

Client Intake Form

Date: _____

Name _____ Co-Borrower's Name _____

Street Address _____

City _____ State _____ Zip _____ How long at address? _____

Phone Number (H) _____ (W) _____ (C) _____

E-mail address: _____

Who referred you? _____

Race of Clients:

American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Ethnicity:

Hispanic
 Non-Hispanic

Disabled Vet Female Head-of-Household

Primary Language: English Spanish Other _____

Level of Education (highest completed): 0-8 9-12 HS Grad Voc. Ed. College yrs.

Health Insurance: Private Medicaid Medicare CHIP VA PCN None
Other

Marital Status:

Single
 Married
 Divorced
 Separated

Birthday: _____

Co-Borrower's Birthday: _____

Number of Dependent Children: _____ Ages of children: _____

Number of other dependents: _____ Relationship(s): _____

Employment

Your employer: _____ Position: _____ How long? _____

Full Time
 Part Time
 Seasonal
 Other _____

Salary: \$ _____
 bi-weekly weekly
 monthly yearly

Spouse's Employer: _____ Position: _____ How long? _____

Full Time
 Part Time
 Seasonal
 Other _____

Salary: \$ _____
_____ bi-weekly _____ weekly
_____ monthly _____ yearly

Other sources of income: _____ How much: \$ _____

What kind of assistance do you need?:

First-Time Home Buyer _____ Home Retention _____
Mortgage assistance _____ Home Equity Conversion Mortgage (reverse mortgage) _____

Mortgage Company: _____ Account #: _____

Monthly mortgage payment: \$ _____

Amount owed on home: \$ _____ Value of home: \$ _____

How long in home: _____ Months behind: _____

Date of purchase: _____ length of mortgage: _____ years

Original mortgage amount: \$ _____

Comments: _____
