

PERSONAL PROFILE INTAKE FORM

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street _____

City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____ - _____ - _____ Social Security Number Birth Date ____/____/____

Race (please circle):

- 1. White 2. Black or African American 3. American Indian/Alaskan Native
- 4. Asian 5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White
- 7. Asian and White 8. Black/African American and White 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin) This is in addition to the "Race" category

Hispanic: Yes No

Foreign Born (please select one) : Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

- 1. Rent 2. Homeless 3. Homeowner with mortgage
- 4. Living with family member and not paying rent 5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

- 1. Female headed single parent household 2. Male headed single parent household 3. Single adult
- 4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ How many dependents (other than those listed by any co-borrower)? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:



Relationship _____ Age _____ Relationship _____ Age _____

Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Colonias Resident (Lives within 150 miles of Mexican border in an unincorporated community with a population less than 10,000 of low and very low income levels and which lacks safe, sanitary sound housing, as well as services such as potable water, adequate sewage systems, drainage, streets, and utilities) Please circle one:

Yes _____ no _____

Language: English _____ Spanish _____ Other please specify _____

Migrant Farm Worker: yes _____ no _____

Received HUD Issued HEMC Certificate: yes _____ no _____

Victim of Predatory Lending Practices: yes _____ no _____

Using Section 8 Voucher to Purchase Home: yes _____ no _____

Using Section 8 Voucher to Rent Home: yes _____ no _____

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT *Please Print Clearly*

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____
Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

_____ - _____ - _____ / _____ / _____
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Primary Employer: _____

 Title Hire Date

 Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

Previous Employer: _____

 Title Length of Employment

 Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

 Title Hire Date

 Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

INCOME

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		

Other Employment _____

	CUSTOMER		CO-APPLICANT	
Can you document your child support/alimony income?	Yes	No	Yes	No
If yes, how long will it continue?	_____		_____	
If your child or a family member receives SSI, how many more years will the payments continue?	_____		_____	
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

LIABILITIES/DEBT

Please Print Clearly

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
 If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

Please Print Clearly

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment?	Day: M T W Th F		Time: ____ AM ____ PM	

AUTHORIZATION

I authorize NHS HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and

(c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

_____ *Customer*

_____ *Date*

_____ *Co-Applicant*

_____ *Date*



For Internal Use Only

Notes/Comments: _____

Received By: _____ Date: ___/___/___

Reviewed By: _____ Date: ___/___/___

Type of Service(s)	
Counseling	<input type="checkbox"/>
Rehab	<input type="checkbox"/>
Home Ownership	<input type="checkbox"/>
Financial Fitness	<input type="checkbox"/>
Refinance	<input type="checkbox"/>
Section 8	<input type="checkbox"/>
Other Services	<input type="checkbox"/>
Sears Post Purchase	<input type="checkbox"/>