



**INTAKE FORM FOR APPLICANT (PLEASE COMPLETE ALL FIELDS)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please circle the preferred phone number to call

Preferred Language: \_\_\_\_\_

Email: \_\_\_\_\_

**SERVICES REQUIRED**

Service Type	<input type="checkbox"/> Education	<input type="checkbox"/> Home Purchase
	<input type="checkbox"/> Homeowner Services	<input type="checkbox"/> Mortgage Default/Early Delinquency
	<input type="checkbox"/> Financial Capability	<input type="checkbox"/> Utility and/or Mortgage Payment Asst.

Total Number of Co-applicants: \_\_\_\_\_

Referred By: \_\_\_\_\_

Expected Closing Date: \_\_\_\_\_

**DEMOGRAPHICS**

Race & Ethnicity:

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> More than one Race	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Chose not to respond	

Hispanic?  Y  N

Rural Status (Household)?  Y  N

Number in Household: \_\_\_\_\_  
(include self)

Gender:  M  F  Other/Non-Conforming

Household Type? (Please check the box that applies)

<input type="checkbox"/> Female-Headed Single parent	<input type="checkbox"/> Male-Headed Single Parent
<input type="checkbox"/> Married with Dependents	<input type="checkbox"/> Married without Dependents
<input type="checkbox"/> Single Adult	<input type="checkbox"/> Two or more Unrelated Adults
	<input type="checkbox"/> Other

**Demographics continued:**

English Proficiency? [ ]Y [ ]N Foreign Born?[ ]Y [ ]N

Disabled? [ ]Y [ ]N Disabled Dependent?[ ]Y [ ]N

Housing Choice Voucher [ ]Y [ ]N

Age: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Education:**

[ ] None [ ] Primary School [ ] High School/GED  
[ ] Two Year Vocational Training [ ] Associates Degree [ ] Bachelors Degree  
[ ] Masters Degree [ ] Above Masters

**Marital Status:**

[ ] Married [ ] Divorced [ ] Separated [ ] Single [ ] Widow

Are you Active Military? [ ]Y [ ]N Veteran? [ ]Y [ ]N

1<sup>st</sup> Time Homebuyer? [ ]Y [ ]N

**FINANCIAL INFORMATION**

Household Income: \$\_\_\_\_\_

County: \_\_\_\_\_

Current Residence: [ ] Own [ ] Rent [ ] Other: \_\_\_\_\_

Current Community/Property Name: \_\_\_\_\_ Number of Years/Months: \_\_\_\_\_

Is this a DHIC, Inc. Property?[ ]Y [ ]N Is this a Raleigh Housing Authority Property? [ ]Y [ ]N

Is this a Wake County Housing Authority Property? [ ]Y [ ]N

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Borrower's Monthly Income: \$\_\_\_\_\_

**CASE PROFILE**

**Liabilities**

Please list any debts you have, including: Rent, credit cards, auto loans, student loans, childcare expenses, etc. Do not include utilities. *\*If applicable: Homeowners please also include monthly payment (principle, interest, taxes, insurance & HOA dues) along with mortgage loan balance\**

Debt (Agency)	Monthly Payment	Current Balance

**LIST ALL DEPENDENT CHILDREN BY AGE AND SEX:**

Sex (Gender/Relationship) of Child	Age of Child

**INCOME**

Present Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_  
mm/dd/yyyy

Number of years in profession? \_\_\_\_\_ Are you self-employed? [ ] Y [ ] N

Title: \_\_\_\_\_ Business Type: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Full Time [ ] Part Time [ ]

Are you a farm worker? [ ] Y [ ] N

List Previous/ Part-Time Employer (need the last three years of employment)

Business Name & Address	Start/End Date	Income

**OTHER INCOME**

(Please fill in all that may apply)

Type	Monthly Income	Liquid Assets	Amount
AFDC		Checking	\$
Alimony		Savings	\$
Bonuses		CD's	
Child Support		Securities (stocks, bonds, etc.)	
Commissions		Retirement	
Overtime		Other Assets:	
SSI/Disability			
SSI/Retirement			

## AUTHORIZATION

I authorize DHIC, Inc. Homeownership Center to:

- a. Pull my credit for pre-purchase counseling, post-purchase counseling, foreclosure prevention counseling or financial capability services.
- b. Obtain a copy of the Closing Disclosure, Credit Report, Appraisal, Loan Application and Promissory Note (s), from the client, lender, realtor or the title company that closed the loan.
- c. Provide information to lenders, HUD, NeighborWorks® America, and other agencies in connection with my application for mortgage financing. Such information includes, without limitation, credit history, employment history, bank statements, pay stubs, income tax returns and information regarding the property being purchased; and
- d. Contact me at address, telephone numbers and email addresses provided on the Intake form.

I/We understate that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Are you interested in purchasing in the City of Raleigh? Yes \_\_\_\_\_ or No \_\_\_\_\_

Are you interested in purchasing in Wake County? Yes \_\_\_\_\_ or No \_\_\_\_\_

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### ***For Advisor Use Only***

*Did another Network organization or approved partner assist the client?*

Y  N

*Was the purchase of this home due to a foreclosure?*

Y  N

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