

Black Rock-Riverside Neighborhood Housing Services CHDO Project Intake Form

Customer Profile

Name:			
Name:			
Address:	City:	State:	Zip:
Primary Phone:	Alternate Phone:		
Email:	Social Security Number: _____ - ____ - _____		
Email:	Social Security Number: _____ - ____ - _____		
Best Method of Contact : <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____			
Age:	Date of Birth:		
Age:	Date of Birth:		
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried couple			
Highest Level of Education: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year Degree (Associates) <input type="checkbox"/> 4-Year Degree (B.A., B.S) <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational Training			
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Readiness Questionnaire

Are you a first-time homebuyer (have not owned a home in the last three years)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you know your credit score? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you spoken to anyone at a bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		How soon do you hope to buy? <input type="checkbox"/> Within 6 months <input type="checkbox"/> Within 1 Year <input type="checkbox"/> Within 2 Years <input type="checkbox"/> Other _____	
Do you have a contract on a home? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Household Composition

Type of Household: <input type="checkbox"/> Single Adult <input type="checkbox"/> Married w/Children <input type="checkbox"/> Married, No Children <input type="checkbox"/> Two or more unrelated adults			
<input type="checkbox"/> Female-headed single parent household <input type="checkbox"/> Male-headed single parent household			
Number of People In Household: _____ Disabled? Yes No Disabled Dependent? Yes No			

Are you/co-applicant active military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you/co-applicant a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: _____		Foreign Born: _____	
Current Housing Arrangement: <input type="checkbox"/> Rent <input type="checkbox"/> Living with family member, not paying rent <input type="checkbox"/> Cooperative Housing			
<input type="checkbox"/> Homeless <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, about how much? \$ _____			

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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 _____ How Paid? Wkly Bi-wkly Semi-Mnthly Monthly

Employer _____ Address _____
 Phone _____ Position _____
 Date of Hire _____ How Paid? Wkly Bi-wkly Semi-Mnthly Monthly

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.

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

Signature: _____ Date: _____

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Which house are you interested in? Please check.

Name: _____

___ 174 East St. (new build/1 unit)

___ 245 Dearborn (complete rehab/2 units)