

INTAKE FORM

FOR OFFICE USE ONLY	
Customer No.	
_____	_____
ST	LT

1. CUSTOMER

Last _____ First _____ MI _____

Street _____

City _____ State _____ Zip Code _____

(____) ____ - ____ Home (____) ____ - ____ x ____ Work (____) ____ - ____ Fax (____) ____ - ____ Cell Phone

Email _____

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 _____

Referred by (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Am Previous Customer | <input type="checkbox"/> HUD | <input type="checkbox"/> SHRA |
| <input type="checkbox"/> Staff/Board Member | <input type="checkbox"/> NWHOC Website | <input type="checkbox"/> SHRA Section 32 |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> City of Elk Grove | <input type="checkbox"/> SHRA Inclusionary Housing |
| <input type="checkbox"/> Friend | <input type="checkbox"/> City of Folsom | <input type="checkbox"/> News Article _____ |
| <input type="checkbox"/> Bank of America | <input type="checkbox"/> City of Citrus Heights | <input type="checkbox"/> TV/Radio _____ |
| <input type="checkbox"/> Bank/Mortgage Company/Realtor _____ | | |
| <input type="checkbox"/> Other _____ | | |

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

Demographics

Are you a Veteran? Yes No

Are you a First-Time Homebuyer? Yes No

APPLICATION CONTINUES ON NEXT PAGE

1. CUSTOMER

____/____/____

Birth Date

Gender

Male

Female

Marital Status

Single

Separated

Widowed

Married

Divorced

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

ANNUAL Household Income

\$ _____

Family/Household Size _____ Please List Dependents (other than those listed by any co-borrower)

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

ASL (American Sign Language)

Czech

Indonesian

Swahili

Arabic

English

Korean

Turkish

Cambodian

Farsi

Polish

Ukrainian

Cantonese

French

Portuguese

Vietnamese

Chinese Mandarin

Hindi

Russian

Other

Creole

Hmong

Spanish

Additional Demographics

Who is considered the Head of Household?

Customer

Joint Customer Other

Are you Foreign Born?

Yes

No

Are you Disabled?

Yes

No

Are you in Escrow?

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.

APPLICATION CONTINUES ON NEXT PAGE

5. SERVICE DISCLOSURE (Please Review)

~ Setting Homeownership goals, establishing a plan of action to help you reach your goals, and provide continued support in the way of pre-purchase and post purchase counseling.

You have a right to choose your own real estate agent, lending institution, and all other real estate industry professionals. Taking part in our group or individual counseling services does not require you to use any of our real estate or mortgage services, or use the services of anyone that we may refer to you.

6. SIGNATURE

Thank you for visiting NeighborWorks® HomeOwnership Center Sacramento Region

I authorize NeighborWorks® HomeOwnership Center Sacramento Region :

- ~ Obtain a copy of the HUD-1 Settlement Statement when I purchase a home from the lender who made the loan or the title company that closed the loan.
- ~ Pull my credit report to review my credit file for housing counseling in connection with my pursuit on a loan to

_____ **Customer**

_____ **Date**

_____ **Joint Customer**

_____ **Date**

The information we collect through our Intake Form is used to aid us in assisting you and evaluating our programs and services. Unless you provide direct written consent we do not disclose your personal information to any unaffiliated third parties other than for required program auditing. If you have any questions or concerns please feel free to discuss them with any of our Homeownership Counselors.

