



INTAKE FORM FOR Co-APPLICANT (PLEASE FILL OUT COMPLETELY AND BRING WHEN YOU COME)

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

Email: _____

Disabled? Y N Social Security Number: _____-_____-_____

Relationship to Client: Wife Husband Brother Sister Mother
 Father Friend Employer Partner Fiancé
 Other: _____

Education: None Primary School
 High School/GED Two Year Vocational Training
 Associates Degree Bachelors Degree
 Masters Degree Above Masters

Preferred Language: _____

Race & Ethnicity:
 American Indian/Alaskan Native Asian
 Black or African American White
 More than one Race Native Hawaiian or Other Pacific Islander
 Chose not to respond

Hispanic: Y N Veteran? Y N Foreign Born? Y N
Gender: M F Other/Non-Conforming Date of Birth (DOB): ____/____/_____

CASE PROFILE

Liabilities
Please list any debts you have including: Rent, credit cards, auto loans, student loans, and childcare expenses. Do not include utilities.

Debt (Creditor) Name	Monthly Payment	Current Balance

INCOME

Present Employer: _____ Start Date: _____
mm/dd/yyyy

Number of years in profession? _____ Are you a self-employee? [] Y [] N

Title: _____ Business Type: _____

Monthly Gross Income: \$ _____ Monthly 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 Date	End Date

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 HUD, NeighborWorks® America, lenders 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

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 _____

