



828 Evarts Street, N.E. Washington, DC 20018
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 www.mannadc.org

Personal Information Questionnaire

This is not a mortgage loan application.

Date Submitted: _____

Primary Interest: (Using the numbers 1 through 4; please rank the following according to your level of interest; with 1 signifying your primary interest & 4 signifying your least interest)

- Affordable Housing Project Homebuyer's Education/Manna Home Buyer's Club
 Manna Mortgage Corp/Loans & Refinancing Other _____

How did you hear about Manna? (Please mark "X" the one that best applies) Friend/Relative Email

- Internet/Google Search Advertising/Flyer Driving by Project/Signage Newspaper/Magazine Article

Name of Property I am Interested in: _____

I am Interested in: Purchasing Refinancing

Property Type Desired: Townhouse/Rowhouse Condominium Cooperative

Household Type: (Please mark "X" the one that best applies) Single Adult Single Parent-Female Headed

- Single Parent-Male Headed Married-No Children Married w/ Children

- 2 or More Unrelated Adults Other

Number of Person(s) in Household: (i.e. respondent and any person(s) living with respondent)

- 1 2 3 4 5 or more

Respondent 1

Name: ..	Soc. Sec. Number:
Current Address:	Date of Birth: Sex:
City, State, Zip: , No Zip	Email Address:
Home Phone: No. Yrs. at Address	Work Phone:
Cell Phone:	Fax:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Perm. Res. <input type="checkbox"/> Work Permit
Current Housing: (Please mark "X" to all that apply) <input type="checkbox"/> Rent Room <input type="checkbox"/> Rent Apt. <input type="checkbox"/> Rent House <input type="checkbox"/> w Friend/Relative	
<input type="checkbox"/> Shelter/Homeless <input type="checkbox"/> Public/Transitional Housing <input type="checkbox"/> Own Property/Mortgage <input type="checkbox"/> Have Section 8 <input type="checkbox"/> Other	

If less Than Two Years at Current Address:

Previous Address:	Date From:	Date To:
City, State, Zip:		

Do you own a vehicle? Yes No

Education: Some High School High School Graduate GED Trade/Vocational School
 Some College College Graduate Advanced Degree

Ethnicity/Race: White Black or African American Hispanic or Latino Asian
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Bi-Racial _____ Other _____

Respondent 2

Name:	Soc. Sec. Number:
Current Address:	Date of Birth: Sex:
City, State, Zip: , No Zip	Email Address:
Home Phone: No. Yrs. at Address	Work Phone:
Cell Phone:	Fax:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Perm. Res. <input type="checkbox"/> Work Permit
Current Housing: (Please mark "X" to all that apply) <input type="checkbox"/> Rent Room <input type="checkbox"/> Rent Apt. <input type="checkbox"/> Rent House <input type="checkbox"/> w Friend/Relative <input type="checkbox"/> Shelter/Homeless <input type="checkbox"/> Public/Transitional Housing <input type="checkbox"/> Own Property/Mortgage <input type="checkbox"/> Have Section 8 <input type="checkbox"/> Other	

If less Than Two Years at Current Address:

Previous Address:	Date From:	Date To:
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Do you own a vehicle? Yes No

Education: Some High School High School Graduate GED Trade/Vocational School
 Some College College Graduate Advanced Degree

Ethnicity/Race: White Black or African American Hispanic or Latino Asian
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Bi-Racial _____ Other _____

Respondent 1

Employment & Source(s) of Income	Dates of Employment		Monthly Income Before Taxes	or	Annual Income Before Taxes
	From	To			
Employer:					
Address:					
Position/Title:					
Other Source(s) of Income:					
Disability Income					
Child Supp/Alimony					
Social Security Income					
Retirement/Annuity/Investment					
Employment If Less Than Two Years at Current Employer:	Dates of Employment		Monthly Income Before Taxes	or	Annual Income Before Taxes
	From	To			
Previous Employer:					
Address:					
Position/Title:					

Respondent 2

Employment & Source(s) of Income	Dates of Employment		Monthly Income Before Taxes	or	Annual Income Before Taxes
	From	To			
Employer:					
Address:					
Position/Title:					
Other Source(s) of Income:					
Disability Income					
Child Supp/Alimony					
Social Security Income					
Retirement/Annuity/Investment					
Employment If Less Than Two Years at Current Employer:	Dates of Employment		Monthly Income Before Taxes	or	Annual Income Before Taxes
	From	To			
Previous Employer:					
Address:					
Position/Title:					

Disabled Person In Household? Yes No

Have you recently (past 30 days) been pre-qualified or pre-approved by a lender?

Yes No

Have you recently (past 90 days) applied for the Home Purchase Assistance Program?

Yes No

Household Composition:

[Please List **ALL** Other Household Members and Their Incomes. Include **ALL** Individuals Who Will Live With You In The House You Wish to Purchase. Self, Co-Purchaser, Dependent(s), Non-Dependent(s)]

Name	Sex	Date of Birth	Relationship	Monthly Income

List Cash and Savings Available (Including any investment accounts)

Bank or Institution	Estimated Balance	Type of Account (Checking, Savings, 401K, etc.)	Average Monthly Deposit

List All Debts

(Car payments, credit cards, personal loans, student loans, future bills, as well as monthly debts deducted from your paycheck, co-signed debts like car & home loans, child support/alimony, etc.)

Creditors	Amount Owed	Minimum Monthly Payment

For Refinances Only

Current Mortgage

Mortgage Co/Loan Number (Include a recent statement if possible)	Current Balance (estimated)	Total Monthly Payment	Mortgage Start Date

Estimated Market Value of Your Residence or Other Property: \$ _____

Property Type: Single Family Home Condominium Cooperative Other

Annual/Monthly Real Estate Taxes: \$ _____

Annual/Monthly Homeowners Insurance: \$ _____ (Please provide a copy of a recent bill, if possible.)

Monthly Condominium Fee: \$ _____

Other Information

Judgements or Collections

	\$
	\$
	\$

Have you had a bankruptcy in the last 10 years? No Yes -> Filing Date: _____

Discharge Date: _____ Type Chapter 7 Chapter 13

Have you lived in DC for the past year or more? Yes No

Have you owned a home in the last 3 years? Yes No

How long have you lived at your current residence? _____ year(s) _____ month(s)

What is your current rent/mortgage payment? \$ _____

Average Monthly Utilities: \$ _____

Acknowledgement, Certification, and Authorization

- > **I acknowledge** that the above information is to be used in assessing my readiness for homeownership and mortgage program qualification.
- > **I understand** that this is not an application for a mortgage loan or for housing purchase.
- > **I certify** that the above information is correct to the best of my knowledge.
- > **I hereby authorize Manna Inc. to include its subsidiaries (Manna Mortgage Corp., Manna Home Buyer's Club) to obtain a credit report in my name** in order to analyze my readiness for homeownership and mortgage program qualification.

Signature of Respondent #1: _____ Date _____

Signature of Respondent #2: _____ Date _____

Manna, Inc. will not process an application unless the \$20.00 non refundable processing fee is enclosed, made payable to Manna, Inc, and has the required signatures and social security numbers. A joint report may be obtained for spouses purchasing together. All other clients must pay separately.

For Manna Office Use Only

Received Date: _____ Contract Date: _____ Settlement Date: _____ Release Date: _____

HBC Client: Yes No CAAB IDA Funds: Yes No \$ _____

Project Name: _____ Manna Property Non-Manna Property

Address: _____ City: _____ State: _____ Zip: _____

Type of Housing: Single Family/Townhouse Condominium Coop

Basement: Yes No Den: Yes No

Bedroom(s) _____ Bathroom(s) _____

Contract Price	\$ _____	Earnest Deposit	\$ _____
Less	\$ _____	Mortgage Amount	\$ _____ (1st Trust)
Less	\$ _____	Options Amount	\$ _____
Effective Price	\$ _____	Total Settlement Charges (Purchaser)	\$ _____
		Total Settlement Charges (Seller)	\$ _____

Deed Restrictions	Amount	\$	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Comment(s):