

PURCHASE/REFINANCE/CONSTRUCTION MORTGAGE LOAN

REQUEST FOR SUPPORTING DOCUMENTS

_____ List the name, address and account number (if applicable) for all landlords or mortgage lenders for the last two years:

1.	2.
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_____ List borrower as the CDIB/Membership Cardholder and non-tribal member as co-borrower on application

_____ Copy of most recent pay stub for 30-day period (if self-employed, two years filed tax returns with schedules)

_____ Copy of award letter for SSI, AFDC, retirement income, etc.

_____ W2s for past two years

_____ Past two years' signed and dated federal income tax returns or past two years' tax transcripts

_____ Copy of most recent bank statement (must have bank name and address along with your account information)

_____ Copy of social security card and valid driver's license (or valid state issued identification card) for all borrowers

_____ Copy of front and back of CDIB and tribal membership card

_____ If you are applying as a borrower only, please submit \$65.00 for the credit report fee. If you are applying as a borrower and co-borrower, please submit \$110.00.

Please furnish the information listed above with your loan application. This information is extremely important to the timely processing of your application. During the processing of your loan, you may be asked to furnish other information and letters of explanation for your file.

You will need to attend a homebuyer education class to receive assistance from the Choctaw Nation Housing Authority. A service coordinator will contact you once we have processed your loan application.

MAIL ALL DOCUMENTS TO:

Housing Authority of the Choctaw Nation of Oklahoma

Attn: Home Finance Department | P.O. Box G | Hugo, OK 74743

580-326-7521 | 800-235-3087 | HOMEFINANCE@CHOCTAWHOUSING.COM | FAX 580-326-7641
207 JIM MONROE RD. | PO BOX G | HUGO, OKLAHOMA 74743



Choctaw Nation Housing Authority

CHOCTAWNATION.COM



CHOCTAW HOME FINANCE CORPORATION

PREQUALIFICATION FORM

Purpose of Loan: <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Construction			Home Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home		
For Refinance: Cash Out: <input type="checkbox"/> Yes <input type="checkbox"/> No Est. Market Value: \$ _____ Int. Rate _____ Yr. Purchased: _____ Yr. Built: _____ Original Cost: \$ _____ Current Mortgage Holder: _____ Current Balance: \$ _____ Escrow: <input type="checkbox"/> Yes <input type="checkbox"/> No			For Prequalification Only: <input type="checkbox"/> Yes <input type="checkbox"/> No For Purchase: Subject Property Address Street: _____ City: _____ State: _____ Zip: _____ Sale Price: \$ _____ County: _____		
APPLICATION INFORMATION					
APPLICATION			CO-APPLICANT		
Applicant's Name: (First, Middle Initial, Last Name)			Co-Applicant's Name: (First, Middle Initial, Last Name)		
SS #:	DOB:	Phone:	SS #:	DOB:	Phone:
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/>		Number of Dependents: (Not listed by Co-Applicant) Ages: _____	Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/>		Number of Dependents: (Not listed by Co-Applicant) Ages: _____
Email Address:		Cell Phone:	Email Address:		Cell Phone:
Physical Address: (Street, City, Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs. _____ Amount _____			Physical Address: (Street, City, Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs. _____ Amount _____		
Mailing Address (If different from physical address)			Mailing Address (If different from physical address)		
If residing at present address for less than two years, complete the following:					
Former Address (Street, City, Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs. _____ Amount _____			Former Address (Street, City, Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs. _____ Amount _____		

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EMPLOYMENT INFORMATION			
APPLICATION		CO-APPLICANT	
Name & Address of Employer:		Name & Address of Employer:	
# Years	Gross Monthly Income:	# Years	Gross Monthly Income:
Business Phone:		Business Phone:	
Position/Title:		Position/Title:	
Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>			
Name & Address of Employer:		Name & Address of Employer:	
# Years	Gross Monthly Income:	# Years	Gross Monthly Income:
Business Phone:		Business Phone:	
Position/Title:		Position/Title:	
Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Address of Employer:		Name & Address of Employer:	
# Years	Gross Monthly Income:	# Years	Gross Monthly Income:
Business Phone:		Business Phone:	
Position/Title:		Position/Title:	
Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income: (Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-Applicant does not choose to have it considered for repaying this loan.)		Monthly Amount	
		S	
		S	
		S	
		S	

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List Liabilities (Name and Address of Company)		
		Monthly Payments
		\$
		\$
		\$
List Assets (All checking & savings accounts, 401k, stocks, bonds with accounts numbers):		
List All Properties Owned, if applicable (Rentals, Cabin, 2nd Home, Land):		
History	Applicant	Co-Applicant
1. Have you filed for bankruptcy within the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you obligated to pay alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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DEMOGRAPHIC INFORMATION	
APPLICATION	CO-APPLICANT
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

You agree that everything stated in this application is correct to the best of your knowledge. Choctaw Home Finance is authorized to investigate your creditworthiness, employment history, to obtain a credit report and to ask questions about their credit experience with you. You understand that any false or misleading statement in your application may cause any loan or extension of credit to be in default.

Applicant Signature:	Date	Co-Applicant Signature:	Date:

TO BE COMPLETED BY LOAN ORIGINATOR:

This information was provided:

- ☐ In a face-to-face interview ☐ By the applicant and submitted by fax or mail
☐ In a telephone interview ☐ By the applicant and submitted via email or the Internet

Loan Originator's Signature:	Date:
Loan Originator's Name (Print or Type)	

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BORROWER SIGNATURE AUTHORIZATION

Privacy Act Notice:

This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected.

Part 1 - General Information

1. Name and address of borrower(s)

2. Name and address of lender Choctaw Home Finance Corporation
P.O. Box G
Hugo, OK 74743
580-326-7521 Fax: 580.326.7641

Part II - Borrower Authorization

I hereby authorize the Lender to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my loan application. I further authorize the Lender to order a consumer credit report and verify other credit information, including past and present landlord references. It is understood that a copy of this form will also serve as authorization.

The information the Lender obtains is only to be used in the processing of my application.

Part III - Authorization To Release Information

I have applied for a loan through Choctaw Home Finance Corporation. As part of the application process, I hereby authorize Choctaw Home Finance to release my loan application file to Choctaw Housing Authority Service Coordination Department for the purpose of budgeting classes.

Part IV - Third Party Authorization

I have applied for a mortgage loan through Choctaw Home Finance Corporation. As part of the application process, I hereby authorize Choctaw Home Finance Corporation to release my loan application file to our preferred outside lenders for the purpose of mortgage loan financing. I further authorize the lender to which the loan file is sent to provide Choctaw Home Finance Corporation with any information or documentation regarding my loan file.

You, the Borrower and Co-Borrower, agree that everything stated in this application is correct to the best of your knowledge. Choctaw Home Finance is authorized to investigate your creditworthiness, employment history, to obtain a credit report and to ask questions about their credit experience with you. You understand that any false or misleading statement in your application may cause any loan or extension of credit to be in default.

Applicant Signature	Date	Co-Applicant Signature	Date

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HOUSEHOLD INCOME WORKSHEET

Applicant Name (Last, First, Middle)

Address (Street, City, State, Zip)

County

Borrower Home Phone

Borrower Work Phone

Borrower Cell Phone

Co-borrower Home Phone

Co-borrower Work Phone

Co-borrower Cell Phone

Best time to contact (and best contact #)

Borrower Email

Co-borrower Email

Family Status (Total in Family)

Family Status (Total in Family)

Current Home Status

☐ Rent ☐ Own Other _____

Number of Rooms in Current Home

Degree of Indian Blood:

Tribe:

ANSWERING THE FOLLOWING QUESTIONS WILL HAVE NO BEARING ON ELIGIBILITY FOR ASSISTANCE

Are you related to any person employed by the Choctaw Nation Housing Authority? ☐ Yes ☐ No

If you answered yes, please list whom and how you are related? _____

Please list all persons (including applicants) living in your household

Household Members	Relationships	Date of Birth	Social Security	Gross Yearly Income

Borrower Signature

Date

Borrower Signature

Date

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APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

DO YOU REALIZE...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required** to repay all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

DO YOU KNOW...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

SO BE CAREFUL!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.

ASK QUESTIONS

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

WATCH OUT FOR HOUSING ASSISTANCE SCAMS!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

REPORT FRAUD

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410