

# West Side Neighborhood Housing Services Housing Counseling Intake Form

## Customer Profile

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Best Method of Contact** :  Primary Phone  Alternate Phone  Email  Other \_\_\_\_\_

**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

## Housing Counseling Questionnaire

**What kind of service do you need?**

Down Payment Assistance  Foreclosure Counseling

**Do you know your credit score?**  Yes  No

Credit Counseling

**How soon do you hope to buy?**  Within 6 months

Within 1 Year  Within 2 Years  Other \_\_\_\_\_

**Have you spoken to anyone at a bank?**  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:** \_\_\_\_\_ **Disabled?** Yes No **Disabled Dependent?** Yes No

**Are you active military?**  Yes  No **Are you a veteran?**  Yes  No

**Current Housing Arrangement:**  Rent  Living with family member, not paying rent  Cooperative Housing  
 Homeless  Home Owner 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 for mortgage/ 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 or do you own?  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

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_  
Date of Hire \_\_\_\_\_ How Paid? Weekly Bi-weekly Semi-Monthly Monthly

**\*\*If less than 2 years at above please list below**

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Position \_\_\_\_\_  
Date of Hire \_\_\_\_\_ How Paid? Weekly Bi-weekly Semi-Monthly Monthly

### Authorization

I authorize West Side Neighborhood Housing Services, Inc. to:

a) Review my/our credit report and review my/our credit file for informational inquiry purposes.

### IMPORTANT – PLEASE READ BEFORE SIGNING

All statements made in this application are true and are made for the purpose of requesting housing counseling services. I understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States criminal code. Making false statements or failing to disclose requested information can be grounds to denial of assistance. The information in this application was completed to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



West Side NHS

www.WSNHS.org

# West Side Neighborhood Housing Services Housing Counseling Intake Form

Lender: \_\_\_\_\_

Email: \_\_\_\_\_

Attorney: \_\_\_\_\_

Email: \_\_\_\_\_