

The Amos Network
Homebuyer Education
Registration Form
(All information is confidential)

DATE: _____ CASE# _____

APPLICANT INFORMATION: CASE FILE UNIQUE# _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DOB: _____ SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

MARTIAL STATUS (Please circle) SINGLE MARRIED DIVORCED SEPARATED WIDOWED

U.S. CITIZEN: _____ YES _____ NO

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

BEST TIME AND PLACE TO CONTACT YOU: _____

LENGTH OF RESIDENCY: _____ YRS. _____ MONTHS DO YOU _____ OWN _____ RENT _____ OTHER

AVERAGE MONTHLY HOUSING EXPENSE: (Rent) _____ CURRENT ADDRESS _____ (Y/N)

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS) _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

LENGTH OF RESIDENCY: _____ YRS. _____ MONTHS

CHECK ALL THAT APPLY:

- | | |
|----------------------------------|---|
| _____ US VETERAN | _____ FIRST TIME BUYER |
| _____ SINGLE HEAD OF HOUSEHOLD | _____ PRIOR BUYER EDUCATION |
| _____ OWNED HOME IN LAST 3 YEARS | _____ CURRENTLY RECEIVING RENTAL ASSISTANCE |
| _____ RENTING | _____ LIVING WITH FAMILY MEMBER AND NOT PAYING RENT |

RACE (Please circle the following items that apply)

- | | |
|---|---|
| 1. WHITE | 6. AMERICAN INDIAN/ALASKAN NATIVE AND WHITE |
| 2. BLACK OR AFRICAN AMERICAN | 7. ASIAN AND WHITE |
| 3. AMERICAN INDIAN/ALASKAN NATIVE | 8. BLACK/AFRICAN AMERICAN AND WHITE |
| 4. ASIAN | 9. AMERICAN INDIAN/ALASKAN NATIVE AND BLACK |
| 5. NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER | 10. OTHER |

ETHNICITY: ARE YOU OF HISPANIC ORIGIN: YES NO

CO-APPLICANT Name: _____ **DOB:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

HOME PHONE: _____ **ALTERNATE PHONE:** _____

BEST TIME AND PLACE TO CONTACT YOU: _____

LENGTH OF RESIDENCY: _____ YRS. _____ MONTHS **DO YOU** _____ **OWN** _____ **RENT** _____ **OTHER**

AVERAGE MONTHLY HOUSING EXPENSE: (Rent) _____ **CURRENT ADDRESS** _____ (Y/N)

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS) _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

LENGTH OF RESIDENCY: _____ YRS. _____ MONTHS

Dependents Name:	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LANDLORD INFORMATION:

NAME: _____ **PHONE#:** _____ **FAX#:** _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

EMPLOYMENT INFORMATION:

APPLICANT:

EMPLOYER NAME: _____ **PHONE:** _____ **FAX#** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

POSITION/TITLE: _____ **HOURS PER WEEK:** _____ **INCOME:** _____ Hr./Wk/BiwK/Mth/Ann.

LENGTH OF EMPLOYMENT: _____ YRS _____ MO **CURRENT JOB?** _____ **SELF EMPLOYED?** _____ Circle One

START DATE: _____ **END DATE:** _____

PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 2 YEARS): _____

EMPLOYMENT INFORMATION:

CO-APPLICANT:

EMPLOYER NAME: _____ PHONE: _____ FAX# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

POSITION/TITLE: _____ HOURS PER WEEK: _____ INCOME: _____ Hr./Wk/BiwK/Mth/Ann.
Circle One

LENGTH OF EMPLOYMENT: _____ YRS _____ MO CURRENT JOB? _____ SELF EMPLOYED? _____

START DATE: _____ END DATE: _____

PHONE#: _____ FAX#: _____

PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 2 YEARS): _____

ADDITIONAL INCOME (CHILD SUPPORT, ALIMONY, ETC...):

TYPE OF INCOME:

MONTHLY AMOUNT:

_____	_____
_____	_____
_____	_____

LIABILITIES (LOANS, CREDIT CARDS, ETC...):

<u>DESCRIPTION</u>	<u>ACCOUNT NUMBER:</u>	<u>CURRENT BALANCE:</u>	<u>MONTHLY PAYMENT:</u>	<u>PAYMENTS REMAINING:</u>	<u>JOINT LIABILITY:</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NON TRADITIONAL CREDIT (UTILITIES, ETC...):

<u>DESCRIPTION</u>	<u>MONTHLY PAYMENT:</u>	<u>LENGTH OF CREDIT:</u>	<u>START:</u>	<u>END:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AVAILABLE FUNDS (CHECKING ACCOUNT, SAVINGS ACCOUNT, ETC...):

<u>DESCRIPTION</u>	<u>ACCOUNT NUMBER:</u>	<u>TOTAL ASSET VALUE:</u>	<u>FUNDS AVAILABLE:</u>	<u>JOINT ASSET:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Have you ever filed for Bankruptcy? _____ (yes/no)
- If yes, then when? _____
- What bankruptcy type was it? _____ (Chapter 7 or Chapter 13)
- When was it discharged? _____
- Do you have any judgments against you? _____ (yes/no)
- If yes, when? _____ How many? _____

❖ *Do you wish to schedule a one-on-one counseling session(s) on budgeting and/or credit repair **Yes** ___ **No** ___ (these sessions are scheduled on Wednesdays from 9:00A.M. -2:00P.M.)*

- How did you hear about us? (check all that apply)

<input type="checkbox"/> Flyer	<input type="checkbox"/> Referred by Lender: _____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Referred by Real Estate Agent: _____
<input type="checkbox"/> Our Website	<input type="checkbox"/> Radio Station
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Employer
<input type="checkbox"/> Email	<input type="checkbox"/> Other _____

Income History

Household Annual Income (Completed by Client)

- | | |
|---------------------------|-----------------------------|
| _____ Under \$30,000 | _____ \$70,000 - \$99,999 |
| _____ \$30,000 - \$49,999 | _____ \$100,000 - \$119,999 |
| _____ \$50,000 - \$69,999 | _____ \$120,000 – and over |

Area Median Income Requirement (Counselor, please refer to income sheet and check that which is appropriate)

- | | |
|---|---------------------------------------|
| _____ < (Less Than) 50% of Area Median Income (AMI) | _____ 80 – 100% of Area Median Income |
| _____ 50 – 80% of Area Median Income | _____ > 100% of Area Median Income |
| _____ 80 – 100% of Area Median Income | |

HIGHEST LEVEL OF EDUCATION:

___ High School Graduate

___ College Graduate

___ Never Attended College

___ GED

___ Junior College Graduate

___ Did Not Graduate High School

___ Some College

ADDITIONAL SPACE/COMMENTS:

Signature

Date

Signature

Date

**The Amos Network Homebuyer Education & Financial Institute
HOUSING COUNSELING DISCLOSURE FORM
(TO BE COMPLETED WITH REGISTRATION FORM)**

I/We, _____, understand that I/we have the right to choose my/our house, lender, mortgage product, and real estate professional.

However, I/we understand that the Housing Counseling Agency (The Amos Network Homebuyer Education & Financial Fitness Institute) may provide information on specific mortgage products and housing professionals for informational purposes to help me/us make a more informed home purchase decision. I/we understand that there is no obligation to use the programs or firms listed.

I/We have read and understand the above Housing Counseling Disclosure.

Client(s): _____ Date: _____

Client(s): _____ Date: _____

Housing Counselor: _____ Date: _____