



Neighborhood Housing Services of Baltimore, Inc.

25 East 20th Street, Suite 170, Baltimore, Maryland 21218
410) 327-1200 Fax (410) 505-1227 www.nhsbaltimore.org

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



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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
 VETAN
 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
 VETAN
 FEMALE
 HOMEOWNER

DEMOGRAPHICS

- | | |
|---|---|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> BLACK / AFRICAN AMERICAN / WHITE |
| <input type="checkbox"/> BLACK / AFRICAN AMERICAN | <input type="checkbox"/> ASIAN |
| <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE | <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE |
| <input type="checkbox"/> ASIAN AND WHITE | <input type="checkbox"/> ALASKAN NATIVE/ BLACK |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> US CITIZEN | <input type="checkbox"/> 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)

NAME	M/F	BIRTHDAY	SOCIAL SECURITY NUMBER	RELATIONSHIP TO BORROWER	MONTHLY GROSS INCOME	SOURCE OF INCOME

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

\$ _____

\$ _____

Total Monthly 'Spensible' Income

\$ _____

Housing Expenses

Rent or 1st Mortgage pmt..

\$ _____

Rent or 2nd Mortgage pmt.

\$ _____

Utilities

\$ _____

Condominium/HOA Fee

\$ _____

Renter's Insurance

\$ _____

Water/Sewer

\$ _____

Total

\$ _____

Monthly Payments

Auto Expenses

Gas

\$ _____

Insurance

\$ _____

Maintenance

\$ _____

Tolls, EZ Pass, Parking

\$ _____

= Total

\$ _____

Debts

Creditor #1 _____

\$ _____

Creditor #2 _____

\$ _____

Creditor #3 _____

\$ _____

Creditor #4 _____

\$ _____

= Total

\$ _____

Discretionary

Church Tithes & Offerings

\$ _____

Other Charitable Contributions

\$ _____

Groceries

\$ _____

Lunches, Meals Out

\$ _____

Childcare

\$ _____

School Tuition/Supplies

\$ _____

School Activities

\$ _____

Medical Bills and Co-Pays

\$ _____

Prescription Medicines

\$ _____

Pet Supplies & Vet Exams

\$ _____

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

Housing	\$ _____
Car	\$ _____
Debts	\$ _____
Discretionary	\$ _____
= 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.