income: _____
Social Security / Disability Income: _____
Bank Interest & Dividend Income: _____ Gift Income: _____

**PLEASE FILL THIS PAGE OUT FOR EVERYONE IN THE HOUSEHOLD THAT HAS INCOME
AND IS NOT GOING TO BE ON THE LOAN**

First Name: _____ Last Name: _____

Gross Monthly Income: _____ Self Employed Income: _____

Child Support / Alimony Income: _____

Social Security / Disability Income: _____

Bank Interest & Dividend Income: _____ Gift Income: _____

First Name: _____ Last Name: _____

Gross Monthly Income: _____ Self Employed Income: _____

Child Support / Alimony Income: _____

Social Security / Disability Income: _____

Bank Interest & Dividend Income: _____ Gift Income: _____

First Name: _____ Last Name: _____

Gross Monthly Income: _____ Self Employed Income: _____

Child Support / Alimony Income: _____

Social Security / Disability Income: _____

Bank Interest & Dividend Income: _____ Gift Income: _____

Present Housing Expense (combine client 1 and client 2)

Current Rent: _____

Do you currently live in subsidize housing? Yes No

Monthly Debt (not to include food, clothes, utilities, daycare, etc.) (Combine client 1 and client 2)

Car Payment: _____ Loan Payment: _____

Credit Card Payment: _____ Student Loan: _____

Other: _____

Government Reporting

Ethnicity of Head of Household: (please circle one)

Not Hispanic / Latino

Hispanic / Latino

Race of Head of Household:

Single Race:

White/Caucasian _____

Black/African American _____

American Indian / Alaska Native _____

Asian _____

Native Hawaiian / Other Pacific Islander _____

Multi-Race:

Black/African American and White _____

American Indian / Alaska Native and White _____

Asian and White _____

American Indian / Alaska Native and Black _____

Asian and Black/African American _____

Other multiple race _____

Liquid Assets

Do you have a Savings Account? _____ If yes, how much is your account? _____

Do you have any stocks or bonds? _____ If yes, how much? _____

Will anyone be giving you gift of funds? _____ If yes, how much? _____

Do you have an inheritance? _____ If yes, how much? _____

County/City you wish to purchase in: _____

Cash you have available for down payment: _____

Declarations (please circle)

Client 1

Client 2

Does the client intend to occupy the property as his/her primary residence?

YES NO

YES NO

Has the client had an ownership interest in a property in the last 3 years?

YES NO

YES NO

Has the client been declared bankrupt within the past 7 years?

YES NO

YES NO

Has the client had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?

YES NO

YES NO

What is the client's citizenship?

US Citizen
Perm Resident Alien
Non-perm Res Alien

US Citizen
Perm Resident Alien
Non-perm Res Alien

List all family members in house, including yourself:

| Name | Age | Do they Work? |
|-------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

All adults over 18 must also be listed, even if they are not going to be on the loan!

How did you hear about BRHN?

Friend _____ Loan Officer _____ Radio _____ TV _____
Realtor _____ Newspaper _____ Website _____ Other _____

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature

Date

Co-Borrower's Signature

Date

Loan Prospector® Outreach
Mortgage Loan Assessment Client Consent and Agreement

I, each of the persons signing below, agree that my request for a mortgage loan assessment ("Request for Assessment"), including all personal information furnished to my housing counselor and one or more credit reports obtained in connection with my request ("Request Information"), may be received and reviewed by an automated underwriting service and one or more mortgage lenders ("Lenders") which I may designate for my housing counselor to send my Request Information. I also consent that my housing counselor may request and obtain one or more credit reports, as necessary, in connection with my Request for Assessment and that each Lender that I designate may receive and review the results of my Request for Assessment.

Client's Name

Signature

Date

Client's Name

Signature

Date

Disclaimer

I/we, the undersigned applicant(s) for assistance in my/our effort to obtain housing/ counseling advice, group education and assistance from the Blue Ridge Housing Network, Inc., hereby release and hold harmless the agency and staff of the Blue Ridge Housing Network, Inc. as they pursue this process. I/We fully understand that the staff of Blue Ridge Housing Network, Inc. will not provide me/us with legal advice or representation that I/we are fully responsible for obtaining legal counsel, as appropriate.

I/We further understand that all information provided by me/us will remain strictly confidential. However, I/we understand Blue Ridge Housing Network, Inc. receives funding from U.S. Dept. of Housing and Urban Development (HUD), Virginia Housing Development Authority (VHDA), Dept. of Housing and Community Development (DHCD) and Northern Shenandoah Valley Regional Commission (NSVRC) and is required to share demographic and program required information/data with funders and their agents.

The information/data shared with funders is for purposes of program monitoring and auditing, compliance, and follow up with me within the next three years for the purposes of program evaluation and compliance.

The undersigned:

Applicant

Date

Co- Applicant

Date

Blue Ridge Housing Network
Counselor

Date

Housing Counseling Conflict of Interest Disclosure

As a client receiving housing counseling through Blue Ridge Housing Network, Inc. Housing Counseling Program, **I understand I am under no obligation to utilize Blue Ridge Housing Network's housing-related services.** I understand that I am free to choose lenders, loan products and homes (existing or newly constructed), and that while lending products and other forms of assistance are available through Blue Ridge Housing Network, Inc., I may choose to access these services elsewhere and continue to receive housing counseling through Blue Ridge Housing Network, Inc.

I also understand that Blue Ridge Housing Network does not require individuals receiving homebuyer education through the agency to participate in the agency's Homeownership program with the goal of purchasing a home. Housing counseling activities are a part of this program; however, clients who receive housing counseling may choose to pursue homeownership options utilizing other resources within the community.

My signature on this document indicates that I understand and agree to the above statements and, as part of my housing counseling through Blue Ridge Housing Network, a housing counselor has verbally explained these rights to me in a clear manner and has answered any questions I may have about my rights as a housing counseling client.

Client signature

Date

Housing Counselor signature

Date

BRHN AND CLIENT RESPONSIBILITIES

BRHN:

1. We will provide pre-purchase counseling from date of application at BRHN and throughout the term of affordability on the Second Deed. We will be in touch with you by phone or by letter, and we urge you to contact us anytime with any questions or concerns you may have.
2. We will pay for the first \$300.00 of the Home Inspection. One per client.
3. Once we receive a commitment from you Lender, we will request the disbursement of funds from DHCD / NSVRC. You will be able to go to closing 2 weeks from the days we received the commitment.
4. We will disburse any grant dollars you have obtained from DHCD / NSVRC for down payment assistance and or closing costs. These funds will be released after we receive an approved HUD-1 from your closing attorney/agent. Funds are usually available three weeks after the commitment is issued by the bank.

CLIENT:

1. Qualify as a first-time Homebuyer as defined by HUD as one of the following: Have never owned a home before; or have not held primary ownership in a principle residence within the most recent three year period.
2. You are required to attend an in-person 6 hour Homeownership Education Seminar prior to your closing (not on-line). Please understand that without completion of this seminar, you will not obtain a certificate of completion and without this certificate, you will not qualify for a grant.
3. Provide 1% of the sales price of the home from your personal funds towards the purchase of the home if you are between 60-80% of the AMI and a minimum contribution of \$500.00 if you are below 59% of the AMI.
4. Please inform your realtor of the loan you are getting. It is recommended that you give your realtor the name and number of BRHN so that they may contact us for information.
5. Cash back at closing is prohibited.
6. For homes built prior to 1978, if any paint is chipping a Lead Inspections will be required. BRHN will need a copy of the report.
7. When signing a contract, please allow 45 days for the closing date.
8. Must get home inspection by an approved inspector. Client will be responsible for any cost over \$300.00

I have read and understand the contents of this letter. The BRHN interviewer clarified any questions I may have had at the time of signature.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

TERMS OF HOME FUNDS
HOMEownership Down Payment Assistance Program - 2016/2017

Please be advised that these grant dollars take the form of a second lien on the house.

If I/We use the house as my/our primary residence and do not sell, rent or refinance the property for five (5) years, in accordance with guidelines set forth by the Federal Government, the lien is forgiven upon the anniversary date of closing.

- That I/we shall use the property as my/our primary residence for a period not less than 5 years when \$1,000.00 to \$14,999.00 in HOME funds is invested.
 - a. No refinancing, equity loan, secured letter of credit, or any other mortgage obligation or other debt (collectively, "Debt") secured by the HOME-assisted Unit, may be incurred except as approved in advance and in writing by the Department in accordance with the HOMEownership Down Payment Assistance (DPA) Program. At no time shall the Local Administrator approve any such debt. The original amount of HOME funds received at the initial purchase of the house will be due and payable in full to DHCD if there is a refinance or sale of the property during the affordability period.
 - b. The owner of the HOME-assisted Unit shall at all times maintain the Affordable Unit as his or her principal place of residence.
 - c. At no time shall the owner of the HOME-assisted Unit lease or rent the Affordable Unit to any person or persons.
 - d. No improvement may be made to the HOME-assisted Unit that would affect its bedroom configuration.

I have read and understand the contents of this letter. The BRHN interviewer clarified any questions I may have had at the time of signature.

Applicant Signature

Date

Co-Applicant Signature

Date

MONTHLY SPENDING PLAN

Enter what you are currently spending on a monthly basis

Indicate # of people in household:

Adults _____ Children _____

NET MONTHLY INCOME

Source 1 _____
 Source 2 _____
 Other Income _____
Total Income (A) _____

FIXED EXPENSES

Rent _____
 Electric _____
 Gas/Oil _____
 Water/Sewer _____
 Telephone (basic) _____
 Long distance _____
 Cellular _____
 Trash pickup _____
 Cable/Internet _____
 Auto payment(s) _____
 Auto Insurance _____
 Life Insurance _____
 Renter Insurance _____
 Child Support/Alimony _____
 Medical Insurance _____
 Child Care _____
 Other _____
Total (B) _____

CREDITOR PAYMENTS

Installment Loans _____

 Credit Card Payments _____

Total Payments (C) _____

FLEXIBLE EXPENSES

Saving _____
 Groceries _____
 Lunch (work / school) _____
 Eating out _____
 Entertainment / Hobbies _____
 Laundry / Dry Cleaning _____
 Cleaning Supplies _____
 Clothing _____
 Gasoline / Bus / Taxi _____
 Newspaper / Magazine _____
 Alcohol / Cigarettes _____
 Church / Charity _____
 Tuition / Books _____
 Barber / Beauty Shop _____
 Auto Maintenance _____
 House Maintenance _____
 Doctor / Dentist _____
 Prescriptions _____
 Pets _____
 Parking / Tolls _____
 Lottery / Bingo _____
 Other _____
Total (D) _____

EXPENSES

FIXED (B) _____
 CREDITOR (C) _____
 FLEXIBLE (D) _____
TOTAL EXPENSES (E) _____

Subtract Expenses from Income (A – E):
TOTAL INCOME (A) _____
TOTAL EXPENSES (E) _____
DIFFERENCE + or - _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

CERTIFICATION: I hereby certify that I have reviewed the above budget with the application(s) and concur that it is reasonable.

Lender or Counselor Signature: _____