



PLEASE READ EVERYTHING ON THIS PAGE

- Don't send application until you have all attachments that apply to you and application completed.
- Copies only, we will not return originals if you give them to us
- Do not make copies double sided
- You can either email, mail or drop off your application at our office
- You will be contacted after your application has been reviewed.

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 2020 and 2019 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)*
- \$28.00 check made out to Blue Ridge Housing Network, Inc. for an in-file credit report (soft pull). If your Lender has printed one for you and it is less than 30 days old, we will except that.

134-A Peyton Street - Front Royal, VA 22630 - Phone: (540) 622-2711

Client 1 Information

First Name: _____

SSN: _____

Middle Initial: _____
of Dependents # _____

Years of School

Date of Birth
_____/_____/_____

Last Name: _____

Home Phone Number

Cell Phone Number

Marital Status: Single Married
*If separated, we will need a copy of agreement

Email address

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? (based on income) 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 races _____
-

Liquid Assets

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

Do you have any stocks/bonds/money markets? _____ 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 _____

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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.

Applicant's Signature

Date

Applicant's 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: _____



Credit Report Authorization

I (We) hereby give permission to Blue Ridge Housing Network, Inc. (BRHN) to pull my (our) credit report for the purposes of evaluating my financial situation.

I understand that this credit report will be held in my file by BRHN and the information will not be disclosed to anyone without my written consent.

I further understand that BRHN will not be held responsible for information received in this report.

Applicant Signature

Date

Applicant Signature

Date