



INTAKE SHEET

Date: _____ E-Mail address: _____

Applicant's Name: _____ M [] F []

Address: _____ City: _____ State: _____ Zip: _____

Household lives in a Rural area: _____ DOES NOT live in a Rural area: _____ Chose not to respond: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Would you like to schedule an appointment with our Counseling Agency? Yes ___ No ___

Best number to call to arrange an appointment during normal business hours Home: _____ Cell: _____

Applicant's S.S. No: XXX-XX-_____ Date of Birth: _____ Marital Status: M ___ S ___ D ___ W ___
Number of household members: _____ Number of household members below age 18: _____

Co-Applicant's Name: _____ M [] F []

Co-Applicant's S.S. No: XXX-XX-_____ Date of Birth: _____ Marital Status: M ___ S ___ D ___ W ___

Household is limited English Proficient: _____ IS NOT limited English Proficient: _____ Chose not to respond: _____

The following information is required exclusively for statistical purposes:

<u>Applicant</u>				<u>Co-Applicant</u>			
Race				Race			
White []	Black []	America/Indian []		White []	Black []	American/Indian []	
Asian []	Other []	Native Pacific Islander []		Asian []	Other []	Native Pacific Islander []	
Ethnicity: Hispanic [] Non-Hispanic []				Ethnicity: Hispanic [] Non-Hispanic []			
Education: No High School Diploma ___ GED/Diploma ___ Vocational Certificate ___ Some Collage ___ Associates Degree ___ Bachelors ___ Masters ___ Doctoral ___							

Are you currently working? Yes ___ No ___ Is Co-applicant currently working? Yes ___ No ___

Applicant Income

Hourly Rate: _____
No. Hrs. per week: _____
Gross Monthly: _____

Co-Applicant Income

Hourly Rate: _____
No. Hrs. per week: _____
Gross Monthly: _____

How Did You Find Out About This Workshop? Agency ___ Realtor ___ Friend ___ Other _____

Have you owned a home within the last 36 months (3 years) Yes ___ No ___

Are you working with a Lender? Yes ___ No ___ Please write their name and contact below

Lender Name: _____ Phone: _____

Are you working with a Realtor? Yes ___ No ___ Please write their name and contact below

Realtor Name: _____ Phone: _____

If you have signed a purchase contract: Date Signed: _____ Closing Date: _____

Note: All information requested is required by HUD or other agencies we report our activity. Please take the time to fully complete each item. If you have any questions please ask.