



PLEASE FILL OUT COMPLETELY AND BRING WITH YOU



PERSONAL PROFILE 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) This is in addition to the "Race" category

Hispanic: Yes No Language: \_\_\_\_\_

Foreign Born (please select one): Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Disabled? Yes No

Current Housing Arrangement (please circle):

- 1. Rent 2. Homeless 3. Homeowner with mortgage
4. Living with family member and not paying rent 5. Homeowner with mortgage paid off

If DHIC property, which community \_\_\_\_\_

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? \_\_\_\_\_



PERSONAL PROFILE INTAKE FORM (CONTINUED)

CUSTOMER 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)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

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

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?

**PERSONAL PROFILE INTAKE FORM (CONTINUED)**

Previous Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Length of Employment

\_\_\_\_\_  
 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?

*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**

<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		

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
	Yes	No	Yes	No
Can you document your child support/alimony income?				
If yes, how long will it continue?	_____		_____	
If your child or a family member receives SSI, how many more years will the payments continue?		_____		_____

**PERSONAL PROFILE INTAKE FORM (CONTINUED)**

*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 Print Clearly*

*Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.*

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
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
<i>Have your payments been made on time?</i>	Yes	No	Yes	No
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i>    If yes, when did it begin? _____</i>				
<i>    If yes, when will it be paid out? _____</i>				
<i>    If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i>    If yes, when was it discharged? _____</i>				

**PERSONAL PROFILE INTAKE FORM (CONTINUED)**

**LIQUID FUNDS/SAVINGS/INVESTMENTS**

Please list the approximate value of the following:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
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**

*Please Print Clearly*

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>				
Have you owned a home in the last three (3) years?	Yes	No	Yes	No			
Are you a Veteran?	Yes	No	Yes	No			
Do you have a contract on a house at this time?	Yes	No					
Are you currently working with a real-estate agent?	Yes	No					
Most convenient time for an individual appointment?	Day: M	T	W	Th	F	Time: ____ AM	____ PM

**PERSONAL PROFILE INTAKE FORM (CONTINUED)**

**AUTHORIZATION**

I authorize DHIC, Inc. HomeOwnership Center to:

- (a) 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;
- (b) Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) Obtain a copy of the HUD-1 Settlement Statement, 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, without limitation credit history, employment history and income tax returned, account information and information regarding the property being purchased.
- (e) Contact client at telephone numbers and emails provided on 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 \$500 referral fee upon closing from the Buyer's Agent.

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*



**For Internal Use Only**

Notes/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Service(s)	
Counseling	<input type="checkbox"/>
Rehab	<input type="checkbox"/>
Home Ownership	<input type="checkbox"/>
Financial Fitness	<input type="checkbox"/>
Refinance	<input type="checkbox"/>
Section 8	<input type="checkbox"/>
Other Services	<input type="checkbox"/>
Sears Post Purchase	<input type="checkbox"/>

Received By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_