



PERSONAL PROFILE INTAKE FORM

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____-_____-_____
Social Security Number Birth Date

Race (please select):

- | | | |
|--------------------|---|---|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native |
| 4. Asian | 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White | 9. American Indian/Alaskan Native and Black |
| 10. Other | | |

Ethnicity (please select "yes" or "no" for Hispanic Origin) This is in addition to the "Race" category

Hispanic: Yes No

Foreign Born (please select one) : Yes No

Marital Status (please select): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please select): Male Female

Handicapped? Yes No **Military Veteran** Yes No

Current Housing Arrangement (please select):

- | | | |
|--|-------------|-------------------------------------|
| 1. Rent | 2. Homeless | 3. Homeowner with mortgage |
| 4. Living with family member and not paying rent | | 5. Homeowner with mortgage paid off |

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

- | | | |
|--|--|-----------------------------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult |
| 4. Two or more unrelated adults | 5. Married with children | 6. Married without children |
| | | 7. Other |

Family/Household Size: _____ **How many dependents** (other than those listed by any co-borrower)? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home?

Yes

No

If yes, list below:

Relationship

Age

Relationship

Age

Annual Family or Household Income: \$ _____

Education (please select one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Referred to by (please select all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street _____

City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

_____-_____-_____
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin) This is in addition to the "Race" category

Hispanic: Yes No

Foreign Born (please select one) : Yes No

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Education (please select one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (select one): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please select)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please select)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Select)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Select)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street _____ City _____ State _____ Zip Code _____

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Select)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Select)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Can you document your child support/alimony income?				
If yes, how long will it continue?		_____		_____
If your child or a family member receives SSI, how many more years will the payments continue?		_____		_____
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

LIABILITIES/DEBT

Please Print Clearly

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Have your payments been made on time?</i>				
<i>Are you currently in Chapter 13 bankruptcy?</i> <i>If yes, when did it begin? _____</i> <i>If yes, when will it be paid out? _____</i> <i>If yes, how much is the payment? _____</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Have you had a Chapter 7 bankruptcy?</i> <i>If yes, when was it discharged? _____</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? Yes No

If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

Please Print Clearly

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	Day: M T W Th F		Time: ____ AM ____ PM	

AUTHORIZATION

I authorize Affordable Housing Resources, Inc; dba, The Home Company to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand 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

Co-Applicant

Date



For Internal Use Only

Notes/Comments: _____

Received By: _____ Date: ___/___/___

Reviewed By: _____ Date: ___/___/___

Type of Service(s)	
Counseling	<input type="checkbox"/>
Rehab	<input type="checkbox"/>
Home Ownership	<input type="checkbox"/>
Financial Fitness	<input type="checkbox"/>
Refinance	<input type="checkbox"/>
Section 8	<input type="checkbox"/>
Other Services	<input type="checkbox"/>
Sears Post Purchase	<input type="checkbox"/>