



HOMEBUYER COUNSELING INTAKE FORM

Case Number _____ In- Person counseling
 Date of Intake: _____ Telephone Counseling

Instructions: Please fill out as completely as possible. If you need additional space, please feel free to use the back side or make additional copies as necessary.

Individual #1

Name: _____
 (Please print) First MI Last
 Address: _____
 City: _____ State: _____
 Zip: _____ County: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____

Individual #2

Name: _____
 (Please print) First MI Last
 Address: _____
 City: _____ State: _____
 Zip: _____ County: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____
 Relationship to Individual #1: _____

Individual #1 (only) please continue:

1. How did you hear about this counseling?

- Mailer, Flyer, or Brochure Newspaper Agency (which one: _____)
- Friend or Relative Internet Realtor
- Someone who took a workshop Lender / Mortgage company Other: _____

2. Your ethnicity: Hispanic, Latino, or Spanish Non-Hispanic

3. Race: (select one)

Single Race

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

Multiple Race

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other race: _____

4. How many people will live in the house? _____

5. Gender: Male Female

Information about Individual #1 (continued):

6. Your age: _____

7. Are you disabled? Yes No

8. Are you a single parent household? Yes No

9. Please check the highest education level you completed:

- Some high school Some college or trade school Bachelor's degree
 High school diploma / GED Associates degree Graduate or professional degree

10. Marital Status: Single Married Divorced Widow

11. Income. Please include income for all individuals from all sources (*work, disability, child support, investment income, etc.*)

Name (person receiving income)	Income Source	Net Monthly Income (after taxes)
		\$
		\$
		\$
		\$

13. Current housing: Rent Own Staying with family / friends

14. Are you a first time home buyer? Yes No (You have not owned a home for the past three years.)

15. Are you a first generation home buyer? Yes No (Your parents did not own their own home.)

17. How many dependent children under 18 years of age live in the house? _____

18. Current household rent / mortgage payment: \$_____ / month.

19. Did you complete a Home Stretch Workshop? No Yes: Location & Dates: _____

20. Have you applied for a mortgage loan or have you signed a purchase agreement? Yes No

21. Have you experienced a home foreclosure within the past 3 years? Yes No

If you answered yes to question 21, please complete the purchase property information for your new home here:

Purchase property address: _____

City: _____ State: _____ Zip: _____ Purchase price: \$ _____

Loan amount: \$_____ Loan interest rate: _____ % Closing date: _____

Lender (Bank/Mortgage Co.): _____ Loan program (FHA, RD, etc): _____

PRE-PURCHASE COUNSELING INTAKE – DISCLOSURE

Disclosure Statement

While you may learn about the advantages/disadvantages of specific loan products during this counseling session, you are free to choose lenders, loan products and homes of your own choosing regardless of the recommendations made by the counselor. By signing below, you acknowledge that you have received and read this disclosure notice.

Signature, Individual 1

Date

Signature, Individual 2

Date