

Workshop Date: _____



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

DIVERSIFIED HOUSING DEVELOPMENT, INC. 09012021

CLIENT INTAKE FORM (Pre- Purchase- 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 _____

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)?

- Female headed single parent household •Male headed single parent household •Single adult
- Two or more unrelated adult's •Married with children •Married without children •Other

Family/Household Size: _____ please list all names, social security numbers and ages of all household members.

1.Name _____ Social Security Number _____ Age _____
 2.Name _____ Social Security Number _____ Age _____
 3.Name _____ Social Security Number _____ Age _____
 4.Name _____ Social Security Number _____ Age _____
 5.Name _____ Social Security Number _____ Age _____
 6.Name _____ Social Security Number _____ Age _____

Please add additional members on the back of the form.

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

Referred to by (please circle 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 Workshop Date: _____

CO-APPLICANT

Name: _____
First MI Last

Street _____

City Home: (____) _____-_____ State Zip Code Work: (____) _____-_____ Email: _____

_____-_____-_____
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 or No Are you English Proficient Yes or No If no; what language do you speak?

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 are foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

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

Gender (please circle): Male Female

Education (please circle one):

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

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

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 Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ____hourly ____weekly ____every two weeks ____twice a month ____monthly?

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?

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- Provide proof of all income	APPLICANT 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			

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		

LIVING EXPENSES

	<i>APPLICANT</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

	<i>APPLICANT</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>		

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) Obtain a copy of the Closing Disclosure, 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.

APPLICANT

Date

Co-APPLICANT

Date

