

West Side Neighborhood Housing Services Homeownership Counseling Intake Form

Customer Profile

Name:
Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Alternate Phone:** _____

Email: _____ **(credit counseling only) Social Security Number:** _____ - _____ - _____

Email: _____ **Social Security Number:** _____ - _____ - _____

Best Method of Contact : Primary Phone Alternate Phone Email Other _____

Age: _____ **Date of Birth:** _____

Age: _____ **Date of Birth:** _____

Relationship Status: Single Married Divorced Separated Widowed Unmarried couple

Highest Level of Education: Less than High School High School/GED Some College 2-Year Degree (Associates) 4-Year Degree (B.A., B.S) Graduate Degree Vocational Training

Are you currently enrolled in school? Yes No

Readiness Questionnaire

Are you a first-time homebuyer (have not owned a home in the last three years)? Yes No **Do you know your credit score?** Yes No

Have you spoken to anyone at a bank? Yes No **How soon do you hope to buy?** Within 6 months Within 1 Year Within 2 Years Other _____

Do you have a contract on a home? Yes No

Household Composition

Type of Household: Single Adult Married w/Children Married, No Children Two or more unrelated adults

Female-headed single parent household Male-headed single parent household

Number of People In Household: _____

Are you/co-applicant active military? Yes No **Are you/co-applicant a veteran?** Yes No

Current Housing Arrangement: Rent Living with family member, not paying rent Cooperative Housing

Homeless Other: _____

Financial Information

Please answer to the best of your ability, regardless of your stage in the home-buying process.

Annual Household/Family Income: \$ _____ **Monthly Household/Family Income:** \$ _____

How much do you currently pay per month in rent? \$ _____

What is the max you would want to spend on a monthly mortgage payment? \$ _____

What is your price range for purchasing a home (i.e. \$65,000 – \$85,000)? \$ _____

Do you have any savings? Yes No **If so, about how much?** \$ _____

Have you ever declared bankruptcy? Yes No Are you self-employed? Yes No

What type of home are you interested in purchasing? Single-family Double Multiple unit
 Condo Other: _____

Demographic Data

Because WSNHS receives federal funding to provide housing counseling, we are required to track demographic data. This data is kept strictly confidential and is used solely for reporting.

I do not wish to furnish this information (initials) _____

Are you a U.S. Citizen? Yes No If no, what is your resident status? Legal Permanent Resident
 Other _____

If no, what is your country of origin? _____

Gender: Male Female Are you/co-applicant disabled? Yes No

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Asian White
 Black or African American Multiracial Ethnicity: Hispanic or Latino Not Hispanic or Latino

Employment History (Lenders require a 2 year history in the same field)

Employer _____ Address _____
Phone _____ Position _____
Date of Hire _____

Employer _____ Address _____
Phone _____ Position _____
Date of Hire _____

Authorization

By selecting the box, I authorize West Side Neighborhood Housing Services, Inc. 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.
- d)

I, _____, authorize West Side Neighborhood Housing Services, Inc. to pull my credit report for the above-mentioned purposes. ***Credit Counseling Customers Only***

Signature: _____ Date: _____



West Side NHS

www.WSNHS.org

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Save this form and email it to homeownership@wsnhs.org, or return to:

New Homebuyer—Attn: Pam Kwiatkowski, West Side Neighborhood Housing Services, 359 Connecticut Street, Buffalo, NY 14213 and someone will respond to your inquiry within 24 hours.

****IF APPLYING FOR OUR CLOSING COST AND DOWN PAYMENT ASSISTANCE LOAN PLEASE FILL OUT THE FOLLOWING:**

1. Realtor Name: _____
Phone: _____
Email: _____

2. Attorney Name: _____
Phone: _____
Email: _____

3. Insurance Agency: _____
Phone: _____
Email: _____

Property Address: _____

Loan Amount Requested: _____

Signature (Completed at first appointment if submitted online)

I confirm that I submitted this form online on the above date, and that I authorized West Side Neighborhood Housing Services, Inc., to pull my credit report for the above-mentioned purposes.

Customer

Date

Co-Applicant

Date