

INTAKE FORM

FOR OFFICE USE ONLY
Customer No.

1. CUSTOMER

Last *First* *MI*

Street

City *State* *Zip Code*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home *Work* *Fax*

(_____) _____ - _____ _____
Cell Phone *Email*

Social Security Number

_____ - _____ - _____

Preferred Contact Type

- Email Home Phone
 Work Phone Cell Phone

Mailing Address (If same as above, do not fill out!)

Street *City* *State* *Zip Code*

Demographics

- Are you a Veteran? Yes No
Are you a First-Time Homebuyer? Yes No

Race (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Other |

Ethnicity

Are you Hispanic? Yes No

Gender

Male Female

Birth Date

_____/_____/_____

Marital Status

- Single Separated Widowed
 Married Divorced

APPLICATION CONTINUES ON NEXT PAGE

1. CUSTOMER

Current Housing Arrangement

- Rent Homeowner with mortgage Homeless
 Does not pay rent Homeowner with mortgage paid off Other

Household Type

- Female-headed single-parent Married with dependents Single Adult
 Male-headed single-parent Married without dependents Two or more unrelated adults
 Other

What is your approximate yearly income? \$ _____

How many people are in your home? _____

List dependents (not including yourself & co-applicant)

Relationship	Age	Relationship	Age
Relationship	Age	Relationship	Age
Relationship	Age	Relationship	Age

Education

- Below High School Diploma Two-Year College Master's Degree
 High School Diploma or Equivalent Bachelors Degree Above Master's Degree

Primary Language Spoken in Household

Additional Demographics

- Who is considered the Head of Household? Customer Joint Customer
Are you Foreign Born? Yes No
Are you Disabled? Yes No
Are you a Colonias Resident¹? Yes No
Are you a Migrant Farm Worker? Yes No
Have you been issued a HECM Certificate? Yes No
Are you a victim of Predatory Lending practices? Yes No
Are you using a Section 8 voucher to purchase a home? Yes No
Are you using a Section 8 voucher to pay rent? Yes No

¹ The U.S. Department of Housing and Urban Development (HUD) defines a colonia as an unincorporated community located within 150 miles of the U.S.-Mexico border, with a population of less than 10,000 that is low and very low income, and which lacks safe, sanitary and sound housing, as well as services such as potable water, adequate sewage systems, drainage, streets and utilities.

2. JOINT CUSTOMER

Address same as Primary Customer?

Last First MI

Street

City State Zip Code

APPLICATION CONTINUES ON NEXT PAGE

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Home Work Cell Phone

Gender Male Female

Social Security Number

Birth Date ____/____/____

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Ethnicity

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3. REFERRAL

How did you hear about us? (Check all that apply)

- Staff/Board Member NWHOC Website News Article Radio
 Family/Friend Oak Park Farmers Market Sac Bee - Class Schedule Weed & Seed
 Walk-In Bank of America TV Other
 HUD Lender Univision 19
 SHRA Realtor City of _____

4. LENDER INFORMATION (optional)

Lender

Loan Officer

Phone Number

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5. ESCROW INFORMATION (optional)

Title Company

Escrow Number

Escrow Officer

Phone Number

6. SERVICE DISCLOSURE (Please Review)

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Street

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(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Work Cell Phone

Gender Male Female

Social Security Number

Birth Date ____/____/____

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Lender

Loan Officer

Phone Number

APPLICATION CONTINUES ON NEXT PAGE

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Gender Male Female

Birth Date ____/____/____

Marital Status
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APPLICATION CONTINUES ON NEXT PAGE

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2. JOINT CUSTOMER

Address same as Primary Customer?

Last First MI

Street

City State Zip Code

APPLICATION CONTINUES ON NEXT PAGE

2. JOINT CUSTOMER

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Work Cell Phone

Gender Male Female

Social Security Number

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Relationship to Primary Customer

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Relationship	Age	Relationship	Age
Relationship	Age	Relationship	Age

Education

- Below High School Diploma Two-Year College Master's Degree
 High School Diploma or Equivalent Bachelors Degree Above Master's Degree

Primary Language Spoken in Household

Additional Demographics

- Who is considered the Head of Household? Customer Joint Customer
Are you Foreign Born? Yes No
Are you Disabled? Yes No
Are you a Colonias Resident¹? Yes No
Are you a Migrant Farm Worker? Yes No
Have you been issued a HECM Certificate? Yes No
Are you a victim of Predatory Lending practices? Yes No
Are you using a Section 8 voucher to purchase a home? Yes No
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2. JOINT CUSTOMER

Address same as Primary Customer?

Last First MI

Street

City State Zip Code

APPLICATION CONTINUES ON NEXT PAGE

2. JOINT CUSTOMER

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Work Cell Phone

Gender Male Female

Social Security Number

Birth Date ____/____/____

____-____-____

Marital Status

- Single Separated Widowed
 Married Divorced

Relationship to Primary Customer

Demographics

- Are you Disabled? Yes No
Are you Foreign Born? Yes No

Race (Please check one)

- American Indian/Alaskan Native American Indian/Alaskan Native & White
 Asian Asian & White
 Black/African American Black/African American & White
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native & Black/African American
 White Other

Ethnicity

- Are you Hispanic? Yes No

3. REFERRAL

How did you hear about us? (Check all that apply)

- Staff/Board Member NWHOC Website News Article Radio
 Family/Friend Oak Park Farmers Market Sac Bee - Class Schedule Weed & Seed
 Walk-In Bank of America TV Other
 HUD Lender Univision 19
 SHRA Realtor City of _____

4. LENDER INFORMATION (optional)

Lender

Loan Officer

Phone Number

APPLICATION CONTINUES ON NEXT PAGE

5. ESCROW INFORMATION (optional)

Title Company

Escrow Number

Escrow Officer

Phone Number

6. SERVICE DISCLOSURE (Please Review)

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Customer

Date

Joint Customer

Date

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INTAKE FORM

FOR OFFICE USE ONLY
Customer No.

1. CUSTOMER

Last *First* *MI*

Street

City *State* *Zip Code*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home *Work* *Fax*

(_____) _____ - _____ _____
Cell Phone *Email*

Social Security Number
 _____ - _____ - _____

Preferred Contact Type
 Email Home Phone
 Work Phone Cell Phone

Mailing Address (If same as above, do not fill out!)

Street *City* *State* *Zip Code*

Demographics
 Are you a Veteran? Yes No
 Are you a First-Time Homebuyer? Yes No

Race (Please check one)
 American Indian/Alaskan Native American Indian/Alaskan Native & White
 Asian Asian & White
 Black/African American Black/African American & White
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native & Black/African American
 White Other

Ethnicity
 Are you Hispanic? Yes No

Gender Male Female

Birth Date ____/____/____

Marital Status
 Single Separated Widowed
 Married Divorced

APPLICATION CONTINUES ON NEXT PAGE

1. CUSTOMER

Current Housing Arrangement

- Rent Homeowner with mortgage Homeless
 Does not pay rent Homeowner with mortgage paid off Other

Household Type

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 Male-headed single-parent Married without dependents Two or more unrelated adults
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What is your approximate yearly income? \$ _____

How many people are in your home? _____

List dependents (not including yourself & co-applicant)

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Last First MI

Street

City State Zip Code

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(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Work Cell Phone

Gender Male Female

Social Security Number

Birth Date ____/____/____

____-____-____

Marital Status

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 Married Divorced

Relationship to Primary Customer

Demographics

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How did you hear about us? (Check all that apply)

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Lender

Loan Officer

Phone Number

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Title Company

Escrow Number

Escrow Officer

Phone Number

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Date

Joint Customer

Date

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INTAKE FORM

FOR OFFICE USE ONLY
Customer No.

1. CUSTOMER

Last *First* *MI*

Street

City *State* *Zip Code*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home *Work* *Fax*

(_____) _____ - _____ _____
Cell Phone *Email*

Social Security Number
 _____ - _____ - _____

Preferred Contact Type
 Email Home Phone
 Work Phone Cell Phone

Mailing Address (If same as above, do not fill out!)

Street *City* *State* *Zip Code*

Demographics
 Are you a Veteran? Yes No
 Are you a First-Time Homebuyer? Yes No

Race (Please check one)
 American Indian/Alaskan Native American Indian/Alaskan Native & White
 Asian Asian & White
 Black/African American Black/African American & White
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native & Black/African American
 White Other

Ethnicity
 Are you Hispanic? Yes No

Gender Male Female

Birth Date ____/____/____

Marital Status
 Single Separated Widowed
 Married Divorced

APPLICATION CONTINUES ON NEXT PAGE

1. CUSTOMER

Current Housing Arrangement

- Rent Homeowner with mortgage Homeless
 Does not pay rent Homeowner with mortgage paid off Other

Household Type

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 Male-headed single-parent Married without dependents Two or more unrelated adults
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What is your approximate yearly income? \$ _____

How many people are in your home? _____

List dependents (not including yourself & co-applicant)

Relationship	Age	Relationship	Age
Relationship	Age	Relationship	Age
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2. JOINT CUSTOMER

Address same as Primary Customer?

Last First MI

Street

City State Zip Code

APPLICATION CONTINUES ON NEXT PAGE

2. JOINT CUSTOMER

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Work Cell Phone

Gender Male Female

Social Security Number

Birth Date ____/____/____

____-____-____

Marital Status

- Single Separated Widowed
 Married Divorced

Relationship to Primary Customer

Demographics

- Are you Disabled? Yes No
Are you Foreign Born? Yes No

Race (Please check one)

- American Indian/Alaskan Native American Indian/Alaskan Native & White
 Asian Asian & White
 Black/African American Black/African American & White
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native & Black/African American
 White Other

Ethnicity

- Are you Hispanic? Yes No

3. REFERRAL

How did you hear about us? (Check all that apply)

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 Family/Friend Oak Park Farmers Market Sac Bee - Class Schedule Weed & Seed
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4. LENDER INFORMATION (optional)

Lender

Loan Officer

Phone Number

APPLICATION CONTINUES ON NEXT PAGE

5. ESCROW INFORMATION (optional)

Title Company

Escrow Number

Escrow Officer

Phone Number

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Date

Joint Customer

Date

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INTAKE FORM

FOR OFFICE USE ONLY
Customer No.

1. CUSTOMER

Last *First* *MI*

Street

City *State* *Zip Code*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home *Work* *Fax*

(_____) _____ - _____ _____
Cell Phone *Email*

Social Security Number
 _____ - _____ - _____

Preferred Contact Type
 Email Home Phone
 Work Phone Cell Phone

Mailing Address (If same as above, do not fill out!)

Street *City* *State* *Zip Code*

Demographics
 Are you a Veteran? Yes No
 Are you a First-Time Homebuyer? Yes No

Race (Please check one)
 American Indian/Alaskan Native American Indian/Alaskan Native & White
 Asian Asian & White
 Black/African American Black/African American & White
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native & Black/African American
 White Other

Ethnicity
 Are you Hispanic? Yes No

Gender Male Female

Birth Date ____/____/____

Marital Status
 Single Separated Widowed
 Married Divorced

APPLICATION CONTINUES ON NEXT PAGE

1. CUSTOMER

Current Housing Arrangement

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 Does not pay rent Homeowner with mortgage paid off Other

Household Type

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What is your approximate yearly income? \$ _____

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2. JOINT CUSTOMER

Address same as Primary Customer?

Last First MI

Street

City State Zip Code

APPLICATION CONTINUES ON NEXT PAGE

2. JOINT CUSTOMER

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Work Cell Phone

Gender Male Female

Social Security Number

Birth Date ____/____/____

____-____-____

Marital Status

- Single Separated Widowed
 Married Divorced

Relationship to Primary Customer

Demographics

- Are you Disabled? Yes No
Are you Foreign Born? Yes No

Race (Please check one)

- American Indian/Alaskan Native American Indian/Alaskan Native & White
 Asian Asian & White
 Black/African American Black/African American & White
 Native Hawaiian/Pacific Islander American Indian/Alaskan Native & Black/African American
 White Other

Ethnicity

- Are you Hispanic? Yes No

3. REFERRAL

How did you hear about us? (Check all that apply)

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 HUD Lender Univision 19
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4. LENDER INFORMATION (optional)

Lender

Loan Officer

Phone Number

APPLICATION CONTINUES ON NEXT PAGE

5. ESCROW INFORMATION (optional)

Title Company

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Customer No.

1. CUSTOMER

Last *First* *MI*

Street

City *State* *Zip Code*

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home *Work* *Fax*

(_____) _____ - _____ _____
Cell Phone *Email*

Social Security Number

_____-_____-_____

Preferred Contact Type

- Email Home Phone
 Work Phone Cell Phone

Mailing Address *(If same as above, do not fill out!)*

Street *City* *State* *Zip Code*

Demographics

- Are you a Veteran? Yes No
Are you a First-Time Homebuyer? Yes No

Race *(Please check one)*

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Other |

Ethnicity

Are you Hispanic? Yes No

Gender

Male Female

Birth Date

_____/_____/_____

Marital Status

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APPLICATION CONTINUES ON NEXT PAGE

1. CUSTOMER

Current Housing Arrangement

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Address same as Primary Customer?

Last First MI

Street

City State Zip Code

APPLICATION CONTINUES ON NEXT PAGE

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(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
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Gender Male Female

Social Security Number

Birth Date ____/____/____

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Phone Number

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