



CREDIT AUTHORIZATION/PRE-QUALIFICATION FORM

Los Angeles Office: 3926 Wilshire Blvd., Suite 200, Los Angeles, CA 90010

Pacoima Office: 11243 Glenoaks Blvd., Suite 9, Pacoima, CA 91331

(213) 381-2862: Tel

Applicant

First Middle Last

Social Security Number:

Present Address:
(Please do not list a Post Office Box Number)

Address

City State Zip Code

Own Rent Amt. mortgage/rent: \$

Home/Cell Phone: ()

Work Phone: ()

Email:

Date of Birth:

Male Female Ethnicity:

Current Savings Amount: \$

I am Retired I am Self Employed

Time Present Job: Yrs Occupation

Time Previous Job: Yrs Occupation

How are you paid? (Please circle one)

Weekly Bi-Weekly Monthly

Current Annual Gross Income: \$

Pension/SSA Monthly Gross: \$

2010 Gross Income: \$

2011 Gross Income: \$

Family Size:

What is the Applicant's relationship with Co-Applicant?

Property Owners ONLY

Lender(s):

1st Mortgage Balance:

2nd Mortgage Balance:

Co-Applicant

First Middle Last

Social Security Number:

Present Address:
(Please do not list a Post Office Box Number)

Address

City State Zip Code

Own Rent Amt. mortgage/rent: \$

Home/Cell Phone: ()

Work Phone: ()

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Property Owners ONLY

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1st Mortgage Balance:

2nd Mortgage Balance:

I (we), the above applicant(s), give permission to Neighborhood Housing Services of Los Angeles County (NHS) and/or its Lending Partners to obtain my (our) Credit history. I (we), understand that this report will be ordered through NHS and that it will appear as an inquiry on my (our) report. This is NOT a Real Estate Loan Application.

Please Sign in Ink.

Signature of Applicant Date

Signature of Co-Applicant Date