



INTAKE FORM

APPLICANT INFORMATION:

DATE: 1-24-15

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

SS#: _____ DOB: _____

CO-APPLICANT Name: _____ SS#: _____ DOB: _____

Mailing Address

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

LENGTH OF RESIDENCY: _____ YRS. _____ MONTHS DO YOU _____ OWN _____ RENT _____ OTHER

AVERAGE MONTHLY HOUSING EXPENSE:(Rent) _____ CURRENT ADDRESS _____ (Y/N)

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS) _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

LENGTH OF RESIDENCY: _____ YRS. _____ MONTHS

NUMBER OF DEPENDENTS: _____

DEPENDENTS NAME:

AGE:

CHECK ALL THAT APPLY:

_____ US VETERAN

_____ FIRST TIME BUYER

_____ SINGLE HEAD OF HOUSEHOLD

_____ OWNED HOME IN LAST 3 YEARS

_____ SECTION 8 PARTICIPANTS

_____ HOMELESS

_____ RENTER

U.S. CITIZEN: _____ YES _____ NO

Hispanic Yes — NO —

GENDER: _____ MALE _____ FEMALE

MARITAL STATUS: _____ RACE: _____

Email Address _____

LANDLORD INFORMATION:

NAME: _____ PHONE#: _____ FAX#: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

(PREVIOUS) NAME: _____ PHONE#: _____ FAX#: _____

EMPLOYMENT INFORMATION:

APPLICANT:

EMPLOYER NAME: _____ PHONE: _____ FAX# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

POSITION/TITLE: _____ HOURS PER WEEK: _____ INCOME: _____ Hr./Wk/BiwK/Mth/Ann.

LENGTH OF EMPLOYMENT: _____ YRS _____ MO CURRENT JOB? _____ SELF EMPLOYED? _____
Circle One

START DATE: _____ END DATE: _____

PHONE#: _____ FAX#: _____

PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 2 YEARS): _____

EMPLOYMENT INFORMATION:

CO-APPLICANT:

EMPLOYER NAME: _____ PHONE: _____ FAX# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

POSITION/TITLE: _____ HOURS PER WEEK: _____ INCOME: _____ Hr./Wk/BiwK/Mth/Ann.

LENGTH OF EMPLOYMENT: _____ YRS _____ MO CURRENT JOB? _____ SELF EMPLOYED? _____
Circle One

START DATE: _____ END DATE: _____

PHONE#: _____ FAX#: _____

PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 2 YEARS): _____

LIABILITIES (LOANS, CREDIT CARDS, ETC...):

| <u>DESCRIPTION</u> | <u>ACCOUNT NUMBER:</u> | <u>CURRENT BALANCE:</u> | <u>MONTHLY PAYMENT:</u> | <u>PAYMENTS REMAINING:</u> | <u>JOINT LIABILITY:</u> |
|--------------------|------------------------|-------------------------|-------------------------|----------------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

NON TRADITIONAL CREDIT (UTILITIES, ETC...):

| <u>DESCRIPTION</u> | <u>MONTHLY PAYMENT:</u> | <u>LENGTH OF CREDIT:</u> | <u>START:</u> | <u>END:</u> |
|--------------------|-------------------------|--------------------------|---------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

AVAILABLE FUNDS (CHECKING ACCOUNT, SAVINGS ACCOUNT, ETC...):

| <u>DESCRIPTION</u> | <u>ACCOUNT NUMBER:</u> | <u>TOTAL ASSET VALUE:</u> | <u>FUNDS AVAILABLE:</u> | <u>JOINT ASSET:</u> |
|--------------------|------------------------|---------------------------|-------------------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

ADDITIONAL SPACE/COMMENTS:



Applicant Signature

Date

Applicant Signature

Date



COUNSELING/COUNSELING RESULTS (This section –Complete all that is applicable)

1. What is the reason for seeking counseling?

- Lending institutional referral- (lender name) _____
- Interested in buying a home
- Want to learn more about homeownership
- Other _____

2. What were the counseling and/or mortgage outcome?

- | | |
|--|--|
| <input type="checkbox"/> Obtained a HECM | <input type="checkbox"/> Occupied "Transitional Housing" |
| <input type="checkbox"/> Mortgage assigned to HUD | <input type="checkbox"/> Forbearance Agreement |
| <input type="checkbox"/> Mortgage Foreclosed | <input type="checkbox"/> Sold their property |
| <input type="checkbox"/> Decided to not purchase | <input type="checkbox"/> Purchased Housing |
| <input type="checkbox"/> Brought mortgage current | <input type="checkbox"/> Occupied "emergency shelter" |
| <input type="checkbox"/> Counseling completed | <input type="checkbox"/> referred to other services |
| <input type="checkbox"/> Entered public housing/private sector | <input type="checkbox"/> Other (specify) _____ |
| | <u>Facebook</u> |

3. How did you hear about this workshop?

- Friend
- Newspaper
- Church
- Radio
- Flyer
- Referred by lender
- Referred by real estate agent
- Facebook

4. What was the referral action, if applicable?

- money management education
- referred to credit counseling
- mortgage default counseling
- debt management
- budget counseling
- credit report review
- homebuyer education
- N/A

Income History

Household Annual Income (Completed by Client)

- | | |
|--|--|
| <input type="checkbox"/> \$18,000 - \$24,000 | <input type="checkbox"/> \$31,000 - \$49,999 |
| <input type="checkbox"/> \$25,000 - \$30,000 | <input type="checkbox"/> \$70,000 - \$99,999 |
| <input type="checkbox"/> \$50,000 - \$69,999 | <input type="checkbox"/> \$120,000 and over |
| <input type="checkbox"/> \$100,000 - \$119,000 | |

Area Median Income Requirements (Counselors, please refer to income sheet and check that which is appropriate)

- <(Less Than) 50% of Area Median Income (AMI)
- 50 – 80% of Area Median Income
- 80 – 100% of Area Median Income
- > 100% of Area Median Income

ADDITIONAL INCOME (CHILD SUPPORT, ALIMONY, ETC...):

TYPE OF INCOME:

MONTHLY AMOUNT:
