Client Intake Form

PERSONAL INFORMATION:

Applicant:		
Address:		
City, St & Zip:		
Phone:		
Email:		
Race:		
Ethnicity:	Personal Status:	
Gender:	Disabled?:	
Education:		
Housing Info:		
Children? Ages & Gender:		
Social Security #		
Date of Birth		

Co-Applicant:		
Address:		
City, St & Zip:		
Phone:		
Email:		
Race:		
Ethnicity:	Personal Status:	
Gender: Male	Disabled?:	
Education:		
Housing Info:		
Children? Ages & Gender:		
Social Security #		
Date of Birth		

ALL HOUSEHOLD SOURCES OF INCOME:

Last 2 two years of employment, wages, self-employment, SSI, SSDI, pensions, retirement, child support, unemployment, settlements, etc.

Who	Amount	Income Type	Freq.	Hrs.	Employer Name, Phone, & Your title	Hired Date

Household Annual Income: $

RENTAL HISTORY:

Last 2 two years of rental history, please provide the landlord's name, address, city, state, zip, and phone number.

	Landlords Name	Address, City, ST & Zip	Phone	From:	To:
App					
Co-App					
Both					

PERSONAL DISCLOSURES:

APPLICANT	Yes or No
Outstanding Judgements?	
Declared bankrupt within 7 years?	
Foreclosure in the last 7 years?	
Party to a lawsuit?	
Are you in default of federal debt?	
Is your down payment borrowed?	
Are you a signor of a Promissory Note?	
US Citizen?	
Permanent Resident Alien?	
Will you occupy the property as your primary residence?	
Do you have an ownership interest?	
Do you have a PERSONAL RELATIONSHIP with staff, board, or decision-maker that can be of influence?	

Co- APPLICANT	Yes or No
Outstanding Judgements?	
Declared bankrupt within 7 years?	
Foreclosure in the last 7 years?	
Party to a lawsuit?	
Are you in default of federal debt?	
Is your down payment borrowed?	
Are you a signor of a Promissory Note?	
US Citizen?	
Permanent Resident Alien?	
Will you occupy the property as your primary residence?	
Do you have an ownership interest?	
Do you have a PERSONAL RELATIONSHIP with staff, board, or decision-maker that can be of influence?	

FINANCIAL BUDGET:

Auto Loan 1	
Auto Insurance 1	
Child Support/Alimony	
Credit Card Min Payments	
Credit Collections	
Education	
Athletic Events/Hobbies	
Housing Payment	
Rent	
Installment loan	
Health Insurance	
Dentist/Medical	

Savings	
Tax	
Internet	
Cable TV	
Cell Phone	
Electricity	
Water/Sewer	
Auto Loan 2	
Auto Gasoline 2	
Auto Insurance 2	
Charity	
Dining	
Food and Groceries	
Gifts	
Alcoholic Beverages	
Miscellaneous	
Pet Supplies/Expenses	
Public Transportation	
Rental Property Income	
Total	$ 0.00

Authorization to Release Information:

I authorize Homes in Partnership, Inc. to (a) Pull my/out credit report to review my/our 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.

CLIENT SIGNATURE :_____**DATE:**_____

CLIENT SIGNATURE :_____**DATE:**_____

COUNSELOR SIGNATURE :_____**DATE:**_____

Corporate Office

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•www.homesip.org

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