

Workshop Date: _____



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

DIVERSIFIED HOUSING DEVELOPMENT, INC. 08192020

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

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 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):

- | | |
|--|--|
| <ul style="list-style-type: none"> ●Below High School Diploma ●Two-Year College ●Masters Degree | <ul style="list-style-type: none"> ●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? _____

Workshop Date: _____

CO-APPLICANT

Name: _____
First MI Last

Street _____

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

Social Security Number _____ **Birth Date** ____/____/____

Race (please circle):

- | | |
|---|--|
| <ul style="list-style-type: none"> ●White ●Black or African American ●American Indian/Alaskan Native | <ul style="list-style-type: none"> ●Native Hawaiian/Other Pacific Islander ●American Indian/Alaskan Native and White ●Asian and White |
|---|--|

- Asian
- Black/African American and White
- American Indian/Alaskan Native and Black
- 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: _____

CUSTOMER 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*

<i>Type of Income- Provide proof of all income</i>	CUSTOMER <i>Monthly Amount</i>	CO-APPLICANT <i>Monthly Amount</i>	
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:

	CUSTOMER	CO-APPLICANT	
Checking account			
Savings account			

Cash			
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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

	<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>		

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.

Customer

Date

Co-Applicant

Date

