

PERSONAL PROFILE INTAKE FORM

APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street _____

City State Zip Code

Home: () - - Work: () - -

Social Security Number

CO-APPLICANT

Name: _____
First MI Last

Street _____

City State Zip Code

Home: () - - Work: () - -

Social Security Number

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?

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	CUSTOMER 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		

	CUSTOMER		CO-APPLICANT	
	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.

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Have your payments been made on time?				
Are you currently in Chapter 13 bankruptcy?				
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?				
If yes, when was it discharged? _____				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
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

	<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>		
<i>Most convenient time for an individual appointment?</i>	___ AM	___ PM		

AUTHORIZATION

I authorize NHS HomeOwnership Center 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