



CONSUMER SMALL DOLLAR LOAN “Tax Sale”

Please fill out this application form completely, sign and date it, and review the checklist of required documents to ensure your application packet is complete. **Applications without all supporting documents cannot be accepted.**

Life comes at you fast! Neighborhood Housing Services is offering consumer loans to residents of Baltimore City to help avoid tax sale. Fill out this application to find out if you are eligible. Please call NHS Rena Somar at 410-327-1200 x116 for information.

Eligibility:

- Must have a stable source of income
- Must have direct deposit
- Primary Resident
- Homeowner with a mortgage must first explore if lender will pay tax bill (Except in the case of a reverse mortgage where there is no equity)
- Must reside at or below 80% of the Area Median Income (AMI)

Income Limits for the Program:

Household Size	80%
1 Person	\$50,350
2 People	\$57,550
3 People	\$64,750
4 People	\$71,900
5 People	\$77,700
6 People	\$83,450
7 People	\$89,200
8 People	\$94,950

Program Requirements:

Amount of Loan	Up to \$1,500
Repayment Time	2 years
Interest Rate	8.00%
Employment	Stable source of income for at least 1 year.
Repayment Schedule	Monthly payments through direct deposit/ACH
Banking requirement	Bank account with direct deposit
Underwriting	No current bankruptcy or judgments.
Counseling	Foreclosure counseling to determine sustainability. City's benefits checkup where applicable.



CONSUMER SMALL DOLLAR LOAN "Tax Sale"

CUSTOMER INFORMATION

Borrower Name: _____ Co- Borrower Name: _____
 Social Security Number: _____ Social Security Number: _____
 Date of Birth: _____ Date of Birth: _____
 Address (Street): _____ Address (Street): _____
 (City, Zip): _____ (City, Zip): _____

Please circle preferred method of contact below Email or Phone call

Please circle preferred method of contact below Email or Phone call

Home: _____ Cell: _____ Home: _____ Cell: _____
 Email: _____ Email: _____
 Are you a citizen of the United States Yes No Are you a citizen of the United States Yes No

EMPLOYMENT INFORMATION

Name of Employer: _____ Name of Employer: _____
 No. of Years ____ Self Employed Yes No No. of Years ____ Self Employed Yes No
 Employer Address: _____ Employer Address: _____
 Position: _____ Position: _____
 Annual Income: _____ Annual Income: _____

HOUSEHOLD INFORMATION

Please list ALL persons currently living in your household (attach separate sheet of paper if needed)

Estimate annual income if necessary. Please indicate if any household members are full-time students

Name	Date of Birth	Annual Income	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit and Legal Information

Have you recently applied to any other lenders for a loan to address your housing needs? Yes No
 Are you presently, or have you ever been involved with:





CONSUMER SMALL DOLLAR LOAN "Tax Sale"

- Bankruptcy?
 - Judgment or Lawsuit?
 - Liens (other than a First or Second Mortgage) on your property?
 - Any other Legal Claims?
 - Is this property in Probate?
- If you answered yes to any of these, please explain: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

Borrower I do not wish to furnish this information

Ethnicity: Hispanic/Latino
 Not Hispanic/Latino

Race:
 American Indian, Alaskan Native
 Black or African American White
 Native Hawaiian or Other Pacific Islander
 Asian American Other

Sex: Male Female

Married Unmarried Separated

Education: HS/GED Bachelor's
 Master's Other

Co-Borrower I do not wish to furnish this information

Ethnicity: Hispanic/Latino
 Not Hispanic/Latino

Race:
 American Indian, Alaskan Native
 Black or African American White
 Native Hawaiian or Other Pacific Islander
 Asian American Other

Sex: Male Female

Married Unmarried Separated

Education: HS/GED Bachelor's
 Master's Other



CONSUMER SMALL DOLLAR LOAN “Tax Sale”

SIGNATURES

I authorize Neighborhood Housing Services of Baltimore (NHS) to obtain credit reports in connection with this application and any loan or account established, as well as any update, renewal, extension, review or collection thereof. NHS will use the credit report to confirm my residency address, review existing credit obligations, payment history, and determine whether my income is eligible to support a loan payment. Upon my request, NHS will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

I also authorize NHS to verify any information contained in this application with other parties and to report its transactions with me. I authorize NHS, the lender, to share information I have provided on this application and any other information with any of the Program partners.

I certify that all statements made in this application are true.

This application in no way guarantees or implies funding and/or service through Neighborhood Housing Services of Baltimore, its agents and/or assignees.

Signature of Borrower

Date

Signature of Co-Borrower

Date

CONSUMER SMALL DOLLAR LOAN “Tax Sale”

REQUIRED SUPPORTING DOCUMENTS

- Provide 60 days of recent income for all members who reside in the household (e.g., pay stubs; benefit letter for SSI, Social Security, pension, unemployment, disability, etc.). If a household member does not have any income, including workers compensation, unemployment, etc., please submit a signed and dated written statement from that person attesting that they do not have any income. If a household member is a full time student over the age of 18, please provide a current semester course schedule showing name and number of credits being taken.
- Copy of Federal Tax Returns from the last 2 years with W2's. If you do not file Federal Tax Returns, please submit a signed and dated written statement attesting that you do not file.
- Bank Statements from the last 3 months
- Copy of picture I.D. (e.g., driver's license)
- Budget form completed
- If Self-Employed provide 2-year tax returns and Year-to-date profit and losses
- Copy of Property Tax Bill due



CONSUMER SMALL DOLLAR LOAN “Tax Sale”



www.nhsbaltimore.org

HOUSEHOLD BUDGETING WORKSHEET

Total Monthly Gross Income \$ _____ Total Monthly Net Income \$ _____

Housing Expenses

Rent or 1 st Mortgage Payment	\$ _____	Rent or 2 nd Mortgage Payment	\$ _____
Utilities	\$ _____	Condominium/HOA Fee	\$ _____
Renter’s Insurance	\$ _____	Water/Sewer (Monthly)	\$ _____

Auto Expenses

Car Payment	\$ _____	Gas	\$ _____
Insurance	\$ _____	Maintenance	\$ _____
Tolls, EZ Pass, Parking	\$ _____		

Debts

Creditor #1	\$ _____	Creditor #2	\$ _____
Creditor #3	\$ _____	Creditor #4	\$ _____

Discretionary

Church, Tithes, & Offerings	\$ _____	Charitable Contributions	\$ _____
Groceries	\$ _____	Lunches, Meals Out	\$ _____
Childcare	\$ _____	School Tuition/Supplies	\$ _____
School Activities	\$ _____	Medical Bills & Co-Pays	\$ _____
Prescription Medicines	\$ _____	Pet Supplies & Vet Exams	\$ _____
Entertainment	\$ _____	Newspaper/Magazine Subscriptions	\$ _____
Cable	\$ _____	Landline Phone	\$ _____
Cell Phone	\$ _____	Internet	\$ _____
Clothing	\$ _____	Personal Care Items	\$ _____
Hair Care, Nails, Etc.	\$ _____	Gifts, Holidays	\$ _____
Membership, Union Dues	\$ _____	Other	\$ _____

Monthly Expenses Totals

Housing Expenses	\$ _____
Auto Expenses	\$ _____
Debts	\$ _____
Discretionary	\$ _____
Total	\$ _____

MONTHLY SURPLUS/SHORTAGE

Total Monthly Net Income	\$ _____	TIP: The monthly Surplus is the amount available for savings. If there is a shortage or break even, you must reduce your discretionary spending. Purchasing at an affordable level, setting goals and establishing reserve savings for emergencies and unexpected changes in income is the key to sustaining home ownership.
Minus Total Monthly Expenses	\$ _____	
Equal Monthly Surplus/Shortage	\$ _____	

