

Workshop Date: \_\_\_\_\_



**8025 Liberty Road  
Windsor Mill, MD 21244  
Phone: 410-496-1214  
Fax: 410-496-9352**

**DIVERSIFIED HOUSING DEVELOPMENT, INC.**

**CLIENT INTAKE FORM (PRE-ONE ON ONE)**

*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 circle):

- White
- Black or African American
- American Indian/Alaskan Native
- Asian
- American Indian/Alaskan Native and Black
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- Other

**Ethnicity** (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:)

Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_

**Immigrant Status** (please select one):

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

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

**Gender** (please circle): Male \_\_\_\_\_ Female \_\_\_\_\_

**Current Housing Arrangement (please circle):**

- Rent
- Homeowner with mortgage
- Homeowner with mortgage paid off
- Homeless
- Living with family member and not paying rent

**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

**Please provide the name, address and contact numbers for your Lender and/or Realtor:**

**Lender Information**

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<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
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**Realtor Information**

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<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
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**Household Type (please select the most accurate)?**

- Female headed single parent household    •Male headed single parent household    •Single adult
- Two or more unrelated adults    •Married with children    •Married without children    •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
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**Annual Family or Household Income:** \$ \_\_\_\_\_

**Education (please circle one):**

- Below High School Diploma
- Two-Year College
- Masters Degree
- High School Diploma or Equivalent
- Bachelors Degree
- Above Masters Degree

**Referred to by (please circle all that apply):**

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

**If you were referred by a bank, which one?** \_\_\_\_\_

**If referred by another source not listed above, which one?** \_\_\_\_\_



Title

Hire Date

Street City State Zip Code

Phone: ( ) -

Part-Time or Full-Time (Please Circle)

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 Circle)

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 Circle)

Gross Income (before taxes): \$

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

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer:

Title Hire Date

Street City State Zip Code

Phone: ( ) -

Part-Time or Full-Time (Please Circle)

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 Circle)

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 Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

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

**INCOME** *Please Print Clearly*

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

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
	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 list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			

2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please use additional sheets if necessary.

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

**LIQUID FUNDS/SAVINGS/INVESTMENTS** *Please Print Clearly*

Please list the approximate value of the following:

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
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.)? (circle) Yes      No  
 If yes, how much? \$ \_\_\_\_\_

**LIVING EXPENSES**

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Current monthly rent or mortgage		

Electric/Gas/Solid Waste			
Telephone			
Cellular/Pager			
Cable/Satellite TV			
Other Living Expenses			

**ADDITIONAL INFORMATION**

	<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>	___ <i>AM</i>		___ <i>PM</i>	

**AUTHORIZATION**

I authorize the Housing Counseling Agency 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*

