

CREDIT HISTORY WORKSHEET

Applicant _____

Co-applicant _____

Section A - Credit Review

- | | <u>App</u> | <u>Co-app</u> |
|--|--|--|
| 1. Has the applicant used secured or unsecured credit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has the applicant had other financial obligations during the last 3 years (rent, utilities, medical, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any accounts where the amount of the delinquency exceeded one installment for more than 30 days within the last 12 months? (If yes, complete Section B.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are there any accounts where the payments were delinquent for more than 30 days on two or more occasions within a 12-month period? (If yes, complete Section B.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the applicant's credit history over the last 36 months contain a foreclosure or bankruptcy? (If yes, complete Section C.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the applicant's credit history indicate any court created or affirmed obligations (judgments) caused by nonpayment that have been outstanding within the last 12 months or are currently outstanding? (If yes, complete Section D.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the applicant have an outstanding tax lien with no satisfactory arrangement for payment? (If yes, complete Section D.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are there any delinquent Federal debts or outstanding judgments against the applicant obtained by the United States in a Federal court (other than the United States tax court)? (If yes, the applicant is not eligible for the program unless the Administrator grants an exception.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are there any outstanding collection accounts with no satisfactory arrangements for payment (no matter what their age) or collection accounts that were paid in full within the last 6 months? (If yes, complete Section D.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Has the applicant had two or more rent or mortgage payments paid 30 days or more past due that have occurred within the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Has the applicant had any non-Agency debts written off within the last 36 months unless the debt was paid in full at least 12 months ago? (If yes, complete Section C.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Has the applicant had any debts to the Rural Housing Service debt settled within the last 36 months or are being considered for debt settlement? (If yes, complete Section C.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section B - Credit History

Account Name	Amount of Installment	Amount Delinquent	Times Delinquent	Days Delinquent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were circumstances beyond the applicant's control? (If yes, give a brief explanation.)

Have the adverse circumstances been removed? (If yes, give a brief explanation.)

Section C - Bankruptcies, Foreclosures or Debt Settlement

Bankruptcies - Date of last occurrence _____ Were circumstances beyond the applicant's control? _____
(If yes, give a brief explanation.)

Foreclosures - Date of last occurrence _____ Were circumstances beyond the applicant's control? _____
(If yes, give a brief explanation.)

Debt settlement of Agency or non-Agency loans - Date of occurrence _____ Were circumstances beyond the applicant's control? _____

(If yes, give a brief explanation.)

Section D - Outstanding court created obligations (judgments), tax liens, and collection accounts

Date: Amount Owed: Balance Due: Purpose of Debt: Requires Payoff: Yes No

_____	_____	_____	_____	_____	___	___
_____	_____	_____	_____	_____	___	___
_____	_____	_____	_____	_____	___	___

Section E - Credit history evaluation

Determine whether the failure to pay debts when due indicates a pattern of unacceptable credit handling. Review those delinquent accounts, events, and chargeoffs over which the applicant had control. Is the failure to pay debts when due an indication of unacceptable credit handling?

Summarize your decision as to why this is adverse credit.

Section F - Summary evaluation of the applicant's credit history

Circle a, b, c, or d and indicate credit acceptability in item (e) below.

- a. The applicant has no adverse credit history.
- b. The applicant has no credit history, which is an indicator of unacceptable credit handling.
- c. The applicant has an adverse credit history, but I have determined that the adverse accounts were beyond the applicant's control.
- d. The applicant shows a pattern of unacceptable credit handling.
- e. The applicant has _____ Acceptable credit history _____ Unacceptable credit history

Name and Title of Loan Approval Official

Date