Dear Loan Applicant,

Thank you for your interest in Neighborhood Housing Service’s loan products. NHS Baltimore has a variety loans to fit your needs. Read the brief descriptions below. Check our website, www.nhsbaltimore.org for more detailed information and income limits for each loan. Feel free to call an Omar Marshall (410-327-1200 x 123) if you have questions. Fill out the application and get it back to us. We look forward to assisting you!

R  Our **Rehab Loan** is for bigger jobs. You can borrow between $7,500 and $30,000. An NHS staff person will help you bid your project and help oversee the construction work. Processing time is 4-6 months which allows for approvals and bidding.

Q  **Quick Fix** is a newer product developed for smaller jobs. Borrow just what you need. A $5,000 loan at 5% interest for 5 years is less than $100/month. You can borrow up to $7,500. We close in 30 days. It’s simple... remember the 5’s.

SR  **Small Dollar for Rehab** is a consumer loan (we do not take a lien on your property) intended for very small repairs (up to $3,000). It also helps those homeowners with no equity in their homes and gives them a small repair option. You need a credit score of 620 and must be able to afford the loan payment. Processing time is less than 2 weeks.

S  Small Dollar loans are for almost anything. This consumer loan is not a lien on your house. Borrow funds to repair credit, fix your car or pay for school.

T  **Tax Sale loans** are for borrowers in danger of losing their homes to tax sale in Baltimore City for small amounts of money. Apply for a loan up to $1,500 to save your home.

Fill out the application below and include:

- 60 days of paystubs or other proof of income for all household members over 18
- Latest tax return (3 years tax returns if you are self-employed)
- 60 days of bank statements from all accounts in your name
- Budget form (tax sale only)
- Latest Mortgage statement (for those homeowners with a mortgage)
- Most recent award letters (if applicable)
- Divorce Decree, evidence of child support or alimony payments (if applicable)

*Please include a credit report fee of $17.95 for an individual applicant and $35.90 for joint applicants.* (tax sale applicants are exempt)

Sincerely,

NHS Lending Staff
CUSTOMER LOAN APPLICATION

Last Name ___________________________ First Name ___________________________ Birthday ___________________________

Address ___________________________ State, Zip ___________________________ Social Security Number ___________________________

Email Address ___________________________ Cell Phone Number ___________________________ Home Phone Number ___________________________

Current Employer/s ___________________________ Years/ Months Employed ___________________________

Employer Address ___________________________ Annual Income ___________________________ How long at your current address?

☐ MARRIED ☐ UNMARRIED ☐ SINGLE ☐ VETRAN ☐ FEMALE ☐ HOMEOWNER

CUSTOMER LOAN APPLICATION (CO-BORROWER)

Last Name ___________________________ First Name ___________________________ Birthday ___________________________

Address ___________________________ State, Zip ___________________________ Social Security Number ___________________________

Email Address ___________________________ Cell Phone Number ___________________________ Home Phone Number ___________________________

Current Employer/s ___________________________ Years/ Months Employed ___________________________

Employer Address ___________________________ Annual Income ___________________________ How long at your current address?

☐ MARRIED ☐ UNMARRIED ☐ SINGLE ☐ VETRAN ☐ FEMALE ☐ HOMEOWNER

DEMOGRAPHICS

☐ WHITE

☐ BLACK / AFRICAN AMERICAN

☐ AMERICAN INDIAN / ALASKAN NATIVE

☐ ASIAN AND WHITE

☐ OTHER ___________________________

☐ US CITIZEN

☐ BLACK / AFRICAN AMERICAN / WHITE

☐ ASIAN

☐ AMERICAN INDIAN / ALASKAN NATIVE

☐ ALASKAN NATIVE/ BLACK

☐ HISPANIC

☐ DISABLED
EDUCATION
☐ BELOW HIGH SCHOOL DIPLOMA ☐ BACHELOR’S DEGREE
☐ TWO-YEAR COLLEGE ☐ ABOVE MASTER’S DEGREE
☐ MASTER’S DEGREE
☐ HIGH SCHOOL DIPLOMA / GED

LIST ALL FAMILY MEMBERS LIVING WITH YOU.
(Do not include borrower or co-borrower)

<table>
<thead>
<tr>
<th>NAME</th>
<th>M/F</th>
<th>BIRTHDAY</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>RELATIONSHIP TO BORROWER</th>
<th>MONTHLY GROSS INCOME</th>
<th>SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

MORTGAGE (Fill out if you own your home)

☐ YES ☐ NO  Do you currently have a mortgage on your home?
☐ YES ☐ NO  Do you have a second loan on your home?
☐ YES ☐ NO  Do you have a Reverse Mortgage?

Who is your lender? ___________________________ Loan Number ___________________________

Homeowner’s Insurance Carrier ___________________________ Policy Number ___________________________

If you do not have insurance, explain why.

☐ YES ☐ NO  Have you filed bankruptcy in the last 3 years?
☐ YES ☐ NO  Are you obligated to pay alimony or child support?
☐ YES ☐ NO  Do you occupy this property as a primary residence? (Must have lived in 7 months of the year.)

The information in this application is true to the best of my knowledge.

_____________________________  _____________________  ______________________________  _____________________
Borrower  Date  Co-Borrower  Date
CONSENT TO RELEASE INFORMATION

I/We authorize representatives from NHS of Baltimore, where I/we have applied to for a loan to supply and receive information to/from my/our employer(s), my/our financial institution(s), and my /our mortgage lender to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with any of our funding sources for the purpose of meeting funding compliance.

I/We hereby give NHS of Baltimore permission to use photographs of myself/ourselves and/or my/our house in any medium (electronic or otherwise) to tell my/our story and/or advocate on my/our behalf to potential donors to support my/our needs and the needs of the community.

I/We authorize NHS of Baltimore to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmations which may be released to appropriate Federal, State or Local agencies.

I/We agree to notify NHS of Baltimore in writing regarding any changes in income or household composition during the application process.

I/We understand that the income I/we use to qualify for a mortgage loan or a consumer loan amount may not be the same as the income I/we claim in this application, as the entire household’s income must be calculated in order to determine eligibility for the program, not just the mortgage borrower’s income.

I/We understand that the completion of this application does not guarantee my/our eligibility for the program.

I/We release all representatives from NHS of Baltimore, from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my/our application for a loan through NHS Baltimore.

I/We authorize NHS of Baltimore to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 168a(d), seeking information on my/our credit worthiness, credit standing, and credit capacity.

CONFIDENTIALITY: In order to process an application, NHS of Baltimore may supply and receive information as detailed in the “Consent to Release” clause above. Information any also be released to comply with the auditing requirements of program funding sources. With these two exceptions, all personal and identifying information on an application remains fully confidential.

_____________________________  ________________  ___________________________  ________________
Borrower                     Date                  Co-Borrower                   Date

Equal Opportunity: In accordance with the provision of the Equal Opportunity Act, there will be no discrimination against an applicant for benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right request reasonable accommodation for that disability. NHS of Baltimore is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact NHS of Baltimore.
PRIVACY POLICY AND PRACTICES OF
NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE, INC.

We at Neighborhood Housing Services of Baltimore, Inc., value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

INFORMATION WE COLLECT
We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms.
- Information about your transactions with us, our affiliates or others.
- Information we receive from a consumer reporting agency.
- Information that we receive from personal and employment references.

INFORMATION WE DISCLOSE
We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income.
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions.
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

TO WHOM DO WE DISCLOSE
We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loan.
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

CONFIDENTIALITY AND SECURITY
We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

IF YOU WANT MORE INFORMATION
If you want more information regarding our Privacy Policy please contact the Director of Lending at 410-327-1200 or write to Neighborhood Housing Services, 25 E. 20th Street, Suite 170 Baltimore, Maryland 21218.

PRIVACY POLICIES

By signing below, I hereby affirm that I have received the Privacy Policy for Neighborhood Housing Services of Baltimore, Inc. (NHS). I have also been advised that if I have any questions about these policies I can speak to the Director of Lending at NHS.

__________________________  ______________  ______________________
Borrower’s Signature      Date       Print Name

__________________________  ______________  ______________________
Co-Borrower’s Signature    Date       Print Name
# Household Budgeting Worksheet

## Total Monthly Net Income

<table>
<thead>
<tr>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$________</td>
<td>$________</td>
</tr>
</tbody>
</table>

## Total Monthly 'Spendable' Income

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$________</td>
</tr>
</tbody>
</table>

## Housing Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or 1st Mortgage pmt.</td>
<td>$________</td>
</tr>
<tr>
<td>Rent or 2nd Mortgage pmt.</td>
<td>$________</td>
</tr>
<tr>
<td>Utilities</td>
<td>$________</td>
</tr>
<tr>
<td>Condominium/HOA Fee</td>
<td>$________</td>
</tr>
<tr>
<td>Renter’s Insurance</td>
<td>$________</td>
</tr>
<tr>
<td>Water/Sewer</td>
<td>$________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$________</td>
</tr>
</tbody>
</table>

## Auto Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas</td>
<td>$________</td>
</tr>
<tr>
<td>Insurance</td>
<td>$________</td>
</tr>
<tr>
<td>Maintenance</td>
<td>$________</td>
</tr>
<tr>
<td>Tolls, EZ Pass, Parking</td>
<td>$________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$________</td>
</tr>
</tbody>
</table>

## Debts

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>$________</td>
</tr>
<tr>
<td>#2</td>
<td>$________</td>
</tr>
<tr>
<td>#3</td>
<td>$________</td>
</tr>
<tr>
<td>#4</td>
<td>$________</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$________</td>
</tr>
</tbody>
</table>

## Discretionary

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Tithes &amp; Offerings</td>
<td>$________</td>
</tr>
<tr>
<td>Other Charitable Contributions</td>
<td>$________</td>
</tr>
<tr>
<td>Groceries</td>
<td>$________</td>
</tr>
<tr>
<td>Lunches, Meals Out</td>
<td>$________</td>
</tr>
<tr>
<td>Childcare</td>
<td>$________</td>
</tr>
<tr>
<td>School Tuition/Supplies</td>
<td>$________</td>
</tr>
<tr>
<td>School Activities</td>
<td>$________</td>
</tr>
<tr>
<td>Medical Bills and Co-Pays</td>
<td>$________</td>
</tr>
<tr>
<td>Prescription Medicines</td>
<td>$________</td>
</tr>
<tr>
<td>Pet Supplies &amp; Vet Exams</td>
<td>$________</td>
</tr>
</tbody>
</table>
Entertainment (Alcohol, Books, Music, Movies, Vacation, Sports, Concerts, etc.) $_________
Newspaper, Magazine Subscriptions $_________
Cable $_________
Landline Phone $_________
Cell Phone $_________
Internet $_________
Clothing $_________
Personal Care Items (toiletries, etc.) $_________
Hair care, Nails etc $_________
Gifts, Holidays $_________
Memberships, Union Dues $_________
Other $_________
= Total $_________

---

**Monthly Expense Totals**

<table>
<thead>
<tr>
<th>Category</th>
<th>$_________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$_________</td>
</tr>
<tr>
<td>Car</td>
<td>$_________</td>
</tr>
<tr>
<td>Debts</td>
<td>$_________</td>
</tr>
<tr>
<td>Discretionary</td>
<td>$_________</td>
</tr>
</tbody>
</table>

= Total Expenses $_________

---

**Monthly Surplus or Shortage**

(Total Spendable Income *minus* Total Expenses) $_________

---

TIP: The monthly *Surplus* is the amount available for savings. If there is a shortage or break even, you must reduce your discretionary spending. Purchasing at an affordable level, setting goals and establishing reserve savings for emergencies and unexpected changes in income is the key to sustaining home ownership.