



Affordable Housing Alliance
59 Broad Street Eatontown, NJ 07724
(732) 389-2958 Fax (732) 389-3163

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 consumer you may opt to obtain a copy of your own credit reports at no fee by logging onto www.annualcreditreport.com, however you must provide copies of each report from all three credit repository companies (Equifax, Experian & Transunion) and not have to pay the fees listed below, but the report does not include the credit score. 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 credit/debit payments only 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

Please bring the following documentation and/or fees to your upcoming counseling session. If you have any questions concerning the information requested, please contact us.

- _____ Bank Statements (*from all saving & checking accounts*)
- _____ Federal Income Tax Returns (*signed tax returns for last 2 years, including W-2s*)
- _____ Most Recent Paycheck Stubs (*for last 30 days*)
- _____ 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 **\$22** per person or **\$33** couple (*Includes all 3 reports & scores*)
- _____ Other: _____
- _____ Other: _____
- _____ Other: _____

PLEASE NOTE: All one-on-one counseling sessions are ONLY scheduled on Tuesdays & Thursday between the hours of 9AM and 3:30PM.

Please contact this agency directly if you should have any questions or concerns, our office hours are Monday through Friday 8AM to 5PM (732) 389-2958.

Household Income: \$ _____ (annually)

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? _____

CLIENT EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary 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?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

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

Type of Income	CLIENT Monthly Amount	CO-APPLICANT Monthly Amount	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			

Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

Can you document your child support/alimony income? Yes No
 If yes, how long will it continue? _____

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

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

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

Please use additional sheets if necessary.

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