



formerly Monmouth Housing Alliance

"We Help With Housing"

Donna M. Blaze,
Chief Executive Officer



In order to obtain a one-on-one counseling session all of the requested supporting documents listed below will be needed prior to scheduling any appointment(s). As a resident of New Jersey you are entitled to one free copy of your credit report from each repository and you can obtain them by logging onto www.annualcreditreport.com, if you choose to order your own reports you must provide copies of each report (Equifax, Experian & Transunion). If you would like for AHA to order your credit reports the fee(s) listed below must be provided in the form of a money order or a credit/debit payment (no personal checks) at the time you submit this counseling session packet. You will be contacted to schedule an appointment once all of the requested information and/or payments have been received.

Pre-purchase Supporting Document Checklist

If you have any questions concerning the information requested, please contact us at (732) 389-2958.

- _____ Bank Statements; 3 months saving & checking accounts (all pages including the blank pages)
- _____ Federal Income Tax Returns (*last 2 years, must be signed & include W-2s*)
- _____ Most Recent Paycheck Stubs (*for last 30 days*) must be consecutive, for weekly last 4 pay periods/biweekly last 2 pay periods.
- _____ Credit Card and Installment Loan Statements or Payment Books
- _____ Divorce Decree (*if applicable*)
- _____ Bankruptcy Documentation (*if applicable*)
- _____ Alimony and Child Support Documentation (*if applicable*)
- _____ Proof of other household income (*if applicable*)
- _____ Credit Report Fee **\$12.50** per person or **\$25** couple (*Includes all 3 reports & scores*)
- _____ Budget Form (must be completed)
- _____ Credit Authorization Form (if paying by credit/debit card this form must be completed)
- _____ Other: _____

Attention: Homebuyer Counseling Department

Pre-purchase Client Counseling Session Forms

Primary Applicant

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____-_____-_____
Social Security Number

____/____/_____
Birth Date

Race (please circle):

1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian 5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native and White 7. Asian and White; 8. Black/African American and White
9. American Indian/Alaskan Native and Black 10. Other (specify) _____

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:) **Hispanic:** Yes No

Immigrant Status (please select one):

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

1. Rent 2. Homeless
3. Homeowner with mortgage 4. Living with family member and not paying rent
5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

1. Female headed single parent household 2. Male headed single parent household 3. Single adult
4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **How many dependents** (other than those listed by any co-borrower)? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship _____ Age _____ Relationship _____ Age _____

Household Income: \$ _____ (annual)

Attention: Homebuyer Counseling Department

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT

Name: _____
First MI Last

Street _____

City State Zip Code
Home: (____) _____-____ Work: (____) _____-____ Email: _____

_____-_____-_____
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White;
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other (specify) _____

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:) **Hispanic:** Yes No

Immigrant Status (please select one for each applicant if applicable):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents foreign born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender: Male Female

Handicapped Household Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Primary Client (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

Attention: Homebuyer Counseling Department

Primary Employer: _____

Title Hire Date (Month Date and Year)

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (_____) _____ - _____ Part-Time or Full-Time (Please Circle)

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date (Month Date and Year)

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (_____) _____ - _____ Part-Time or Full-Time (Please Circle)

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CLIENT INCOME*Please Print Clearly*

<i>Type of Income</i>	<i>CLIENT Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

CUSTOMER**CO-APPLICANT**

Can you document your child support/alimony income?
If yes, how long will it continue?

Yes _____ No _____

Yes _____ No _____

If your child or a family member receives SSI,
how many more years will the payments continue?

If you receive disability income,
is it for a permanent disability?

Yes _____ No _____

Yes _____ No _____

Regarding other employment, have you worked
in this field for two years or more?

Yes _____ No _____

Yes _____ No _____

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities. **Both Applicants**

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Client, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

Attention: Homebuyer Counseling Department

Have your payments been made on time? Yes No

Are you currently in Chapter 13 bankruptcy? Yes No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 bankruptcy? Yes No

If yes, when was it discharged? _____

LIQUID FUNDS/SAVINGS/INVESTMENTS *Please Print Clearly*

Please list the approximate value of the following:

Checking account			
Savings account			
Cash			
CDs			
Securities (stocks, bonds, etc.)			
Retirement account			
Other Liquid Funds			

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No

If yes, how much? \$ _____

LIVING EXPENSES

Current monthly rent or mortgage			
Electric/Gas/Solid Waste			
Telephone			
Cellular/Pager			
Cable/Satellite TV			
Other Living Expenses			

ADDITIONAL INFORMATION

Have you owned a home in the last three (3) years? Yes No

Are you a Veteran? Yes No

Do you have a contract on a house at this time? Yes No

Are you currently working with a real-estate agent? Yes No

Most convenient time for an individual appointment? ____ AM ____ PM

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.

Client

Date

Co-Client

Date

Attention: Homebuyer Counseling Department

Pre-Purchase Counseling Budget Form

	Gross	Net	Verification
Person (A) Monthly Income Employer	\$	\$	
Person (B) Monthly Income Employer	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

For expenses, please answer only what is applicable

Monthly Expense	Current	Delinquency	Adjusted	Crisis Fixed Expenses
Housing				
Rent				
Renter insurance				
Gas /heating source				
Electricity				
Telephone: Land Line, Cable, Internet				
Telephone: Cell				
Water/sewer				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Insurance				
Maintenance /repairs				
Insurance				
Health (medical and dental, if not payroll deducted)				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				
Flexible Expenses				
Groceries				
School Lunches				
Work-Related (lunches and snacks)				
Housing				
Home Maintenance				
Other:				
Medical				
Doctor				

Attention: Homebuyer Counseling Department

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Dentist				
Prescriptions				
Other:				
Savings				
Savings Account				
College Funds				
Emergency Fund				
Clothing				
Clothing				
Laundry and Dry Cleaning				
Other:				
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (<i>sports, dance, music</i>)				
Other:				
Donations				
Religious or Charity				
Other (<i>if not payroll deducted</i>):				
Miscellaneous				
Birthdays				
Pet Care or Supplies				
Entertainment (<i>concerts, sports, movies etc</i>)				
Barber or Beauty Shop				
Other:				
Flexible Expenses Sub-Total				

Monthly Debts				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Other:				
Monthly Debts Sub-Total				

Attention: Homebuyer Counseling Department

Affordable Housing Alliance

59 Broad Street
Eatontown, NJ 07724

732-389-2958

fax: 732-389-3163



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HUD – 1 RELEASE

I authorize the Affordable Housing Alliance of New Jersey to obtain a copy of the HUD – 1 Settlement Statement from the lender who made me a loan or the title company that closed the loan when I purchase a home.

Print Name

Signature

Date

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59 Broad Street
Eatontown, NJ 07724
732-389-2958
fax: 732-389-3163



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Disclosure

The Affordable Housing Alliance is an administrative agent that administers affordable housing controls for municipalities as well as owns, manages and develops affordable for-sale and rental housing throughout Monmouth and Ocean counties, New Jersey. All prospective clients, tenants or homeowners of Alliance properties are selected based on established criteria and guidelines, and, typically, all our rental housing maintains tenant "waiting lists." Selecting the Affordable Housing Alliance to provide housing counseling will in no way bias the Alliance in the random selection process of tenants or homeowners for any properties in which the Alliance holds direct or indirect interest(s). Persons and/or families seeking services or assistance with housing are under no obligation to receive services, and/or to purchase or rent property from the Affordable Housing Alliance. The Alliance is a HUD certified housing counseling agency providing rental, pre-purchase and post-purchase housing counseling activities to all consumers in its service area. The agency receives funding to operate its housing counseling programs from HUD, New Jersey Housing Mortgage Finance Agency (NJHMFA), National Foreclosure Mitigation Counseling (NFMC), Federal Home Loan Bank (FHLB) and lender partners such as TD Bank, Wells Fargo, Bank of America, PNC Bank, Provident Saving Bank and Valley National Bank.

Affordable Housing Alliance Real Estate Interests (administrative agents, rental and for-sale housing areas)

The agency currently acts as a COAH administrative agent for Manalapan, Eatontown, Millstone, Marlboro, Tinton Falls, Atlantic Highlands, Oceanport, Monmouth Beach, and Wall. In addition the agency also certifies income eligibility for following properties it owns. Highland Apartments, Highlands; Grandview Apartments, Keansburg; Wharfside Condos, Monmouth Beach; Millstone House, Millstone, Viking House, Keansburg; Beacon Place Condominiums, Middletown; Oceanport Manor Apartments, Oceanport; Bangs Avenue, Neptune (Catholic Charities selects tenants), and Park Ferry, Port Monmouth. Additionally, there are two single-family homes under development in Asbury Park.

**HUD Approved Housing Counseling Agencies
in Monmouth County, NJ, as of 3/2009**

Types of Counseling Provided

HECM, Rental, Pre-purchase & Post Purchase
Counseling Services

Affordable Housing Alliance

59 Broad Street Eatontown, NJ 07724
Phone: 732-389-2958

Monmouth County Div. of Social Services

Kozloski Rd. Freehold, NJ 07728
Phone: 732-431-6000

Check Mate, Inc.

550 Cookman Ave Asbury Park, NJ
Phone: 732-774-3100

**List of COAH Approved Administrative Agents in
Region 4 as of 3/2009**

Affordable Housing Alliance

(732) 389-2958

Piazza & Associates

(609) 786-1100

Community Grants & Planning

(609) 371-1937

Housing Affordability Service

(609) 278-7505

Homes for All

(732) 286-7929

I _____ (print) am aware the Affordable Housing Alliance has interests in certain real estate, of which I have been made aware, and that I have not been biased nor will I be biased in my selection of homeownership or foreclosure counseling, housing services or in my housing choice.

- I **WILL** enlist the Affordable Housing Alliance to provide my housing counseling, but I am not obligated to sale, purchase or rent any property from the Affordable Housing Alliance.
- I will **NOT** enlist the Affordable Housing Alliance to provide my housing counseling.

Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

Attention: Homebuyer Counseling Department