

UNITED COMMUNITY CENTER
Under the Administration of the New United Baptist COGIC Inc.
A 501 (c)(3) Organization

1367 HIGHWAY 138
Phone: (770) 909-7337
www.ucclove.org

RIVERDALE, GA 30296
Fax: (770)909-6211
Email: faith@ucclove.org

HOUSING CONSULTANT APPLICATION

FHA__ HUD__ VA__ Conventional__

PERSONAL INFORMATION: TODAY'S DATE: _____ 2005

NAME: _____

ADDRESS OF PROPERTY: _____

CITY: _____ STATE: _____ ZIP _____

S.S.N: _____ TEL NO: _____

EMPLOYMENT:

EMPLOYMENT: _____ ADDRESS: _____

HOW LONG ON THE JOB: _____ POSITION: _____

MONTHLY INCOME: _____ PRESENTLY EMPLOYED? YES NO

MORTGAGE STATEMENT:

MORTGAGE COMPANY: _____ FHA__ HUD__ CONV__

MORTGAGE ACCOUNT #: _____ MONTHLY MTG AMOUNT \$ _____

FIRST MORTGAGE SECOND MORTGAGE HOME VALUE \$ _____

NUMBER OF PAYMENTS BEHIND ON YOUR MORTGAGE: _____

ARE YOU IN BANKRUPTCY? YES OR NO WHAT CHAPTER? 13 7

HOW LONG OWNING THIS HOME? _____ PRINCIPAL BALANCE \$ _____

PLEASE UNDERSTAND THAT YOUR REQUEST AND THE RETURN OF ANY INFORMATION WILL NOT SUSPEND THE FORECLOSURE CURRENTLY IN PROCESS. IT WILL HOWEVER, ALLOW YOUR CASE TO BE EVALUATED FOR A FORCLOSURE ALTERNATIVE. IF YOU ARE APPROVED, THE FORECLOSURE MAY BE SUSPENDED.

APPLICANT SIGNATURE: _____