



TRIP/RCHR Client ID: \_\_\_\_\_  
 Case ID \_\_\_\_\_ Opened: \_\_\_\_\_  
 Funding Source: \_\_\_\_\_  
 CR Fee: \_\_\_\_\_ Pd Date: \_\_\_\_\_

## Post Purchase/Refinance Intake Form

Complete as much information as possible. Please Print.

<b>REFERRAL SOURCE</b> (How did you hear about our programs?)			
<input type="checkbox"/> Lender <input type="checkbox"/> Builder <input type="checkbox"/> Realtor <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other: _____			
<b>Referred By:</b>		Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What are the reason(s) you are seeking advisement?</b> <input type="checkbox"/> Refinance			
<input type="checkbox"/> Reduce Mortgage Payment <input type="checkbox"/> Home Improvement <input type="checkbox"/> Pay off Debt <input type="checkbox"/> Other: _____			
<b>How soon would you like to refinance?</b> <input type="checkbox"/> 0 - 1 months <input type="checkbox"/> 1 - 3 Months <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> unsure			
<b>Current Household Type:</b> <input type="checkbox"/> Single Parent <input type="checkbox"/> Single Adult <input type="checkbox"/> 2 or more Adults <input type="checkbox"/> Other: _____			
<b>Marital Status (please circle):</b> Married    Single    Divorce    Separated    Widowed			
<b>Household Size:</b> _____ <b>Number of Adults:</b> _____ <b>Number of Dependents:</b> _____			
<b>Is anyone in the household disabled?</b> <input type="checkbox"/> Yes, Self <input type="checkbox"/> Yes, Dependent <input type="checkbox"/> No			

CLIENT INFORMATION				
Last Name:		First Name:	MI:	Social Security No:
Date of Birth:	Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Born? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address with Apt#:		City:	State:	Zip Code:
Mailing Address (If Different):				
Daytime Phone: (Cell/Work/Home)		Email:		
Race: (Please Check One or more)				
<input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Other: _____				
Highest Education Completed: <input type="checkbox"/> Below High School <input type="checkbox"/> 2 year College or Trade School <input type="checkbox"/> Masters				
<input type="checkbox"/> High School or Equiv <input type="checkbox"/> 4 year Degree <input type="checkbox"/> Above Masters				

2ND CLIENT INFORMATION				
Last Name:		First Name:	MI:	Social Security No:
Date of Birth:	Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Born? <input type="checkbox"/> Yes <input type="checkbox"/> No
Daytime Phone: (Cell/Work/Home)		Email:		
Race: (Please Check One or more)				
<input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Other: _____				
Highest Education Completed: <input type="checkbox"/> Below High School <input type="checkbox"/> 2 year College or Trade School <input type="checkbox"/> Masters				
<input type="checkbox"/> High School or Equiv <input type="checkbox"/> 4 year Degree <input type="checkbox"/> Above Masters				





Loan Acct Num:					
Investor/Insurer:	<input type="checkbox"/> FHA <input type="checkbox"/> FannieMae <input type="checkbox"/> FreddieMac <input type="checkbox"/> VA <input type="checkbox"/> USDA/RHS <input type="checkbox"/> Unsure				
Principal & Interest (P & I) Portion		Tax & Insurance (T & I) Portion		Total Monthly Payment	
2 <sup>nd</sup> Mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lender/ Servicer:		Origination Date:	Original Amt:	
Monthly Payment:	Interest Rate:		Current Balance:		
Other Liens? <input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:				

### General Information

Car Payment: \$ \_\_\_\_\_ # of Months Left: \_\_\_\_\_ Condition of Vehicle: \_\_\_\_\_  
 Do you pay child support?  No    Yes: How Much \$ \_\_\_\_\_ Are you current?  Yes    No

<b>Client 1 Highest Education Completed:</b> <input type="checkbox"/> Below High School <input type="checkbox"/> High School or Equiv <input type="checkbox"/> 2 year College or Trade School <input type="checkbox"/> 4 year Degree <input type="checkbox"/> Masters <input type="checkbox"/> Above Masters	<b>Client 2 Highest Education Completed:</b> <input type="checkbox"/> Below High School <input type="checkbox"/> High School or Equiv <input type="checkbox"/> 2 year College or Trade School <input type="checkbox"/> 4 year Degree <input type="checkbox"/> Masters <input type="checkbox"/> Above Masters
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Have you ever filed bankruptcy?

CLIENT 1 / CLIENT 2 / BOTH	YES   NO	Chapter 7   Chapter 11
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### DEBT INFORMATION (if known)

	Est. Balance Remaining	Monthly Payment	Status
1. Credit Card Debt			<input type="checkbox"/> Current <input type="checkbox"/> Delinquent/Collection
2. Car Loan(s)			<input type="checkbox"/> Current <input type="checkbox"/> Delinquent/Collection
3. Student Loan(s)			<input type="checkbox"/> Current <input type="checkbox"/> Deferred <input type="checkbox"/> Delinquent
4. Personal Loan(s)			<input type="checkbox"/> Current <input type="checkbox"/> Delinquent/Collection
5. Collections			
<b>Totals</b>	<b>\$</b>	<b>\$</b>	

Have you filed bankruptcy in the last 10 years?

YES   NO	CLIENT 1: Chapter 7   Chapter 13 Discharge Date: _____	CLIENT 2: Chapter 7   Chapter 13 Discharge Date: _____
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Cash/Savings/Investments to be used toward goal?

Client 1	Client 2
\$	\$

By signing below I certify that all the above information is correct, accurate and true to the best of my knowledge. I understand that false or misleading information may be grounds for the rejection as a client. Furthermore, I understand that the completion of this form is not an application, but does signify my interest in participating in RCHR/TRIP NeighborWorks® HomeOwnership Center's Post-Purchase Program.

Client \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Client \_\_\_\_\_ Date \_\_\_\_\_