



NEIGHBORHOOD CONSERVATION SERVICES OF BARBERTON, INC.  
 104-3<sup>rd</sup> Street N.W., Suite 202, Barberton, Ohio 44203 • (330) 753-8500 • Fax (330) 753-8522

## CREDIT APPLICATION

DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

### A. PERSONAL INFORMATION

Name: \_\_\_\_\_ Age/DOB \_\_\_\_\_ SS# \_\_\_\_\_  
 (Last) (First) (MI)

Spouse: \_\_\_\_\_ Age/DOB \_\_\_\_\_ SS# \_\_\_\_\_  
 (Last) (First) (MI)

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (330) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Total Number of Children and/or Dependents: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Anyone else living in home whom you consider a dependent? Y/N ( ) \_\_\_\_\_  
 Name(s) \_\_\_\_\_

### B. EMPLOYMENT INFORMATION

#### Borrower:

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ How Long?: \_\_\_\_\_  
 Yearly Gross: \$ \_\_\_\_\_ Monthly Gross: \$ \_\_\_\_\_ Monthly Net: \$ \_\_\_\_\_  
 Salary Y/N ( ) Ave Hrs Per Week: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Pays/Yr. \_\_\_\_\_

#### Co-Borrower

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ How Long?: \_\_\_\_\_  
 Yearly Gross: \$ \_\_\_\_\_ Monthly Gross: \$ \_\_\_\_\_ Monthly Net: \$ \_\_\_\_\_  
 Salary Y/N ( ) Ave Hrs Per Week: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Pays/Yr. \_\_\_\_\_

#### Previous Employer (If Less Than 2 Years With Present Employer)

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ How Long?: \_\_\_\_\_  
 Yearly Gross: \$ \_\_\_\_\_ Monthly Gross: \$ \_\_\_\_\_ Monthly Net: \$ \_\_\_\_\_



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2. HOUSING INFORMATION - PROPERTY TO BE REHABILITATED

Deed/Property In Name (s) of: \_\_\_\_\_  
 Purchase Price: \$ \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Original Mortgage: \$ \_\_\_\_\_  
 Balance Owed: \$ \_\_\_\_\_ Appraisal Provided \* Y/N ( ) Property Value: \$ \_\_\_\_\_  
 Mortgage Y/N ( ) \* if provided - Date: \_\_\_\_\_

First Mortgage: \_\_\_\_\_ Loan Account # \_\_\_\_\_  
 Lender: \_\_\_\_\_

Escrowed In Monthly Payment Y/N \_\_\_\_\_ Property Taxes ( ) &/Or Homeowners Insurance ( )  
 Original Mortgage: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ % Current Balance: \$ \_\_\_\_\_  
 Term/Years: \_\_\_\_\_ FHA: \_\_\_\_\_ VA: \_\_\_\_\_ CON: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Second Mortgage: \_\_\_\_\_ Loan Account # \_\_\_\_\_  
 Lender: \_\_\_\_\_

Original Mortgage: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ % Current Balance: \$ \_\_\_\_\_  
 Home Equity Mortgage Y/N ( ) Term/Years: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

**BANKING INFORMATION**

Name of Bank	Branch/Address	Type of Account	Account Number	Current or Average Balance

**INCOME**

	Monthly	Yearly
	\$ _____	\$ _____
Other Earnings (explain/type)	\$ _____	\$ _____
Pensions/Social Security	\$ _____	\$ _____
	\$ _____	\$ _____
Gross Income From Subject Real Estate	\$ _____	\$ _____
Net Income From Other Real Estate	\$ _____	\$ _____
Other (explain)	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

**SUMMARY OF ASSETS**

Cash and/or Other Accounts (Balance)	\$ _____
U.S. Savings Bonds/Stocks/etc (Market Value)	\$ _____
Other Real Estate Owned (Market Value)	\$ _____
(Property Address)	\$ _____
Other (explain)	\$ _____
<b>TOTAL</b>	\$ _____

G. PRESENTLY MONTHLY FIXED CHARGES

	<u>Monthly</u>	<u>Yearly</u>
1. Federal, State, Local Income Taxes	\$ _____	\$ _____
2. Social Security FICA	\$ _____	\$ _____
3. Premium for Health/Life Insurance	\$ _____	\$ _____
4. Retirement, 401-K, PERS, SERS, etc.	\$ _____	\$ _____
5. Other (explain)	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

I. CREDIT & LEGAL

Are You Presently Or Have You Previously Been Involved With Any of the Following:

Bankruptcy: Y/N { } If yes - Type: Chapter \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
 Discharge Document Provided: Y/N ( ) Schedule of Debts Document Provided: Y/N ( )  
 Judgments/Lawsuits or Liens on Property: Y/N { } Detail Documents Provided: Y/N ( )  
 Any Other Legal Claims Y/N ( ) If yes, explain \_\_\_\_\_

**LIABILITIES** (List ALL Credit Cards, Department Stores, Car Payments, Bank/Finance Company Loans, On-Line Services, Furniture/Appliance Rentals, etc)  
 \*\* Also, any Medical Debts with payments/balances

<u>Time</u>	<u>Statement Copy Y/N</u>	<u>Term &amp; Type</u>	<u>Minimum Monthly Pmt</u>	<u>Account Balance</u>
_____	( )	_____	\$ _____	\$ _____
_____	( )	_____	\$ _____	\$ _____
_____	( )	_____	\$ _____	\$ _____
_____	( )	_____	\$ _____	\$ _____
_____	( )	_____	\$ _____	\$ _____
		<b>TOTAL</b>	\$ _____	\$ _____

FAMILY EXPENSES

	<u>Monthly</u>	<u>Yearly</u>
<u>Medical/Dental/Prescriptions/Optical &amp; Physician Co-Payments</u>	\$ _____	\$ _____
<u>Groceries (Food, Cleaning Products, Pet Food, Cigarettes, etc)</u>	\$ _____	\$ _____
<u>Transportation ( Gasoline &amp; Maintenance/Repairs)</u>	\$ _____	\$ _____
<u>Car Insurance</u>	\$ _____	\$ _____
<u>Clothing</u>	\$ _____	\$ _____
<u>Entertainment (Lunches, Carry-out, Movies, Sports, Hobbies, etc)</u>	\$ _____	\$ _____
<u>Offerings/Tithes</u>	\$ _____	\$ _____
<u>Child Care</u>	\$ _____	\$ _____
<u>Newspaper, Subscriptions, etc.</u>	\$ _____	\$ _____
<u>Other (explain)</u>	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

Monthly

Yearly

1. Mortgage Payment	\$	\$
2. Homeowners Insurance	\$	\$
3. Real Estate Taxes/Special Assessments	\$	\$
4. 2 <sup>nd</sup> Mortgage Payment	\$	\$
5. Maintenance, Repairs, Lawn care & Snow Removal, etc.	\$	\$
6. Electric - ? Budget Y/N ( )	\$	\$
7. Gas - ? Budget Y/N ( )	\$	\$
8. Water/Sewer/Trash/Recycle	\$	\$
9. Phone & Cell Phone/Pager	\$	\$
0. Cable/Direct TV	\$	\$
1. Other (explain)	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**HOMEOWNERS INSURANCE**

Policy Number: \_\_\_\_\_

Company (Name & Address): \_\_\_\_\_

Policy Term/Expiration Date: \_\_\_\_\_

Agent's (Name & Address): \_\_\_\_\_

Dwelling Coverage: \$ \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

Copy/Declaration Page Provided Y/N ( ) Escrowed In Monthly Mortgage Pmt Y/N ( )

**ADDITIONAL INFORMATION**

Are You Paying/Receiving Alimony and/or Child Support Payments? Y/N \* ( ) \$ \_\_\_\_\_ Month

Answered Yes (above) is This a Payroll Deduction? Y/N ( ) Documentation Provided ( )

Do You (Applicant or Co-Applicant) Owe On Any Other Debts, Loans, Charge Accounts, etc. Not Disclosed

During This Application? Y/N ( ) Are You a Co-signer On Any Debts/Loans? Y/N ( )

Explain in detail: \_\_\_\_\_

\*\*\*\*\*

This application is made for the purpose of obtaining credit. I (we) authorize you to communicate with any person, firm, or corporation necessary to verify or obtain additional information regarding this application. I (we) affirm that all the information/answers in this application are correct and true to my (our) knowledge, and have been provided for the purpose of obtaining a Rehabilitation Loan. I (we) understand if the loan is approved, it is a Mortgage Loan that will be a lien against the property. I (we) further agree this application shall remain N.C.S. property whether or not the loan herein is granted.

Signature of Applicant(s)

X \_\_\_\_\_

Interviewed by N.C.S. Staff Member

Date of Application



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I/we understand that we are applying for a loan through Neighborhood Conservation Services of Barberton, Inc.

I/we understand that in connection with this application, an investigation of my employment, credit history, and associated property will occur.

I/we understand that the costs for: service charges, credit reports, title report, and filing/cancellation fees are my/our responsibility. In the event the loan is approved, these costs will be financed in the loan.

I/we decide not to accept the loan, or are not eligible for a loan under the N.C.S. guidelines, we will not be responsible for the fees associated herein.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

LNAPPREL.LTR)  
Revised 01/00



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