

Type of Service requesting: _____

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

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

Handicapped? 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 | |

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

Please Print Clearly

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 | 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

Foreign Born (please select one) : Yes No

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

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

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?

CO-APPLICANT EMPLOYMENT CONTINUED:

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>	CUSTOMER <i>Monthly Amount</i>	CO-APPLICANT <i>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
<i>Can you document your child support/alimony income?</i>	Yes No	Yes No

<i>If yes, how long will it continue?</i>	_____	_____
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<i>If your child or a family member receives SSI, how many more years will the payments continue?</i>	_____	_____
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<i>If you receive disability income, is it for a permanent disability?</i>	Yes No	Yes No
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<i>Regarding other employment, have you worked in this field for two years or more?</i>	Yes No	Yes No
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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.

	CUSTOMER		CO-APPLICANT	
<i>Have your payments been made on time?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you currently in Chapter 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<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>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please Print Clearly*

Please list the approximate value of the following (including bank, Federal credit union and or any other entities' name):

	CUSTOMER	CO-APPLICANT
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	See Budget	See Budget
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>Are you related to any NHS staff?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>			
<i>If yes who? _____ Relationship: _____</i>							
<i>Are you related to any NHS Board Member?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>			
<i>If yes who? _____ Relationship: _____</i>							
<i>Most convenient time for an individual appointment?</i>	Day: M	T	W	Th	F	Time: ____ AM	____ PM



Accommodations and Home visits for Handicap individuals available by appointment.

AUTHORIZATION

I authorize NHS of Southwestern Maricopa County, Inc. 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 lender who made me/us a loan and/or the title company that closed the loan.
- (d) To use my picture (s) and success story for any promotional purpose.

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

THE FAIR HOUSING ACT OF 1988 PROHIBITS DISCRIMINATION AGAINST ANY PERSON BECAUSE OF RACE, COLOR, AGE, RELIGION, SEX, DISABILITY, FAMILIAL STATUS, RETALIATION, OR NATIONAL ORIGIN.

