

FOR OFFICE USE ONLY
Customer No.

FC

INTAKE FORM

1. CUSTOMER

Last *First* *MI*

Street *City* *State* *Zip Code*

(____)____-____ (____)____-____ x____ (____)____-____ (____)____-____
Home *Work* *Fax* *Cell Phone*

Email *Social Security Number*

Referred by _____

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

Gender Male Female ____/____/____
Birth Date

Marital Status

- | | | |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | |

Household Type

- | | | |
|--|---|---|
| <input type="checkbox"/> Female-headed single-parent | <input type="checkbox"/> Married with dependents | <input type="checkbox"/> Single Adult |
| <input type="checkbox"/> Male-headed single-parent | <input type="checkbox"/> Married without dependents | <input type="checkbox"/> Two or more unrelated adults |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Below High School Diploma | <input type="checkbox"/> Two-Year College | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School Diploma or Equivalent | <input type="checkbox"/> Bachelors Degree | <input type="checkbox"/> Above Master's Degree |

APPLICATION CONTINUES ON NEXT PAGE

1. CUSTOMER

Primary Language Spoken in Household:

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 a Migrant Farm Worker? 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

2. JOINT CUSTOMER

Address same as Primary Customer?

Last _____ First _____ MI _____

Street _____ City _____ State _____ Zip Code _____

(____)____-____ /____/____ Gender Male Female

Phone Number Birth Date

Relationship to Primary Customer

Additional Demographics

- Are you Foreign Born? Yes No
- Are you Disabled? 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. LENDER INFORMATION

Lender Information

1st _____

2nd _____

How far behind are you on your payments?

1st _____

2nd _____

4. REASON FOR DELINQUENCY

- Loss of Income Financial Emergencies
- Divorce Financial Mismanagement
- Illness Changes in Interest Rate
- Death of a Co-Borrower Never was Affordable

NeighborWorks® HomeOwnership Center Sacramento Region Foreclosure Counseling Disclosure & Release of Information Statement

Disclosure:

NeighborWorks® HomeOwnership Center Sacramento Region is a housing counseling agency, certified by the Department of Housing and Urban Development (HUD), to offer assistance in guiding you through the foreclosure process. We are not a legal firm and do not offer legal advice. Your legal rights regarding a delinquent status of your loan or bankruptcy considerations should be discussed with an attorney. Tax consequences of foreclosure or pre-foreclosure sales should be discussed with a qualified tax professional.

Should you decide to sell your home as a way of avoiding foreclosure, 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.

ROI:

I/We understand the information provided above and give authorization to NeighborWorks® Home Ownership Center, Sacramento Region to enter information in my file to a data collection system which may be monitored and reviewed for compliance purposes. In addition I/We give authorization to pull my/our credit records for the purpose of evaluation and progress monitoring.

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.