

North & East Lubbock CDC
Customer Intake Form

File# _____

CUSTOMER One on One Client

If possible, please type, print and sign

Client Name: _____
First MI Last

Street Address _____

City State Zip Code

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

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

_____-_____-_____/_____/_____
Social Security Number Birth Date

Marital Status: Single Married Divorced Separated Widowed Gender: Male Female

Ethnicity of Household: Hispanic Not Hispanic Chose Not to Respond

Rural Area Status: Household live in Rural Area Household does not live in Chose Not to Respond

Limited English Proficiency: Household is English Proficient Household is not Chose Not to Respond

Veteran: Yes No Chose not to respond/Unknown

Household Single Race

- American Indian/Alaskan
- Asian
- Black or African American
- Native Hawaiian or Other Pacific
- White
- Chose not to respond

Household Multi-Race

- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Other multiple race
- Chose not to respond

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: _____ Income Level (AMI): _____

Annual Household Income: \$ _____

AUTHORIZATION

I certify all information provided herein is accurate and correct. I further authorize the NELCDC Housing Counseling Agency to:

- (a) Pull my/our credit report and review my/our credit file for informational inquiry purposes, if needed for the counseling session,
- (b) 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; and
- (c) Obtain a copy of the closing disclosure (former HUD-1 settlement), appraisal, and real estate note(s) when I purchase a home, as well as other applicable documents from the lender who made me/us a loan and/or the title company that closed the loan.

Customer Signature _____

Date _____



Education:

- Below High School Diploma
- High School Diploma or Equivalent
- Two-Year College/Associates
- Bachelor's Degree
- Master's Degree
- Above Master's Degree

Referred to the NELCDC by (mark 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, please indicate? _____

CO APPLICANT

If possible, please type, print and sign

Name:

<i>First</i>	<i>MI</i>	<i>Last</i>
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Street _____

<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home:</i> (____) _____ - _____	<i>Work:</i> (____) _____ - _____	<i>Email:</i> _____

<i>Social Security Number</i>	<i>Birth Date</i>
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Marital Status: Single Married Divorced Separated Widowed **Gender:** Male Female

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Education:

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- Master's Degree
- Above Master's Degree

Relationship to Customer: Spouse Daughter Son Sister Brother Girlfriend
 Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT Last 2 Years

If possible, please type, print and sign

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time

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

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

Gross Income (before taxes): \$ _____

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

CO APPLICANT EMPLOYMENT Last 2 Years

If possible, please type, print and sign

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time

Gross Income (before taxes): \$ _____

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

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Street City State Zip Code

Phone: (____) _____-_____

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Phone: (____) _____-_____

Part-Time or Full-Time

Gross Income (before taxes): \$ _____

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

INCOME *If possible, please type, print and sign*

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

CUSTOMER

CO-APPLICANT

Can you document your child support/alimony income?

Yes No

Yes No

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*If possible, please type, print and sign*

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**

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*If possible, please type, print and sign*

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*If possible, please type, print and sign*

	<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*If possible, please type, print and sign*

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Are you a Veteran?</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>		
<i>Most convenient time for an individual appointment?</i>	<input type="checkbox"/> ____ <i>AM</i>	<input type="checkbox"/> ____ <i>PM</i>		

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Customer Signature

Date

Co-Applicant Signature

Date
