

Southern United Neighborhoods Housing & Financial Justice Intake Form

___ First-Time Homebuyer? ___ Current Homeowner?

Applicant Information

First Name:		Middle Name:	
Last Name:			
Social Security Number: — —	Date of Birth: / /		Gender (M/F):
Street Address:			How Long?
City: State:		ZIP:	
Previous Address (if @ current address less than two years):			How Long?
Home Phone: () —	Work Phone: () —	Cell: ()	
Email Address:		Preferred Contact Method:	
Do you receive any HUD vouchers or Section 8 for housing? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Race (check only one):			
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> American Indian/Alaska Native and White		
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White		
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Black/African-American and White		
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native and Black/African Ameri-		
<input type="checkbox"/> White	<input type="checkbox"/> Choose Not to Respond		
Other Race:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to		
Preferred Language:	Other Language:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Highest Educational Level (check only one):			
<input type="checkbox"/> No H.S. Diploma	<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Bachelor's Degree	
<input type="checkbox"/> H.S. Diploma	<input type="checkbox"/> Some College – Never Graduated	<input type="checkbox"/> Master's Degree	
<input type="checkbox"/> GED Diploma	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Doctorate	
Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a Permanent Resident Alien? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you a migrant farm worker? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you live within 50 miles of US/Mexico Border? <input type="checkbox"/> No <input type="checkbox"/>		
Are You Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Employment – Last Two Years			
Name of Employer and Address	Job Title	Dates of Employment	

Co-Applicant Information

First Name:		Middle Name:	
Last Name:			
Social Security Number: — —		Date of Birth: / /	
Street Address:		Gender (M/F):	
City: State:		ZIP:	
Previous Address (if @ current address less than two years):		How Long?	
Home Phone: () —		Work Phone: () —	
Cell: ()			
Email Address:		Preferred Contact Method:	
Co-Applicant's Relationship to Applicant:			
Race (check only one):			
<input type="checkbox"/> American Indian / Alaskan Native		<input type="checkbox"/> American Indian/Alaska Native and White	
<input type="checkbox"/> Asian		<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black or African-American		<input type="checkbox"/> Black/African-American and White	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> American Indian/Alaska Native and Black/African Ameri-	
<input type="checkbox"/> White		<input type="checkbox"/> Choose Not to Respond	
Other Race:		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to	
Preferred Language:		Other Language:	
Number of People in Household:		Number of Dependents:	
Age(s) of Dependents:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Highest Educational Level (check only one):			
<input type="checkbox"/> No H.S. Diploma		<input type="checkbox"/> Vocational Certificate	
<input type="checkbox"/> H.S. Diploma		<input type="checkbox"/> Bachelor's Degree	
<input type="checkbox"/> GED Diploma		<input type="checkbox"/> Some College – Never Graduated	
		<input type="checkbox"/> Master's Degree	
		<input type="checkbox"/> Associates Degree	
		<input type="checkbox"/> Doctorate	
Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you a Permanent Resident Alien? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you a migrant farm worker? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you live within 50 miles of US/Mexico Border? <input type="checkbox"/> No <input type="checkbox"/>	
Are You Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Employment – Last Two Years			
Name of Employer and Address		Job Title	
		Dates of Employment	

Household Information

Number of People in Household:		Number of Dependents:	
Age(s) of Dependents:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Household Type (check only one):			
<input type="checkbox"/> Single Adult		<input type="checkbox"/> Married without Dependents	
<input type="checkbox"/> Female-Headed Single Parent Household		<input type="checkbox"/> Married with Dependents	
<input type="checkbox"/> Male-Headed Single Parent Household		<input type="checkbox"/> Two or More Unrelated Adults	
Other Household Type:			
Household Head: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Neither			

Monthly Housing Information**Renters:**

Applicant's Monthly Rent Payment: \$

Co-Applicant's Monthly Rent Payment: \$

Homeowners:Are you a victim of predatory lending? No Yes**First Mortgage Information:**Product Type: Fixed Rate ARM Hybrid ARM (3/27) Hybrid ARM (2/28) Option ARM
 Other (describe) UnknownCurrent Interest Rate: % Have you received a loan modification in the past 6 months? No YesIf ARM, has rate on ARM reset? No Yes Is this an Interest only loan? No YesMortgage Type: FHA VA Conventional Privately-held USDA

Name of Originating Lender:

Original Loan Amount \$

Date Loan Originated (mo/day/yr): / /

Current Loan Servicer:

Current Servicer Loan Number:

Current Balance Owed \$

Current Principal and Interest (monthly) \$

Annual Property Taxes \$

Are Property Taxes Escrowed? No Yes

Annual Homeowner's Insurance \$

Is Homeowner's Insurance Escrowed? No Yes

Monthly HOA/Condo Fees: \$

Second Mortgages / Liens / Judgments

Current Lender or Servicer: Loan

Number:

Original Loan Amount: \$

Current Balance Owed: \$

Interest rate: %

Monthly Payment: \$

Other Liens or Mortgages:

Credit:Do any of the applicants have any credit problems we should know about? No Yes

If yes, please describe briefly:

Household Income and Assets

Monthly Income Before Taxes

	Borrower	Co-Borrower
Job 1	\$	\$
Job 2	\$	\$
Job 3	\$	\$
Other Jobs	\$	\$

Monthly Income After Taxes

	Borrower	Co-Borrower
Job 1	\$	\$
Job 2	\$	\$
Job 3	\$	\$
Other Jobs	\$	\$

Other Monthly Income

	Borrower	Co-Borrower
Retirement	\$	\$
Disability Payments	\$	\$
Social Security	\$	\$
Rental Income	\$	\$
Other Income	\$	\$
Other Income Source		

Assets

	Borrower	Co-Borrower
Available Cash	\$	\$
Checking	\$	\$
Savings	\$	\$
CDs	\$	\$
401(k)	\$	\$
Stocks	\$	\$
Down Payment Gifts	\$	\$
Other Assets	\$	\$
Other Assets Source:		

Household Monthly Expenses

	Current Monthly Amount	Monthly Amount After Purchase		
Home				
Rent/Mortgage (P&I)	\$	\$		
Property Taxes (yearly/12)	\$	\$		
Renter/Homeowners Insurance	\$	\$		
Association/Condo Dues	\$	\$		
Estimated Home Maintenance	\$	\$		
Water/Sewer/Trash	\$	\$		
Electricity	\$	\$		
Natural Gas/Heating Oil	\$	\$		
Telephone	\$	\$		
Internet	\$	\$		
Pay per View/Video Rental	\$	\$		
Cell Phone	\$	\$		
Cable/Satellite TV	\$	\$		
Insurance				
Car	\$	\$		
Health	\$	\$		
Life	\$	\$		
Medical				
Medical Expenses	\$	\$		
Family				
Children's Allowances	\$	\$		
Day Care/Baby Sitters	\$	\$		
Alimony/Child Support	\$	\$		
Food				
Food/Groceries	\$	\$		
Debt/Obligations				
Credit Card #1	\$	\$	\$	
Credit Card #2	\$	\$	\$	
Credit Card #3	\$	\$	\$	
Installment Loan #1	\$	\$	\$	
Installment Loan #2	\$	\$	\$	
Installment Loan # 3	\$	\$	\$	
Car Loans	\$	\$	\$	
Other Credit Report Debt	\$	\$	\$	

Household Monthly Expenses – Page 2		
	Current Monthly Amount	Monthly Amount After Purchase
Transportation		
Car Maintenance	\$	\$
Gasoline/Oil Changes	\$	\$
Mass Transit	\$	\$
Education		
Educational Expenses (including books)	\$	\$
Discretionary		
Cigarettes/Beverages	\$	\$
Gifts	\$	\$
Hair Salon/Barber	\$	\$
Lunches/Snacks/Coffee	\$	\$
New Clothing/Shoes	\$	\$
Pet Expenses	\$	\$
Restaurants/Fast Food	\$	\$
Donations		
Charities	\$	\$
Religious	\$	\$
Emergencies		
Emergency Savings	\$	\$
Travel		
Travel Expenses	\$	\$
Miscellaneous		
Miscellaneous Expenses	\$	\$
Description:		
Total Household Monthly Expenses	\$	\$

To be completed by Housing Counselor				
Total Gross Monthly Income:	\$	Annual Gross Income (Monthly x 12)	\$	
% Area Median Income <i>(Annual Gross Income divided by 100% of MSA median income x 100):</i>				
Date Reverse Mortgage Certificate was issued:				
	—	=	\$	
Net Income		Total Expenses		Total Net Income
/	=	\$	X 100 =	
Total Monthly Debt	Gross Income	Total		Total Debt Ratio

Counselor Signature: _____

Client Signature: _____

Date completed and reviewed with client: _____