



For Office Use Only	
Paid _____	PP SQ MO _____
ID _____	HUD Form _____
F/U Appt. _____	mPactPro _____
Date Attended _____	Certificate _____

HBDR WORKSHOP INTAKE FORM

Client Information – Please print clearly

First Name	Last 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

First Name	Last 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	

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

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Check All That Apply:

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

Amount of gross monthly income you receive from other sources: 2nd Job ___ Alimony ___ Child Support ___

SSI/SSDI ___ Retirement/Pension ___ SNAP(food stamps) ___ Other ___

Please answer the following questions: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

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City/State: _____

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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 Payment	\$ _____	Balance remaining	\$ _____
Electricity	\$ _____	Car #2 Payment	\$ _____	Balance remaining	\$ _____
Water & Sewer	\$ _____	Credit Card	\$ _____	Balance Remaining	\$ _____
Telephone	\$ _____	Credit Card	\$ _____	Balance Remaining	\$ _____
Cable/Internet	\$ _____	Other Loan	\$ _____	Balance Remaining	\$ _____
Food/Eating Out	\$ _____	Student Loan(s)	\$ _____	Balance Remaining	\$ _____
Childcare	\$ _____	Student Loan(s)	\$ _____	Balance Remaining	\$ _____
Medical/Dental	\$ _____	Other	\$ _____	Balance Remaining	\$ _____
Child Support Payment	\$ _____	Other	\$ _____	Balance Remaining	\$ _____
Auto insurance	\$ _____	Other	\$ _____	Balance Remaining	\$ _____
Health/Life/Other Ins.	\$ _____	Savings	\$ _____	Balance Remaining	\$ _____
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.

Are you pre-approved for a mortgage loan? _____ If yes, what is the name of the bank or mortgage company?
 _____ Who is your 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*