

HOP (Pre-Qualification) INFORMATION SHEET

Last Update: 032/05/2009

Please Note: This is not an application for a loan. The information provided will be used to determine eligibility for HOP financing. It is important you provide complete and accurate information. Each person who will be on the loan needs to submit a separate information sheet.

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS ALONG WITH THIS INFORMATION SHEET:

- Credit Reports from all 3 credit reporting companies (TransUnion, Equifax, & Experian) (Free Reports at www.AnnualCreditReport.com)
- One month of current pay stubs and verification of any other income (disability, child support, retirement, etc.)
- Last 2 month's bank, credit union and investment statements
- 2 years Federal income tax returns & W-2's (if you own a business: 3 years with all schedules and recent YTD Stmt.)
- Homebuyer Education Certificate

PERSONAL DATA INFORMATION

DATE _____ DO YOU OWN ANY OTHER REAL ESTATE? Yes No
NAME-FIRST _____ MIDDLE _____ LAST _____ Married Single, Divorced, Widowed Separated
ADDRESS _____ CITY _____ STATE _____ ZIP _____ U.S. CITIZEN OR LEGAL RESIDENT ALIEN? Yes No
PHONE # _____ SOCIAL SECURITY # _____
DATE OF BIRTH _____ YEARS OF SCHOOL _____
SIZE OF HOUSEHOLD (# of persons, including yourself) _____ CHILDREN'S AGES _____
OF PERSONS IN HOUSEHOLD WITH INCOME _____ CHILDREN BEEN TESTED FOR LEAD? Yes No
ANNUAL INCOME FOR HOUSEHOLD \$ _____ CHECKING/SAVINGS ACCOUNT BALANCE \$ _____
OTHER ASSETS (List Type and Value) _____

EMPLOYMENT HISTORY / SOURCE OF INCOME

EMPLOYER _____ JOB TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____ VERIFICATION CONTACT PERSON _____
DATE OF EMPLOYMENT _____ PHONE # _____
GROSS INCOME \$ _____ Annual Monthly Weekly Bi-Weekly Hourly
PREVIOUS EMPLOYER _____ JOB TITLE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____ VERIFICATION CONTACT PERSON _____
DATES OF EMPLOYMENT _____ PHONE # _____
GROSS INCOME \$ _____ Annual Monthly Weekly Bi-Weekly Hourly
ADDITIONAL INCOME (List Type and Value) _____

RENTAL HISTORY

ADDRESS _____ RENT \$ _____
LANDLORD NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ HOW LONG _____
PREVIOUS ADDRESS _____ RENT \$ _____
LANDLORD NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ HOW LONG _____

DEBT

COMPANY _____	PYMTS. _____	BAL _____
COMPANY _____	PYMTS. _____	BAL _____
COMPANY _____	PYMTS. _____	BAL _____
COMPANY _____	PYMTS. _____	BAL _____

(USE ADDITIONAL SHEET IS NECESSARY)

If further information or clarification is needed, I may be reached during normal business hours at this phone number _____.

I understand this is not an application for a loan. I understand failure to provide accurate information or follow the recommended steps may delay approval of my request

Signature _____ Date _____

Please return all required documents to:

City of Wilmington – Community Services
Attn: HOP Counselor
PO Box 1810
305 Chestnut St; 2nd Floor
Wilmington, NC 28402
Phone: 910-341-7836

