



INTAKE FORM

Client Information – Please print clearly

| | | | | |
|--|------------|---------------------------------|-------------------|----------------------------------|
| Last Name | First Name | M.I. | Date of Birth | Last 4 digits of SSN |
| Street Address | | | City, State & Zip | |
| Best Phone Number(s) to Reach You | | | Email Address | |
| <input type="checkbox"/> Currently Renting | | How long at this address? _____ | | How many in the household? _____ |

Co-Client Information

| | | | | |
|--|------------|---------------------------------|---------------|----------------------------------|
| Last Name | First Name | M.I. | Date of Birth | Last 4 digits of SSN |
| Street Address (If different from above) | | City, State Zip | | |
| Best Phone Number(s) to Reach You | | | Email Address | |
| <input type="checkbox"/> Currently Renting | | How long at this address? _____ | | How many in the household? _____ |

Demographic Information

Client

Gender: ___ Female ___ Male

Race

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

Hispanic ___ Non-Hispanic ___

Marital Status

- ___ Unmarried
- ___ Married
- ___ Separated
- ___ Widowed

Highest Level of Education Completed

- ___ Less Than 12 Years
- ___ High School Diploma/ GED
- ___ Some College
- ___ AA Degree/ Two Year
- ___ Bachelor's Degree/Four Year
- ___ Graduate Degree

Check All That Apply:

- ___ First Time Home Buyer
- ___ Head of Household
- ___ Senior (62+)
- ___ Disabled
- ___ US Veteran
- ___ Owned a home in the last 3 years

Co-Client

Gender: ___ Female ___ Male

Race

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

Hispanic ___ Non-Hispanic ___

Marital Status

- ___ Unmarried
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Highest Level of Education Completed

- ___ Less Than 12 Years
- ___ High School Diploma/ GED
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Check All That Apply:

- ___ First Time Home Buyer
- ___ Head of Household
- ___ Senior (62+)
- ___ Disabled
- ___ US Veteran
- ___ Owned a home in the last 3 years

Household Information

Use the back of this page for additional space.

Adults in your home who are over 18 years old (other than client or co-client)

| Name | Relationship to You | Age | Monthly Income | Yes or No Full-time Student |
|-------|---------------------|-------|----------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| Name | Relationship to You | Age | Monthly Income | Yes or No Full-time Student |
| _____ | _____ | _____ | _____ | _____ |

Children in your home who are 17 and younger:

| NAME | RELATIONSHIP | AGE |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Client - Employment and Income Information

Employer: _____

City/State: _____

Start Date: _____

Gross pay amount on most recent pay check: \$ _____

How often do you receive a paycheck? Weekly ___ Bi-weekly ___ Twice a month ___ Monthly ___

Other income you may receive: 2nd Job ___ Alimony ___ Child Support ___ SSI/SSDI ___ SNAP(food stamps) ___

Other _____ How much additional income do you receive from any of the above sources? _____

Do you have a checking account? **Y or N** Savings Account? **Y or N** Housing Voucher? **Y or N** How much? _____

Have you checked your credit report within the last 12 months? **Y or N** Score _____

Have you ever had a mortgage foreclosure? **Y or N** Date _____

Have you ever filed for bankruptcy? **Y or N** **How much?** _____ Chapter **7 or 13** _____

Date Filed _____ What is the date of discharge? _____

Co-Client - Employment and Income Information

Employer: _____

City/State: _____

Start Date: _____

Gross pay amount on most recent pay check: \$ _____

How often do you receive a pay check? Weekly ___ Bi-weekly ___ Twice a month ___ Monthly ___

Other income you may receive: 2nd Job ___ Alimony ___ Child Support ___ SSI/SSDI ___ SNAP(food stamps) ___

Other _____ How much additional income do you receive from any of the above sources? _____

Do you have a checking account? **Y or N** Savings Account? **Y or N** Housing Voucher? **Y or N** How much? _____

Have you checked your credit report within the last 12 months? **Y or N** Score _____

Have you ever had a mortgage foreclosure? **Y or N** Date _____

Have you ever filed for bankruptcy? **Y or N** **How much?** _____ Chapter **7 or 13** _____

Date Filed _____ What is the date of discharge? _____

Household Budget Information

Please indicate the **monthly** payment amounts for the household. Expenses that are shared between the client and co-client should be counted **1** time below.

| | | | | |
|------------------------|----------|-----------------|----------|------------------|
| Rent/Mortgage | \$ _____ | Car #1 | \$ _____ | Balance \$ _____ |
| Electricity | \$ _____ | Car #2 | \$ _____ | Balance \$ _____ |
| Water & Sewer | \$ _____ | Credit Card | \$ _____ | Balance \$ _____ |
| Telephone | \$ _____ | Credit Card | \$ _____ | Balance \$ _____ |
| Cable/Internet | \$ _____ | Other Loan | \$ _____ | Balance \$ _____ |
| Food/Eating Out | \$ _____ | Student Loan(s) | \$ _____ | Balance \$ _____ |
| Childcare | \$ _____ | Student Loan(s) | \$ _____ | Balance \$ _____ |
| Medical/Dental | \$ _____ | Other | \$ _____ | Balance \$ _____ |
| Child Support Payment | \$ _____ | Other | \$ _____ | Balance \$ _____ |
| Auto insurance | \$ _____ | Other | \$ _____ | Balance \$ _____ |
| Health/Life/Other Ins. | \$ _____ | Savings | \$ _____ | Balance \$ _____ |
| Total each column: | \$ _____ | | \$ _____ | \$ _____ |

Mortgage Loan Information

Are you currently working with a real estate agent? **YES or NO** If yes, please provide their name and phone number.

Have you pre-qualified or qualified for a mortgage loan? _____ If yes, what is the name of the loan company? _____
_____ and loan officer _____

Phone number or email of loan officer _____

Additional Information

How did you find out about New Level CDC Home Buying Done Right? Mt. Zion ___ Lender ___ Realtor ___ Flyer ___
HUD Website ___ Online search ___ Friend/Family ___ Social Media ___ other _____

To determine mortgage readiness, how many months until you close on a home:
Less than 3 months ___; 4-8 months; 9-18 months ___; 19+ months ___

Authorizations

I/We authorize New Level Community Development Corp. to:

- (a) review my/our credit file in connection with my/our pursuit for a loan to purchase real property, and, *only if* necessary to pull a credit report at my/our request;
- (b) review my/our credit file for informational inquiry purposes; and
- (c) Obtain a copy of the Loan Estimate, Loan Application, Appraisal, and Real Estate Note(s) when I/we purchase a home, from the lender who made me/us a loan and/or the title company that will close the loan.

I/We understand that any intentional or negligent representations 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, and Section 1001.

Client Signature *Date*

Co-Client Signature *Date*