



Post Purchase Counseling Intake Form

CLIENT

Please Print Clearly

Name: _____
Last First MI

Street Name Apt #
City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____

Mobile/Cell (____) _____ - _____ Email: _____

Social Security Number: _____ - _____ - _____ **Preferred Contact Type:** _____

Race (please circle):

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

Hispanic: No Yes

Are you a Veteran: No Yes

Gender: Male Female

Birth Date: _____/_____/_____

Marital Status:

- | | | | | |
|-----------|------------|-------------|--------------|------------|
| 1. Single | 2. Married | 3. Divorced | 4. Separated | 5. Widowed |
|-----------|------------|-------------|--------------|------------|

Current Housing Arrangement:

- | | |
|-------------------------------------|----------------------|
| 1. Rent | 2. Homeless |
| 3. Homeowner with mortgage | 4. Does not pay rent |
| 5. Homeowner with mortgage paid off | |

Household Type:

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

Annual or Monthly Family Income: \$ _____

of People in House: _____

How many dependents (excluding dependents listed by the 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
--------------	-----	--------------

Foreign Born: Yes No

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 |

What language do you primarily speak at home? _____

Are you the head of the household? No Yes

Are you disabled? Yes No **Are there any household family members with disabilities?** Yes No

Are you, Have you or Do you: (indicate all that apply)

<u>A Colonias Resident?</u>	Yes	No
<u>A Migrant Farm Worker?</u>	Yes	No
<u>Received HUD Issued HECM Certificate?</u>	Yes	No
<u>Been a Victim of Predatory Lending?</u>	Yes	No
<u>Using Section 8 Voucher to Purchase a Home?</u>	Yes	No
<u>Using Section 8 Voucher to Rent a Home?</u>	Yes	No
<u>Currently have a checking account?</u>	Yes	No
<u>Currently have a savings account?</u>	Yes	No
<u>Currently have a retirement account?</u>	Yes	No
<u>Currently have an IDA account?</u>	Yes	No

*A "Colonia" is an unincorporated community with a population of less than 10,000 people of low income.

Referred to by (please circle all that apply):

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

CLIENT EMPLOYMENT

Please Print Clearly

Primary Employer: _____

***Hire Date:** _____ **Title:** _____

How long have you worked for this employer? _____

How long have you been in profession? _____

Phone: (_____) _____ - _____ *ext:* _____ **Status (Please Circle):** Part-Time Full-Time

Secondary Employer: _____

***Hire Date:** _____ **Title:** _____

How long have you worked for this employer? _____

How long have you been in profession? _____

Phone: (_____) _____ - _____ *ext:* _____ **Status (Please Circle):** Part-Time Full-Time

CO-BORROWER INFORMATION

Name: _____
Last First MI

Street _____

City State Zip Code

How long have you lived at this address? _____

Home: (_____) _____ - _____ Work: (_____) _____ - _____ ext. _____

Birth Date: ____/____/____ **Social Security Number:** ____-____-____

Gender (circle): Male Female

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

Relationship to Borrower (circle): Spouse/Partner Child Sibling Parent Other Relative Relative by Marriage

Do you have separate dependants?: Yes No **If so, what are their ages?:** __, __, __, __, __, __, __

Disabled: Yes No

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

Race (circle):

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

Hispanic: No Yes

Foreign Born: (please circle one): Yes No

CO-BORROWER EMPLOYMENT Please Print Clearly

Primary Employer: _____

***Hire Date:** _____ **Title:** _____

How long have you worked for this employer? _____

How long have you been in profession? _____

Phone: (____) _____-_____ *ext:* _____ *Status (Please Circle):* Part-Time Full-Time

Secondary Employer: _____

***Hire Date:** _____ **Title:** _____

How long have you worked for this employer? _____

How long have you been in profession? _____

Phone: (____) _____-_____ *ext:* _____ *Status (Please Circle):* Part-Time Full-Time

SAVINGS/INVESTMENTS Please Print Clearly

Check if applicable and the approximate value for each of the following:

Type of account	Bank/Company
<input type="checkbox"/> Checking account \$ _____	_____
<input type="checkbox"/> Savings account \$ _____	_____
<input type="checkbox"/> Retirement account \$ _____	_____
<input type="checkbox"/> Cash \$ _____	_____

OTHER INCOME Please Print Clearly

Type	CUSTOMER Monthly Gross	CO-BORROWER Monthly Gross
Alimony/Child Support		
Social Security		
Pension Income		
Public Assistance		
Dependent SSI Income		
Disability Income		
Rental Income		

ADDITIONAL INFORMATION**Borrower****Co-Borrower**

Can you document your child support/alimony income?	Yes	No	Yes	No
If yes, how long will it continue?	_____		_____	
Are you a US Citizen?	Yes	No	Yes	No
Are you an Alien Resident?	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? _____				
Who is Bankruptcy Attorney? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				
Have your payments been made on time?	Yes	No	Yes	No
Are you in default?: Yes No If so, how many months?: _____				
Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	Yes	No	Yes	No
Are you party to a lawsuit?	Yes	No	Yes	No
Have you directly or indirectly been obligated on any loan which resulting in foreclosure, transfer of title in lieu of foreclosure, or judgement?	Yes	No	Yes	No
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?	Yes	No	Yes	No
Are you obligated to pay alimony, child support, or separate maintenance?	Yes	No	Yes	No
Are you a co-maker or endorser on a note?	Yes	No	Yes	No
Do you intend to occupy the property as your primary residence?	Yes	No	Yes	No
<u>Is home listed for sale?</u>	Yes	No		

If yes, please tell us which lender and or realtor you are working with.

Lender: _____ Phone Number: _____

Realtor: _____ Phone Number: _____

AUTHORIZATION

I authorize SDNHS/CHW 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 closing the refinancing of my mortgage, 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-Borrower

Date

