

**Wilson Community Improvement Association, Inc.**  
**504 E. Green Street – Wilson, NC 27893**  
**(252) 243-4855**

**Counselor** \_\_\_\_\_ **Date** \_\_\_\_\_

HUD File # \_\_\_\_\_ SHFPP File # \_\_\_\_\_

**Homeowner(s) Information**

**Applicant (1)** \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Last grade completed \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Current Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

**Applicant (2)** \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Last grade completed \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Current Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Job Title \_\_\_\_\_

Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

Number in household \_\_\_\_\_ # of Children \_\_\_\_\_ Ages of children \_\_\_\_\_

**Income Sources**

<b>Applicant (1)</b>	<b>Applicant (2)</b>
<b>Base Employment:</b> \$ _____	<b>Base Employment:</b> \$ _____
<b>Unemployment Benefits: \$</b> _____ <b>Start</b> _____ <b>End</b> _____	<b>Unemployment Benefits: \$</b> _____ <b>Start</b> _____ <b>End</b> _____
<b>Child Support:</b> \$ _____	<b>Child Support:</b> \$ _____
<b>Social Security:</b> \$ _____	<b>Social Security:</b> \$ _____
<b>Food Stamps:</b> \$ _____	<b>Food Stamps:</b> \$ _____
<b>Pension/Retirement:</b> \$ _____	<b>Pension/Retirement:</b> \$ _____
<b>Other: ( _____ )</b> \$ _____	<b>Other: ( _____ )</b> \$ _____

**ASSETS**

<b>Applicant (1)</b>	<b>Applicant (2)</b>
<b>Checking:</b> \$ _____	<b>Checking:</b> \$ _____
<b>Savings:</b> \$ _____	<b>Savings:</b> \$ _____
<b>Stocks/Bonds:</b> \$ _____	<b>Stocks/Bonds:</b> \$ _____
<b>Cash on Hand:</b> \$ _____	<b>Cash on Hand:</b> \$ _____
<b>Other:</b> \$ _____	<b>Other:</b> \$ _____

**Mortgage Information**

Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**1<sup>st</sup> MORTGAGE COMPANY**

Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Current payment \$ \_\_\_\_\_ Interest rate \_\_\_\_\_ Taxes/Ins. included? \_\_\_\_\_

Amt of taxes owed? \_\_\_\_\_ Ins. owed? \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_

Total amount past due \$ \_\_\_\_\_ Est. months past due \_\_\_\_\_

Year purchased \_\_\_\_\_ Current Tax Value \$ \_\_\_\_\_

**TYPE OF LOAN** (Please check all that apply)

\_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ RURAL DEVELOPMENT

\_\_\_\_\_ ASSUMED \_\_\_\_\_ CONTRACT FOR DEED

\_\_\_\_\_ INSURED CONVENTIONAL \_\_\_\_\_ UNINSURED CONVENTIONAL

\_\_\_\_\_ MOBILE HOME LOAN (age of home: \_\_\_\_\_)

**TERMS OF LOAN**

\_\_\_\_\_ Fixed Rate \_\_\_\_\_ Adjustable Rate \_\_\_\_\_ 30 year \_\_\_\_\_ 15 year

\_\_\_\_\_ Other (explain) \_\_\_\_\_

**2<sup>nd</sup> MORTGAGE COMPANY**

Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Current payment \$ \_\_\_\_\_ Interest rate \_\_\_\_\_ Taxes/Ins. included? \_\_\_\_\_

Amt of taxes owed? \_\_\_\_\_ Ins. owed? \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_

Total amount past due \$ \_\_\_\_\_ Est. months past due \_\_\_\_\_

Year purchased \_\_\_\_\_ Current Tax Value \$ \_\_\_\_\_

**ASSOCIATION DUES OR 3<sup>RD</sup> MORTGAGE**

Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Current payment \$ \_\_\_\_\_ Interest rate \_\_\_\_\_ Taxes/Ins. included? \_\_\_\_\_

Amt of taxes owed? \_\_\_\_\_ Ins. owed? \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_

Total amount past due \$ \_\_\_\_\_ Est. months past due \_\_\_\_\_

Year purchased \_\_\_\_\_ Current Tax Value \$ \_\_\_\_\_

## MONTHLY FINANCIAL WORKSHEET

<u>FIXED EXPENSES</u>	<u>Payment Amount</u>	<u>BALANCE</u>
Mortgage/Rent	_____	_____
Car payment	_____	_____
Insurance(s)	_____	_____
Utilities	_____	_____
Cable/Internet/Phone	_____	_____
Transportation expenses	_____	_____
Food/household items	_____	_____
Medical and dental care	_____	_____
Car maintenance/repair	_____	_____
Taxes	_____	_____
Childcare expenses	_____	_____
Charitable donations	_____	_____
Credit card(s) List Name	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Loan(s) List Name	_____	_____
_____	_____	_____
_____	_____	_____
Other expenses	_____	_____

Gross income	Net Income
Total monthly expenses	
<b>TOTAL AVAIL. INCOME</b>	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Borrower's Situation

Describe your situation and briefly explain what caused the situation.

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Have you attempted to correct your situation? If yes, please explain.

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Borrower Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_