

Case ID _____
 Opened: _____
 Funding Source: _____
 HB Orientation Date: _____

General Information and Intake Form

Complete as much information as possible. Please Print.

REFERRAL SOURCE (How did you hear about us?) Referred By: _____			
<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: _____			
Are You a First Time Homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you know what area you would like to purchase?			
<input type="checkbox"/> City of Troy <input type="checkbox"/> Rensselaer County <input type="checkbox"/> Outside of Rensselaer County <input type="checkbox"/> Undecided right now			
How soon would you like to purchase?			
<input type="checkbox"/> 0 - 3 months <input type="checkbox"/> 3 - 6 Months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> Undecided right now			
Current Household Type: <input type="checkbox"/> Single Parent <input type="checkbox"/> Single Adult <input type="checkbox"/> 2 or more Adults <input type="checkbox"/> Other: _____			
Marital Status (please circle): Married Single Divorce Separated Widowed			
Household Size: _____ Number of Adults: _____ Number of Dependents: _____			
Is anyone in the household disabled? <input type="checkbox"/> Yes, Self <input type="checkbox"/> Yes, Dependent <input type="checkbox"/> No			

CLIENT INFORMATION			
Last Name:		First Name:	
Date of Birth:		Military Status:	
Street Address with Apt#:		City:	
Mailing Address (If Different):		Daytime Phone: (Cell/Work/Home)	
Race: (Please Check One or more)		Highest Education Completed:	
<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: _____		<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:	
Date of Birth:		Military Status:	
Street Address with Apt#:		City:	
Mailing Address (If Different):		Daytime Phone: (Cell/Work/Home)	
Race: (Please Check One or more)		Highest Education Completed:	
<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: _____		<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	

General Information and Intake Form (cont.)

Do you currently Rent? No, living with family/friend Yes: Monthly Rent is \$ _____

Do you receive Section 8 assistance? No Yes: How Much \$ _____

Condition of Vehicle: _____

Contract Pending: Yes No Selling Price: \$ _____ Realtor: _____

Do you pay child support? No Yes: How Much Monthly \$ _____ Are you current? Yes No

Income Information

Employment Income: Client 1 or Client 2 Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Total Each Period: \$ _____ Annual Salary: \$ _____ or Hourly Rate: \$ _____	Employer Name: _____ Address: _____ Position: _____
Employment Income: Client 1 or Client 2 Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Total Each Period: \$ _____ Annual Salary: \$ _____ or Hourly Rate: \$ _____	Employer Name: _____ Address: _____ Position: _____
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Other Income:

Social Security: Monthly Amount: \$ _____	Pension: Monthly Amount: \$ _____
Unemployment: Weekly Amount: \$ _____	Investment Income Monthly Amount: \$ _____
Alimony: Monthly Amount: \$ _____	Veterans Benefits Monthly Amount: \$ _____
Child Support: Monthly Amount: \$ _____	Other Income Monthly Amount: \$ _____

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			
Totals	\$ _____	\$ _____	

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 for Purchasing a Home (If known):

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 Pre-Purchase Program.

Client	Date
2 nd Client	Date