



COMMUNITY
PARTNERS for
**AFFORDABLE
HOUSING**

800 S. Milwaukee Ave., Suite 201
Libertyville, IL 60048

Pre-Purchase Counseling

Considering meeting with a Housing Counselor to discuss your personal circumstances? CPAH provides you with unbiased consumer information and helps prepare you to qualify for the best loan possible. You will receive guidance as to how much house you can afford, what mortgage products might be best for your household, and help overcoming credit and debt and budgeting issues.

SCHEDULING A COUNSELING APPOINTMENT:

Submit the following items prior to scheduling a counseling session. Upon receipt of a complete application, a Housing Counselor will call you within 2-3 business days to schedule an appointment:

- Completed CPAH Programs Application (attached)
- Completed budget template (attached) for entire household
- *\$25 credit report fee per individual; cash, money order, or credit/debit card only—for credit/debit, complete attached form.
- 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), proof of court ordered child support, etc.
- Most recent year's tax return (federal only) *OR* all applicable W2's, 1099's, etc. for all adults
Please note: Two years are required if you are self-employed or have seasonal employment.
- Most recent bank statement for all open bank accounts, for all adults 18+ (*Please be sure to include all pages*)
- Copy of your Loan Estimate—only applicable to those being sent by a mortgage lender.

OTHER IMPORTANT INFORMATION:

- You can submit your completed packet to Laura Olvera at lolvera@cpahousing.org, fax, drop off in-person or mail back to our address below.
- *If you are presently working with a lender and they are requiring counseling to meet a specific program's requirements, your lender may be able to submit a recent copy of your credit report (no older than 60 days). Please check with your lender first
- Counseling and education is required for all CPAH mortgage assistance programs
- Counseling sessions can be held in-person, virtually, or by phone. Our main office is in the 800 Executive Center, on the east side of the road, about two miles north of Route 60, and about one mile south of Route 176, across from Condell hospital.
- If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

**Call 847/263-7478 or visit www.cpahousing.org
for more information**

www.cpahousing.org
phone 847.263.7478
fax 847.796.8060



Pre-Purchase Counseling Application

GENERAL

Applicant Name: Address: City: State: Zip Code: Telephone: Cell Phone: Email: Social Security # D.O.B:

Co-Applicant Name: Address: City: State: Zip Code: Telephone: Cell Phone: Email: Social Security # D.O.B:

Judgments: Foreclosure: Have you been a Co-Signer on a Mortgage: Bankruptcy: Release/Discharge Date:

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Number of people in current household: Ages: If you are interested in purchasing a home, what is the number of people anticipated in your future household: Ages:

Do any dependents in your household reside with you less than full time: Yes No If yes, please explain:

Do you currently: Rent Own Have any borrowers owned a house in the last 3 years? Yes No

Desired Monthly Payment: \$ (if applicable) How were you referred to CPAH:

Have you taken a Homebuyer Education class? Yes No If yes, please list date & which agency:

Have you attended a CLT Info Session? Yes No If yes, please indicate date:

If you are interested in purchasing a CLT or Inclusionary home, please indicate which communities are of interest to you: Highland Park Lake Forest Evanston

DEMOGRAPHIC INFORMATION

Ethnicity: Race: American Indian/Alaskan Native Asian Asian & White Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaskan Native & White American Indian or Alaskan Native & Black or African American Black or African American & White Other Multiple Race Choose not to Respond

Head of Household: Single Married Separated Divorced Widowed Other: Choose not to state

Gender: Male Female

CO-APPLICANT DEMOGRAPHIC INFORMATION

Ethnicity: Race: American Indian/Alaskan Native Asian Asian & White Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaskan Native & White American Indian or Alaskan Native & Black or African American Black or African American & White Other Multiple Race Choose not to Respond

Head of Household: Single Married Separated Divorced Widowed Other: Choose not to state

Gender: Male Female

U.S. Citizen: Yes No Permanent Res. Alien: Yes No

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Military Status: Active Duty Veteran N/A

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Primary Language Spoken in Household: _____

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Highest Education Level: High School Some College Degree
 Choose not to state

Highest Education Level: High School Some College Degree
 Choose not to state

EMPLOYMENT

CO-APPLICANT EMPLOYMENT

Are you self-employed? Yes No

Are you self-employed? Yes No

Employer: _____

Employer: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Years @ Current Employer: _____

Title: _____ Years @ Current Employer: _____

Do you have two continuous years in the same line of work? Yes No

Do you have two continuous years in the same line of work? Yes No

Current Gross Monthly Income \$ _____ (Income BEFORE Taxes)

Current Gross Monthly Income \$ _____ (Income BEFORE Taxes)

Overtime \$ _____

Overtime \$ _____

Bonuses \$ _____

Bonuses \$ _____

Commissions \$ _____

Commissions \$ _____

Child Support, SSI/SSDI
Unemployment, etc. \$ _____

Child Support, SSI/SSDI,
Unemployment, etc. \$ _____

Other \$ _____

Other \$ _____

TOTAL \$ _____

TOTAL \$ _____

Previous Year's Income: _____

Previous Year's Income: _____

Are there additional household members who have income? Yes No *If so, please advise CPAH as additional information may be required.*

If Applicable: How much income will come from residents not going on the loan? \$ _____

HOUSEHOLD ASSETS

Checking \$ _____

Stocks/Mutual Funds \$ _____

Savings \$ _____

Gifts \$ _____

401 (k), IRA, Pension \$ _____

Other \$ _____

I/We authorize Community Partners for Affordable Housing (CPAH) to obtain and/or review my/our credit report(s) to determine our eligibility for CPAH programs. I/We certify that all information contained in this application is true and correct, to the best of my knowledge.

I/We agree to allow CPAH to obtain and/or review my/our credit report I/We do not agree to allow CPAH to obtain and/or review my/our credit report

Applicant Signature

Date

Co-Applicant Signature

Date

MONTHLY EXPENSES AND DEBTS

Name:		Household Size:	
Expense Category	Expense Description	Monthly Amount	Total Amount Owed
Housing	Rent/Mortgage/Other		
	Rental Insurance		
	Maintenance/Supplies		
	Improvements		
Utilities	Phone (Land Line)		
	Cell Phone		
	Gas		
	Electric		
	Cable		
	Water/Garbage/Sewer		
Transportation	Gasoline		
	Car Insurance		
	Repairs & Maintenance		
	IPASS / Tolls / Parking		
	Public Transportation		
Household Expenses	Groceries		
	Non-Food Supplies		
	Personal Care		
	Clothing		
Education	Education		
Insurance	Life		
	Medical		
	Dental		
	Disability		
Medical	Doctor Visits		
	Medication		
	Other		
Child Care	Child Care		
	Sports		
Cash / Entertainment	Spending Money		
	Entertainment		
	Vacation		
	Gifts		
Dues / Donations	Church / Charity		
	Dues		
Miscellaneous / Other	Savings		
	Other		
Loans / Credit			
	Car Loan/1		
	Car Loan/2		
	Installment Loan		
	Credit Card /1		
	Collections		
	Student Loan/1		
	Student Loan/2		
Total Expenses		\$ -	\$ -
Total Income		\$ -	
Difference + (-)		\$ -	



Credit Card Authorization Form

I, _____, hereby authorize Community Partners for Affordable Housing (CPAH) to charge my credit card for the following amount as payment for my credit report. **CPAH is unable to issue reimbursement once your credit report has been pulled.**

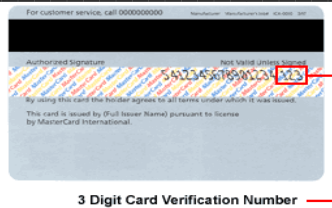
Amount: \$ _____

Cardholder Name: _____

American Express / Discover / VISA / MasterCard

Credit Card Number: _____

Expiration Date: ____ / ____



SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Email: _____

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. CPAH will keep all information entered on this form strictly confidential.