

## COTC HBE Supporting Document Checklist

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please bring the following documentation and/or fees to your upcoming counseling session. If you have any questions concerning the information requested, please contact us. Show proof for any and all categories that's applicable.

\_\_\_\_\_ ID/SS Card

\_\_\_\_\_ Bank Statements: LAST 2 MONTHS

\_\_\_\_\_ Proof of Income (signed tax returns for last 2 years, including W-2s)

\_\_\_\_\_ Most Recent Paycheck Stubs (for last 30 days)

\_\_\_\_\_ Credit Card and Installment Loan Statements or Payment Books

\_\_\_\_\_ Divorce Decree (if applicable)

\_\_\_\_\_ Bankruptcy Documentation (if applicable)

\_\_\_\_\_ Alimony and Child Support Documentation (if applicable)

\_\_\_\_\_ Proof of other household income (if applicable)

\_\_\_\_\_ Credit Report Fee

\_\_\_\_\_ Other: Utility Bills

\_\_\_\_\_ Other: Car Note

\_\_\_\_\_ Other: All receipts of any funds spent

\_\_\_\_\_ Other: Insurance (Life, Health, Dental, Car, Renter's, etc.)

\_\_\_\_\_ Other: Recurring or revolving debt (Netflix, Hulu, Internet, Phone (Land/Cell))

\_\_\_\_\_ Other: Rent/Mortgage

\_\_\_\_\_ Other: \_\_\_\_\_

# COTC Customer Intake Form

**CUSTOMER**

*Please Print Clearly*

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 and White
- 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: Yes No

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

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 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?** Yes No

**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 home and have not owned a home in the past three years)?

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 ages are they? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Are there non-dependents who will be living in the home?** Yes No *If yes, list below:*

Relationship Age Relationship Age

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

**Education (please circle one):**

- |                              |                                      |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College          | 4. Bachelors Degree                  |
| 5. Masters Degree            | 6. Above Masters Degree              |

**Referred to by (please circle 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, which one? \_\_\_\_\_

**CO-APPLICANT**

**Name:** \_\_\_\_\_  
*First MI Last*

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
*Home: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_*

**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 and White |
| <b>9. American Indian/Alaskan Native and Black</b> | <b>10. Other</b>                          |                                     |

**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: Yes No

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

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents are foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

**Marital Status (please circle):** Single Married Divorced Separated Widowed

**Gender (please circle):** Male Female

**Handicapped?** Yes No

**Education (please circle one):**

- |                              |                                      |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College          | 4. Bachelors Degree                  |
| 5. Masters Degree            | 6. Above Masters Degree              |

**Relationship to Customer (please circle):** Spouse      Daughter      Son      Sister      Brother      Girlfriend  
Boyfriend      Mother      Father      Other: \_\_\_\_\_

**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*

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>	
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**

Can you document your child support/alimony income?  
 If yes, how long will it continue?

Yes No  
 \_\_\_\_\_

Yes No  
 \_\_\_\_\_

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.

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
	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:

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
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>	___ <i>AM</i>	___ <i>PM</i>		
<i>Can you be contacted by text message?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>

## AUTHORIZATION

I authorize the Housing Counseling Agency to:

- 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;
- pull my/our credit report and review my/our 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/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*



**COTC Customer Intake Form**  
Community Outreach Training Center Inc.  
Thomasville, Georgia 31792

**For Office Use Only:**

Date Application Received: \_\_\_\_\_ Application Fee Collected \$ \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Date of Credit Counseling: \_\_\_\_\_

Status: \_\_\_\_\_ Translator Required-Eng. to Span. \_\_\_\_\_

Training Session: \_\_\_\_\_ Other: \_\_\_\_\_

Interview by: \_\_\_\_\_ Input by: \_\_\_\_\_