

PERSONAL PROFILE INTAKE FORM

CUSTOMER

Please Print Clearly

Name: _____
Last First MI

Street _____

City _____ State _____ Zip Code _____

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

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

E-mail: _____

_____ - _____ - _____ Preferred method of contact: _____
Social Security Number

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

Veteran: Yes No

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

Gender (please circle): Male Female _____ / _____ / _____
Birth Date

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

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 | |

County that you currently live in: _____

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 |

Estimated Annual Family or Household Income: \$ _____

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

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

Foreign Born (please select one): 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 |

CUSTOMER EMPLOYMENT

Primary Employer: _____
 _____/_____/_____
Hire Date *Title*

Part-Time or **Full-Time** (Please Circle)

How often paid? ___hourly ___weekly ___every two weeks ___twice a month ___monthly

Amount (before taxes): \$ _____

Secondary Employer: _____

_____/_____/_____
Hire Date *Title*

Part-Time or **Full-Time** (Please Circle)

How often paid? ___hourly ___weekly ___every two weeks ___twice a month ___monthly

Amount (before taxes): \$ _____

CO-APPLICANT EMPLOYMENT

Please Print Clearly

Primary Employer: _____
 _____/_____/_____
Hire Date *Title*

Part-Time or **Full-Time** (Please Circle)

How often paid? ___hourly ___weekly ___every two weeks ___twice a month ___monthly

Amount (before taxes): \$ _____

Secondary Employer: _____

_____/_____/_____
Hire Date *Title*

Part-Time or **Full-Time** (Please Circle)

How often paid? ___hourly ___weekly ___every two weeks ___twice a month ___monthly

Amount (before taxes): \$ _____

INCOME

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support (circle one)		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

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.

Paid To	Current Balance \$	Monthly Payment \$	Who's Debt? C=Customer, A=Co-Applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

LIQUID FUNDS/SAVINGS/

List Name of Account or Bank	CUSTOMER Amount - \$	CO-APPLICANT Amount - \$
Checking account		
Savings account		
Cash		
CDs		
Securities, Stocks, Bonds, etc. (circle one)		
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

	CUSTOMER Amount - \$	CO-APPLICANT Amount - \$
Current monthly rent or mortgage		
Utilities (Electric/Gas/Water)		

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

