**COTC COUNSELING INTAKE FORM**

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|  **APPLICANT Please print clearly** |

Community Outreach Training Center is an agency whose mission is to train individuals and impart relevant skills for home ownership, loss mitigation and foreclosure prevention, economic opportunity and empowerment, financial budgeting and spending education, coaching, and counseling for very low to moderate income families.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First**MI Last*

*Street*

*City State Zip Code*

*Home: (\_\_\_\_\_) \_\_\_\_\_\_ -\_\_\_\_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Fax; (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_ Mobile/cell: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_*

*Social Security Number Birth Date*

***Race*** *(please circle):*

1. White 2. Black or African American 3. American Indian/Alaskan Native

4. Asian 5. Native Hawaiian/Other Pacific Islander

6. American Indian/Alaskan Native and White 7. Asian and White 8. Black/African American

9. American Indian/Alaskan Native and Black 10. 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 (please circle one): Yes No*

***Immigrant Status*** *(please select one):*

*1. You are U.S. born and one or both of your parents are foreign born.*

*2. You are U.S. born but one 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*

*Handicapped (please circle one): Yes No*

***Special needs*** *(please circle all that apply)*

*Interpretation/Translation Services Wheelchair Access*

*Language Other (please describe)*

**List any additional names in which you received credit in the past:**

(Such as a nickname or a Jr., maiden name, previously married name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Current Housing Arrangement****: (please circle):*

*1. Rent - if so how long? \_\_\_\_\_\_\_months/years 2. Homeless*

*3. Homeowner with mortgage 4. Living with family member and not paying rent.*

*5. Homeowner with mortgage paid off*

***Are you a first-time buyer (you do not currently own a house and have not owned a home in the past three years*** *(please circle one):* *Yes No*

***Household Type (****please select the most accurate):*

*1. Female headed single parent household 2. Male headed single parent household*

*3. Single adult 4. Two or more unrelated adults*

*5. Married with children 6. Married without children*

 *7. Other*

***Family/Household Size:*** *\_\_\_\_\_\_\_\_\_How many dependents (other than those listed by any co-borrower)?*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What are their ages\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_*

*Are there non-dependents who will be living in the home? (Please circle one): Yes No If yes,*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Relationship Age Relationship Age*

***Annual Family or Household Income:*** *$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Education*** *(pleases circle one):*

*1. Below high school diploma 2. High school diploma or equivalent*

*3. Two-year College 4. Bachelor’s degree*

*5. Master’s degree 6. Above master’s degree*

***Referred to b****y (Please circle all that apply):*

*Print/Advertisement Bank Government TV Realtor*

*State/Board 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?*

***Employment:***

*Primary Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Address City Zip Code*

*Title /Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment start date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_*

*Years in profession: \_\_\_\_\_\_\_\_\_ Self Employed (please circle one): Yes No*

*Please circle one: Full time Part time*

*Secondary Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Title /Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment start date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_*

*Years in profession: \_\_\_\_\_\_\_\_\_ Self Employed (please circle one): Yes No*

*Please circle one: Full time Part time*

***If less than 2 years at current employment, provide the following information:***

*Primary Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Years in profession: \_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Month/year Month/year*

 *Self Employed (please circle one): Yes No Please circle one: Full time Part time*

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| --- |
| **INCOME****(Include ALL house income regardless of amount or frequency you receive it.)** |

***Employment:*** *Hourly wage: $\_\_\_\_\_\_\_\_\_ Hours per week: $\_\_\_\_\_\_\_ Monthly Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Annual Salary: $ \_\_\_\_\_\_\_\_\_\_\_ Overtime Wage: $ \_\_\_\_\_\_\_\_\_\_ Commissions/Bonus: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Dividends/Interest monthly: $\_\_\_\_\_\_\_\_\_\_\_ Rental Income monthly: $\_\_\_\_\_\_\_\_ Alimony: $\_\_\_\_\_\_\_\_\_\_\_\_*

*Child Support: $\_\_\_\_\_\_\_\_\_ Social Security $\_\_\_\_\_\_\_ Pension Income $\_\_\_\_\_\_\_\_\_\_ Other: $\_\_\_\_\_\_\_\_\_\_*

*Public Assistance $\_\_\_\_\_\_\_ Self-Employment Income $\_\_\_\_\_\_\_ Dependent SSI Income $\_\_\_\_\_\_\_*

*Disability Income $\_\_\_\_\_\_\_ Other Employment/Income $\_\_\_\_\_\_\_\_*

*Can you document your child support/alimony income? (Please circle one) Yes No*

*If your child or a family member receives SSI, ho many more years will payments continue? \_\_\_\_\_\_\_\_\_\_*

*If you receive disability income, is it for a permanent disability? (Please circle one) Yes No*

*Regarding other employment, have you worked in this field for two years or more?*

*(Please circle one) Yes No*

***TOTAL MONTHLY INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*\*\*If divorced, attach copy of final divorce decree and/or child support order. Attach other supporting documentations, (if applicable).*

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| --- |
|  **CO-APPLICANT Please print clearly** |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First**MI Last*

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*6. American Indian/Alaskan Native and White 7. Asian and White*

*8. Black/African American 9. American Indian/Alaskan Native and Black 10. 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)*

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*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What are their ages\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_*

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*Please circle one: Full time Part time*

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*Address City Zip Code*

*Title /Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment start date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_*

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*Address City Zip Code*

*Title /Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment start date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_*

*Years in profession: \_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Month/year Month/year*

 *Self Employed (please circle one): Yes No Please circle one: Full time Part time*

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| **INCOME****(Include ALL house income regardless of amount or frequency you receive it.)** |

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*Annual Salary: $ \_\_\_\_\_\_\_\_\_\_\_ Overtime Wage: $ \_\_\_\_\_\_\_\_\_\_ Commissions/Bonus: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Dividends/Interest monthly: $\_\_\_\_\_\_\_\_\_\_\_ Rental Income monthly: $\_\_\_\_\_\_\_\_ Alimony: $\_\_\_\_\_\_*

*Child Support: $\_\_\_\_\_\_\_\_\_ Social Security $\_\_\_\_\_\_\_ Pension Income $\_\_\_\_\_\_\_ Other: $\_\_\_\_\_\_\_\_\_\_*

*Public Assistance $\_\_\_\_\_\_\_ Self-Employment Income $\_\_\_\_\_\_\_ Dependent SSI Income $\_\_\_\_\_\_\_*

*Disability Income $\_\_\_\_\_\_\_ Other Employment/Income $\_\_\_\_\_\_\_\_*

*Can you document your child support/alimony income? (Please circle one) Yes No*

*If your child or a family member receives SSI, ho many more years will payments continue? \_\_\_\_\_\_\_\_\_\_*

*If you receive disability income, is it for a permanent disability? (Please circle one) Yes No*

*Regarding other employment, have you worked in this field for two years or more?*

*(Please circle one) Yes No*

***TOTAL MONTHLY INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*\*\*If divorced, attach copy of final divorce decree and/or child support order. Attach other supporting documentations, (if applicable).*

|  |
| --- |
| **ASSETS** |

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Co-Applicant** |
| **Name of Bank** |  |  |
| **Account No** |  |  |
| **Type of Account (Checking, Savings, Money Market)**  |  |  |
| **Balance** |  |  |
| **Name of Bank** |  |  |
| **Account No** |  |  |
| **Type of Account (Checking, Savings, Money Market)** |  |  |
| **Retirement** |  |  |
| **Stocks and Bonds** |  |  |
| **Life Insurance (Cash Value)** |  |  |
| **Cash**  |  |  |
| **Total Assets** |  |  |

|  |
| --- |
| **CREDIT & DEBT** |
| *Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.*  |
|  | **Applicant**  | **Co-Applicant** |
| **Creditor** |  |  |
| **Balance** |  |  |
| **Monthly Payment** |  |  |
| **Creditor** |  |  |
| **Balance** |  |  |
| **Monthly Payment** |  |  |
| **Creditor** |  |  |
| **Balance** |  |  |
| **Monthly Payment** |  |  |
| **Creditor** |  |  |
| **Balance** |  |  |
| **Monthly Payment** |  |  |
| **Creditor** |  |  |
| **Balance** |  |  |
| **Monthly Payment** |  |  |
| **Creditor** |  |  |
| **Balance** |  |  |
| **Monthly Payment** |  |  |
| **Alimony Child Support or Separate Payments** |  |  |
| **TOTAL DEBT** | **$** | **$** |
|  |  |  |
| **Have your payments been made on time? (**Please circle one) |  Yes No | Yes No |
| **Are you currently in Chapter 13?** |  |  |
| **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?** (Please circle one) |  Yes No | Yes No |
| **If yes, when was it discharged?**  |  |  |
| **Have you owned a home in the last (3) years?** (Please circle one)  | Yes No | Yes No |
| **Are you a veteran?** (Please circle one) | Yes No | Yes No  |
| **Are you currently working with a real-estate agent?**(Please circle one) | Yes No | Yes No |
| **Most convenient time for an individual appointment** | \_\_\_\_\_\_\_\_AM \_\_\_\_\_\_\_\_PM | \_\_\_\_\_\_\_AM \_\_\_\_\_\_\_PM |
| **Can you be contacted by text message?** (Please circle one) | Yes No | Yes No |
|  |  |  |

|  |
| --- |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS**Circle “YES,” “NO”  |
| **Questions** | **Applicant** | **Co-Applicant** |
| Are you presently residing in a mutual and/or public housing? | Yes No | Yes No |
| Are you currently on Section 8? | Yes No | Yes No |
| Have you been sued for any reason within the past 10 years? | Yes No  | Yes No |
| Have you declared bankruptcy within the past 3 years? | Yes No | Yes No |
| Have you had property foreclosed upon or given title or deed in lieu in the past 3 years?  | Yes No  | Yes No |
| Are you currently party of a lawsuit? | Yes No | Yes No |
| Are you obligated to pay alimony, child support or maintenance?*(If yes attach final divorce decree or child support order.)*  | Yes No | Yes No |
| Do you currently receive child support and/or alimony? *(If yes,**attach final divorce decree and/or child support order)* | Yes No | Yes No |
| Is any part of your down payment contribution borrowed? *(If yes, do you receive this consistently?)* | Yes No | Yes No |
| Are you a co-maker, endorser, co-signer on a note? | Yes No | Yes No  |
| Have you had credit problems in the past 12 months? | Yes No | Yes No |
| Are you a U.S. citizen? | Yes No  | Yes No |
| Are you a resident alien? *(If yes, attach copy or resident alien card)* | Yes No  | Yes No  |
| Do you intend to occupy the property as a principle residence?  | Yes No | Yes No  |
| Are you a first-time home buyer?  | Yes No  | Yes No |

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| **AUTHORIZATION** |

*By signing below, I authorize Community Outreach Training Center to:*

*(a) Pull my credit report to review my credit file.*

*(b) Pull my credit report and review my credit file for informational inquiry purposes; and*

*© 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 a loan and/or the title company that closed the loan.*

*I understand that any intentional or negligent representation (s) of the information contained on this form may result in civil liability under the provisions of Title 18, United States Code, Section 1001.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:*

*Applicant Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Co-Applicant Date*