

# *Northwest Regional Housing Authority*

Housing Rehabilitation Services for  
Individuals and Families in  
Northwest Arkansas

2025

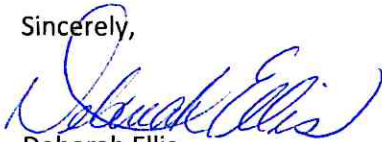
Dear Client,

Thank you for contacting the Northwest Regional Housing Authority Annex location. Enclosed will find the USDA 502 Direct USDA, Rural Development New Home Pre-qualification application and the supporting documents needed to process the application.

Please fill out the application and supporting documents in their entirety. Please make sure that each section requiring an applicant signature is signed and dated. We have added a couple of new items to our pre-qualification process. We will need a copy of your latest credit report (Please see included sheet) and a list of all liabilities (debts that you currently owe). Your current liabilities will include, student loans, automobile loans, personal loans, HELOC or Home equity loans, credit cards, bank loans, etc.... We need to know your minimum monthly payment and the exact balance on the account.

Thank you for calling our office for your home loan assistance. If I can be of any further service or you have any questions or concerns, please feel free to reach out to me.

Sincerely,



Deborah Ellis  
Family Housing Specialist Assistant  
Northwest Regional Housing Authority  
317 Industrial Park Road  
Harrison, AR 72601  
870-743-6779

*Addressing Affirmative Fair Housing needs as an Equal Opportunity provider and employer*

317 Industrial Park Rd. Harrison, AR. 72601

Phone Number: 870-743-6779 Fax: 870-741-9246 Text: 870-204-2836

Email: [tammy@nwregionalhousing.org](mailto:tammy@nwregionalhousing.org)

Website: [www.nwregionalhousing.org](http://www.nwregionalhousing.org)



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Dear Client,

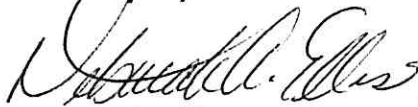
Please pull a copy of your credit report and scores

You can use the Free Credit Service listed below.

We will need a copy of your credit report returned with your pre-qualification application. We cannot complete the application process without knowing your current credit situation. If you have questions or concerns, please feel free to contact me.

[www.annualcreditreport.com](http://www.annualcreditreport.com)

Thank you,



Deborah Ellis

NW Regional Housing Authority Annex

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Harrison, AR 72601

(870) 743-6779

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## *Home Purchase Program*

### CLIENT INFORMATION SHEET

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT PHONE NUMBER

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CO/APPLICANT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CURRENT MAILING ADDRESS

\_\_\_\_\_  
HOW LONG HAVE YOU LIVED HERE?

\_\_\_\_\_  
PRESENT LANDLORD'S NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

OTHER HOUSEHOLD MEMBERS

DOB

RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFERENCES  
(ACCOUNT #'S)

NAME OF BANK

LOCATION

CHECKING

SAVINGS

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME OF COMPANY TO WHOM DEBT IS OWED

MINIMUM MONTHLY PAYMENT AMOUNT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: debts include mandated child support, revolving credit accounts, accounts on which you are a co-signer, etc.

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APPLICANT'S PLACE OF EMPLOYMENT \_\_\_\_\_ HIRE DATE \_\_\_\_\_

HOW LONG? \_\_\_\_\_ ANNUAL GROSS INCOME \$ \_\_\_\_\_

IF LESS THAN 2 YEARS, PREVIOUS EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CO-APPLICANT'S PLACE OF EMPLOYMENT \_\_\_\_\_ HIRE DATE \_\_\_\_\_

HOW LONG? \_\_\_\_\_ ANNUAL GROSS INCOME \$ \_\_\_\_\_

IF LESS THAN 2 YEARS, PREVIOUS EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ANY OTHER SOURCES OF INCOME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

Note: Income includes check stubs, child support, Social Security, Disability, etc.  
**PROOF OF ALL HOUSEHOLD INCOME MUST BE TURNED IN WITH THE INFORMATION SHEET.**

PREFERRED COUNTY OF RESIDENCE:  CONWAY  JOHNSON  LOGAN  POPE  YELL

LIST ALL LANDLORDS FOR THE PAST 3 YEARS

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

LIST ALL ADDRESSES FOR THE PAST 3 YEARS

ADDRESS

HOW LONG?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**OFFICE USE ONLY:** DATE RECEIVED:



# Northwest Regional Housing Authority

317 Industrial Park Road – Harrison, Arkansas 72601 – (P) 870-743-6779 (F) 870-741-9246

## Northwest Regional Housing Authority Housing Counseling Credit Authorization

I/We hereby authorize Northwest Regional Housing Authority (NWRHA) to verify my/our past and present employment earning record, bank accounts, and any other assets needed throughout the housing counseling process.

I/We furthermore authorize Northwest Regional Housing Authority (NWRHA) to order a credit report and verify other credit information, including non-traditional credit accounts such as utilities & rental history directly from the service provider.

**By signing below you are stating that you have read, understand & agree to the content of this Credit Authorization.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Office Use Only Below This Line

Information Requested From: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Notes / Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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See Authorization Above.

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Please send correspondence regarding the above request to: Deborah Ellis via email, [housing@nwregionalhousing.org](mailto:housing@nwregionalhousing.org) or fax 870-741-9246. If you have any questions, contact Debbie at 870-743-6779.

*Deborah Ellis*

Director of Housing Counseling  
Northwest Regional Housing Authority



# Northwest Regional Housing Authority

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## Northwest Regional Housing Authority Housing Counseling Office Release

You will primarily be working with your assigned counselor. In an effort to better serve you, it may be necessary that your file occasionally be accessed by other counselors employed by Northwest Regional Housing Authority.

By signing below, you acknowledge that all NWRHA Counselors have access to your file and that your situation may be discussed with other counselors and staff.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Household Information:**

**Please List ALL Household Members and Provide Income Information for All Household Members.**

(If you are unsure of the monthly income amount, provide the hourly rate and average weekly hours worked.)

Name	Age	Relation to Applicant	Income Source	Monthly Amount	Rate Per Hour	Hours Worked Per Week

**Additional Monthly Income Sources:**

SNAP \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Alimony \_\_\_\_\_  
 Other \_\_\_\_\_

Location of desired housing: \_\_\_\_\_ Desired house payment: \$ \_\_\_\_\_

**Current Rent / Mortgage Amount: \$ \_\_\_\_\_ Assistance Amount (if any): \$ \_\_\_\_\_**

**Preferred Method of Contact (Circle One):**  Phone  Text  Email \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Text?** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mail:** \_\_\_\_\_  
 \_\_\_\_\_



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## Northwest Regional Housing Authority Housing Counseling Disclosure Statement

Read & Initial

### Types of Counseling Provided

Counseling of clients include: Fair Housing Pre-purchase Education Workshops, Predatory Lending Education Workshops, Pre-purchase Homebuyer Education Workshops, Resolving/Preventing Mortgage Delinquency Workshops, Financial Management/Budget One-On-One Counseling for Homeowners, Home Improvement & Rehabilitation One-On-One Counseling, Non-delinquency Post Purchase Workshops for Homeowners, Fair Housing One-On-One Counseling, Rental One-On-One Counseling, and Rental education workshops.

### Counseling Methods

Methods of counseling services will be offered in all types of settings including one-on-one counseling, group counseling, or class room environment. Phone counseling and counseling at a location other than the NWRHA offices is available, as long as privacy is available. These locations will be evaluated on a case-by-case basis.

Group counseling sessions will require class participation and include examples of income and family situations that may or may not be similar to your own. Your private information will never be shared with a class or anyone without you written consent.

### Disclosures

Your name, address, and other personal information will be part of a data base that will be part of the Housing Counselors file as required by HUD.

Northwest Regional Housing Authority (NWRHA) often partners with businesses and organizations' whose expertise is vital to the program. NWRHA does not endorse the products that these partners represent and the client is not obligated in any way to the products or services offered by any partners.

NWRHA offers the following programs, in addition to Housing Counseling: *502 Direct Loan Packaging, Mutual Self-Help Housing Program, Self-Help Housing Rehabilitation, Section 8 Rental Assistance, Multi-Family Rental Unit Management & Family Self-Sufficiency Savings Program.* The client is not obligated to receive any services offered by NWRHA. NWRHA is not obligated to provide services to clients.

Client information will only be shared with relevant third parties once the client has completed the authorization form releasing the requested information.

**By signing below you are stating that you have read and understand the content of this Disclosure Statement.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# FINANCIAL & HOUSING AFFORDABILITY ANALYSIS WORKSHEET

Per agency regulations, every housing counseling session requires a financial and housing affordability analysis to help the client achieve their housing goals. The counselor must ensure that their counseling process is appropriate for the circumstances and consistent with HUD requirements. Establishing a budget is a part of conducting the required financial and housing affordability analysis for most types of housing counseling. **Please complete to the best of your ability.**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Income	Amount
Job #1	
Job #2	
Unemployment	
Child Support	
Pension/Retirement	
Disability Income	
Public Assistance (example: SNAP/EBT)	
Other:	
<b>TOTAL INCOME</b>	↓
<b>TOTAL EXPENSES (subtract)</b>	-
<b>LEFT OVER</b>	=

Expenses	Amount
<b>FIXED EXPENSES</b>	
Current Rent	
Car Payment	
Auto Insurance	
Health Insurance	
Student Loans	
Personal Loans	
Other: _____	
<b>VARIABLE EXPENSES</b>	
Heat/ Gas	
Electric	
Cable	
Water	
Internet	
Phone	
Child Care/Child Support	
Credit Card Payment #1	
Credit Card Payment #2	
Credit Card Payment #3	
Gasoline	
Groceries	
Eating out	
Doctor Visits	
Prescriptions	
Laundry/Dry Cleaning	
Barber/Beauty Shop	
Personal Expenses	
Other	
<b><u>TOTAL EXPENSES</u></b>	

## ASSETS

Checking Acct(s) Total Balance	
Savings Acct(s) Total Balance	
Cash/Other	