

High Plains Community Development Corp.
Preliminary Application for Home Ownership Program

Applicant Information

| <i>Applicant</i> | | | <i>Co-Applicant</i> | | | | |
|---|---|---|---|---|---|------------|-----------------|
| Applicant Name | | | Co-Applicant Name | | | | |
| Social Security Number | Home or Cell Phone No. | Age | Social Security Number | Home or Cell Phone No. | Age | | |
| _____ Married | | How Many Dependents (Children): _____ | _____ Married | | How Many Dependents (Children): _____ | | |
| _____ Separated | | Ages of Dependents: _____ | _____ Separated | | Ages of Dependents: _____ | | |
| _____ Unmarried (single, divorced, widowed) | | Total # in household _____ | _____ Unmarried (single, divorced, widowed) | | Total # in household _____ | | |
| _____ American Indian/Alaskan Native | _____ American Indian or Alaska Native and White | _____ Asian | _____ American Indian/Alaskan Native | _____ American Indian or Alaska Native and White | _____ Asian | | |
| _____ Black or African American | _____ Black or African American and White | _____ Native Hawaiian or Other Pacific Islander | _____ Black or African American | _____ Black or African American and White | _____ Native Hawaiian or Other Pacific Islander | | |
| _____ White | _____ American Indian or Alaska Native and Black or African American | _____ Other Multiple race | _____ White | _____ American Indian or Alaska Native and Black or African American | _____ Other Multiple race | | |
| Present Address | _____ Own | _____ Rent | _____ No. Years | Present Address | _____ Own | _____ Rent | _____ No. Years |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| Previous Address | _____ Own | _____ Rent | _____ No. Years | Previous Address | _____ Own | _____ Rent | _____ No. Years |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |

Employment Information

| | | | | | |
|---------------------------------------|--|-------------------|---------------------------------------|--|-------------------|
| Name and Address of Present Employer | | Years on This Job | Name and Address of Present Employer | | Years on This Job |
| _____ | | _____ | _____ | | _____ |
| _____ | | _____ | _____ | | _____ |
| _____ | | _____ | _____ | | _____ |
| Position/Title/Type of Business | | Work Phone No. | Position/Title/Type of Business | | Work Phone No. |
| _____ | | _____ | _____ | | _____ |
| Name and Address of Previous Employer | | Years on This Job | Name and Address of Previous Employer | | Years on This Job |
| _____ | | _____ | _____ | | _____ |
| _____ | | _____ | _____ | | _____ |
| _____ | | _____ | _____ | | _____ |
| Position/Title/Type of Business | | Work Phone No. | Position/Title/Type of Business | | Work Phone No. |
| _____ | | _____ | _____ | | _____ |

Counseling Disclosure Statement

I understand that High Plains Community Development Corp., Inc. provides comprehensive housing counseling services including, but not limited to, pre and post purchase, reverse mortgage, foreclosure prevention and rental counseling. I understand that the agency will make recommendations to me regarding potential solutions that may best suit my needs.

I understand that the agency does not have the authority to deny or approve any mortgage or reverse mortgage loan, foreclosure prevention workout, rental agreement or dispute resolution. I understand that I have the right to make the final decisions regarding my housing needs and to seek additional opinions in regards to my options regardless of the agency's recommendations.

I also understand that while affordable homes, lending products and other forms of assistance might be available through High Plains CDC, and partnerships in which High Plains CDC has entered, I am under no obligation to utilize these services.

Any agency or lender that I am working with or that receives an application from me has my permission to discuss my situation with High Plains Community Development Corp., Inc. counseling staff. Additionally, I understand that High Plains may need to contact my lender, landlord, employer or any other entity regarding my financial situation to verify and complete a full analysis of my application. I therefore, give High Plains permission to solicit and share information with any of these parties.

I hereby authorize High Plains to obtain a copy of my credit report for the purpose of verifying creditor information and to better assess my financial situation. All information contained in my credit report will be considered confidential and used for legitimate business purposes only, as stated in the Fair Credit Reporting Act.

Signature

Signature

Date

Date