



**INTAKE FORM FOR APPLICANT (PLEASE FILL OUT COMPLETELY AND BRING WHEN YOU COME)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please circle the preferred phone number to call

Preferred Language: \_\_\_\_\_

Email: \_\_\_\_\_

**SERVICES REQUIRED**

- |              |   |   |
|--------------|---|---|
| Service Type | <input type="checkbox"/> Education          | <input type="checkbox"/> Home Purchase                      |
|              | <input type="checkbox"/> Homeowner Services | <input type="checkbox"/> Mortgage Default/Early Delinquency |
|              | <input type="checkbox"/> Rental Counseling  | <input type="checkbox"/> Seeking Shelter                    |
|              | <input type="checkbox"/> Homeless Services  |   |

Total Number of Co-applicants: \_\_\_\_\_

Referred By: \_\_\_\_\_

Expected Closing Date: \_\_\_\_\_

**DEMOGRAPHICS**

Race & Ethnicity: \_\_\_\_\_  
(Please include all that may apply)

Number in Household: \_\_\_\_\_ Gender:  M  F  
(include self)

Are you Head of Household?  Y  N Veteran?  Y  N Foreign Born?  Y  N

Age: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_/\_\_\_\_/\_\_\_\_

Disabled?  Y  N Disabled Dependent?  Y  N



**LIST ALL DEPENDENT CHILDREN BY AGE AND SEX:**

Sex (Gender) of Child	Age of Child

**INCOME**

Present Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_  
mm/dd/yyyy

Number of years in profession? \_\_\_\_\_ Are you a self-employee? [ ] Y [ ] N

Title: \_\_\_\_\_ Business Type: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Full Time [ ] Part Time [ ]

Are you a farm worker? [ ] Y [ ] N

List Previous/ Part-Time Employer (need the last three years of employment)

Business Name & Address	Start Date	End Date

**OTHER INCOME**

(Please fill in all that may apply)

Type	Monthly Income	Liquid Assets	Amount
AFDC		Checking	\$
Alimony		Savings	\$
Bonuses		CD's	
Child Support		Securities (stocks, bonds, etc.)	
Commissions		Retirement	
Dividends/Interest		Other Assets:	
Overtime			
SSI			

## AUTHORIZATION

I authorize DHIC, Inc. Homeownership Center to:

- a. Pull my/our credit report to review my/our credit file at the time of individual counseling, for housing counseling in connection with my pursuit on a loan to purchase real property;
- b. Pull my/or credit report and review my/our credit file for informational inquiry purposes; and
- c. Obtain a copy of the HUD-1 Settlement Statement, Credit Report, Appraisal, and Real Estate Note (s) when I purchase a home, from the client or lender who made me/us a loan and /or the title company that closed the loan.
- d. Provide information to lender and government agencies in connection with our application for mortgage financing. Such information includes, with out limitation to credit history, employment history, bank statements and income tax returns, account information and information regarding the property being purchased.
- e. Contact client at address, telephone numbers and emails provided on the In-Take form.
- f. DHIC, Inc. may make Buyer Agent Referrals. If DHIC, Inc. refers you to a Buyer's Agent for representation, DHIC, Inc. will receive a \$750 referral fee upon closing from the Buyer's Agent.

I/We understate that any intentional or negligent representation(s) of the information contained on this form ma result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

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Customer

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Date

