

Hill Development Corporation of New Haven**CREDIT RELEASE/REGISTRATION FORM**

Individual Registration Joint Registration Money Order Rcvd: _____

What is your household type? Single Adult Married without Children
 Married with children Female-headed Single Parent Male-headed Single Parent
 Two unrelated adults Other: _____

Family/Household Size: _____ Annual Family or Household Income: _____

{ } < 50% of AMI (low Income) { } 50-79% (Low-to-Moderate Income)
{ } 80-100% AMI { } >100 AMI
{ } Other (Please Specify): _____

Are you a US Citizen? Yes No Other (Please Specify): _____

PRIMARY CLIENT

Name: _____

Address: _____ City: _____

ST: _____ Zip Code: _____ Home Phone: _____

Number of years and/or months at current address: _____ Mobile Phone: _____

Previous Address (if less than two years at current residence): _____

City: _____ ST: _____ Zip Code: _____

Marital Status: _____ Gender: _____ Race: _____

Do you own rent: \$ _____ other? Number of Years: _____

Social Security Number: _____ Date of Birth: _____

Adults in Household: _____ Number of Dependents: _____ Ages: _____

PRIMARY CLIENT EMPLOYMENT

Employer: _____ Occupation: _____

Employer Address: _____ City: _____

ST: _____ Zip Code: _____ Business Phone: _____ Fax: _____

Gross Annual Salary (before taxes): _____ Years with Employer: _____

Full-time: ___ Part-time: ___ Weekly Hours: _____ Hourly Base Rate: _____

Pay Period: ___ hourly ___ weekly ___ bi-weekly Overtime hours per week: _____

Amount of other Income: _____ Source of Income: _____

Frequency of Income received: ___ Weekly ___ Bi-weekly ___ Monthly

Previous Employer (if less than two years with current employer): _____

City: _____ ST: _____ Zip Code: _____

ASSETS

<i>Type of Account</i>	<i>Current Balance</i>	<i>Primary Client</i>	<i>Secondary Client</i>
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Checking Account	_____	_____	_____
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Savings/ CD Account	_____	_____	_____
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Retirement/Pension Plan	_____	_____	_____
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Stocks/Bonds/Mutual Funds	_____	_____	_____
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Available Gift Money: _____ Source of Gift Money: _____

DEBTS (Car note or lease, credit cards, student loans, personal loans)

<i>Creditor's Name</i>	<i>Min. Mo. Payment</i>	<i>Approx. Balance</i>	<i>Individual/Joint</i>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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<i>Other Debts</i>	<i>Monthly Payment</i>	<i>Approx. Balance</i>	<i>Individual/Joint</i>
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Child Support Payments	_____	_____	_____
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Alimony Payments	_____	_____	_____
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Real Estate Owned	_____	_____	_____
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Have you or the co-applicant declared bankruptcy? _____ Date of Discharge: _____

SECONDARY CLIENT

Name: _____

Address: _____ City: _____

ST: _____ Zip Code: _____ Home Phone: _____

Number of years and/or months at current address: _____ Mobile Phone: _____

Previous Address (if less than two years at current residence): _____

City: _____ ST: _____ Zip Code _____

Marital Status: _____ Gender: _____ Race: _____

Social Security Number: _____ Date of Birth: _____

Adults in Household: _____ Number of Dependents: _____ Ages: _____

SECONDARY CLIENT EMPLOYMENT

Employer: _____ Occupation: _____

Employer Address: _____ City: _____

ST: _____ Zip Code: _____ Business Phone: _____ Fax: _____

Gross Annual Salary (before taxes): _____ Years with Employer: _____

Full-time: ___ Part-time: ___ Weekly Hours: _____ Hourly Base Rate: _____

Pay Period: ___ Hourly ___ Weekly ___ Bi-weekly Overtime hours per week: _____

Amount of other Income: _____ Source of Income: _____

Frequency of Income received: ___ Weekly ___ Bi-weekly ___ Monthly

Previous Employer (if less than two years with current employer): _____

City: _____ ST: _____ Zip Code: _____

ADDITIONAL INFORMATION:

	Applicant		Co-Applicant	
Are you a first-time homebuyer?	Yes	No	Yes	No
Have you been pre-qualified for a mortgage?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No	Yes	No
Are you currently working with a real estate agent?	Yes	No	Yes	No

Referred to the Hill Development Corporation of New Haven by (please circle all that apply):

Newspaper: _____ Radio: _____ Lender: _____

Realtor: _____ Staff/Board Member: _____ Television _____

Friend/Family Member: _____ Non-Profit Agency: _____

Walk-in _____ Government _____ Flyer _____ Employer: _____

I am interested in receiving additional information about the following Downpayment and Closing Cost Grants and/or Loans and Individual Development Accounts (IDA) and Self-Sufficiency Programs.

I /We, _____ hereby give HDC permission to retrieve a copy of my/our personal credit report(s) at my/our expense in the amount of \$35.00 for a single application and \$60.00 for a joint application.

I/We, _____ would like HDC to provide me/us with the necessary information to order my/our personal credit report(s) directly from the three major credit repositories; Experian, Equifax and Trans Union.

I/We, _____ will provide HDC with a recent (maximum 60 days old) copy/copies of my/our personal credit report(s) from the three major credit repositories.

By signing below I/we, _____ authorize and certify that counselors and/or consultants of HDC may speak to creditors, mortgage lenders/brokers, real estate agents, home inspectors and real estate attorneys concerning my/our account.

I/We, _____ further grant permission for counselors at the above named corporation to obtain records and other materials pertinent to my/our financial status (including confidential information) which may include (without limitation): the Real Estate Purchase and Sales Agreement, Truth -in-Lending statements, Good Faith Estimates, Mortgage Commitment letters, HUD-1 Settlement statements and credit reports.

Primary Client Signature: _____ Date: _____

Secondary Client Signature: _____ Date: _____

Primary Client's Identification: _____ Exp. Date: _____

Secondary Client's Identification: _____ Exp. Date: _____

Received by: _____ Date Received: _____

HDC Counselor/Consultant

Signature: _____

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