



**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](http://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