



PERSONAL PROFILE INTAKE FORM

Date: _____

*Developing Strong Communities
Since 1977*

By Neighborhood Housing Services of Toledo

CUSTOMER DEMOGRAPHICS

Name: _____
First MI Last

Address: _____
Street City State Zip

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____

SSN: _____ - _____ - _____ DOB: _____ - _____ - _____ Age: _____

E-Mail Address: _____

First time home buyer: Y N Children's Age: _____, _____, _____, _____, _____, _____, _____

Number of Dependent Children: _____ Household size _____

Race (check one): White Native American /Alaskan Native Other
Black Native Hawaiian/Other Pacific Islander Asian

Multiracial (check one): Black and White Native American/Alaskan Native and White
Asian and White Asian and Black Native American/Alaskan Native and Black
other multi-race Ethnicity (check one)

Hispanic Y N

If yes (check one): Mexican/Chicano Puerto Rican Cuban Other Hispanic/Latino Ethnicity

Foreign born (check one): Y N Gender (please circle): Male Female

Martial status (check one): Single Married Divorced Separated Widowed

Disabled (check one): Y N Veteran (check one): Y N

Household type (check one): Female-headed single parent household
Single adult Male-headed single parent household Married with children
Married without children Two or more unrelated adults

Current housing arrangement (check one): Rent Homeless Homeowner with mortgage

Homeowner with mortgage paid off and not paying rent Living with family member

Office Use Only

Census Tract: _____ Council District: _____

Services Requested

____HBC ____ PH ____NODA ____FMT ____Voucher ____Purchase____ Foreclosure____

Description of Problem

Staff Action

Applicant yearly income: \$ _____
Co-Applicant yearly income: \$ _____
Other household income: \$ _____ (child support, alimony, disability, social security, etc.)

TOTAL INCOME: \$ _____

Education (check one): Below high school diploma Two-year college Graduate degree
High school diploma or equivalent Bachelors degree Associate degree Master degree

Referred to Homeownership Center by (check all that apply): Print Advertisement Bank
Government Staff/board member Phone Walk-in Friend (print name): _____
Radio Website Facebook Twitter TV Other _____

CUSTOMER EMPLOYMENT

Primary Employer: _____

Title *Hire date*

Address *City* *State* *Zip*

Phone: (_____) ____-_____

Rate per hour: _____ Hours per week: _____ Gross monthly income: \$ _____

If employed for less than two years at one place, list previous employer:

Previous Employer: _____

Title *Hire date*

Address *City* *State* *Zip*

Phone: (_____) ____-_____

Rate per hour: _____ Hours per week: _____ Gross monthly income: \$ _____

CO-APPLICANT DEMOGRAPHICS

Name: _____

First *MI* *Last*

Address: _____

Street *City* *State* *Zip*

Home phone: (____) ____-_____ Work phone: (____) ____-_____

SSN: ____-____-____ DOB: ____-____-____ Age: _____

First time home buyer (please circle): Y N **Children's Age:** ____, ____, ____, ____, ____

Race (check one): White Native American /Alaskan Native Other _____
Black Native Hawaiian/Other Pacific Islander Asian

Multiracial (check one): Black and White Native American/Alaskan Native and White
Asian and White Native American/Alaskan Native and Black Asian and Black
other multi-race

Ethnicity (check one): Hispanic: Y N

If yes (check one): Mexican/Chicano Puerto Rican Cuban Other Hispanic/Latino Ethnicity

Foreign born (check one): Y N **Gender** (check one): Male Female

Martial status (check one): Single Married Divorced Separated Widowed

Disabled (check one): Y N **Veteran** (check one): Y N

Education (check one): Below high school diploma Two-year college Graduate degree
High school diploma or equivalent Bachelors degree Associate degree Master degree

CO-APPLICANT EMPLOYMENT

Primary Employer: _____

Title Hire date

Address City State Zip

Phone: (_____) ____-____

Rate per hour: _____ Hours per week: _____ Gross monthly income: \$ _____

If employed for less than two years at one place, list previous employer:

Previous Employer: _____

Title Hire date

Address City State Zip

Phone: (_____) ____-____

Rate per hour: _____ Hours per week: _____ Gross monthly income: \$ _____

ADDITIONAL INCOME TYPES

<i>Type of income</i>	CUSTOMER <i>Monthly Amount</i>	CO-APPLICANT <i>Monthly Amount</i>
Alimony/Child Support		
Pension Income		
Public Assistance		
Dependent SSI Income		
Disability Income		
Other Income		
Total		

BANKRUPTCY INFORMATION*Customer****Co-Applicant**

Are you currently in Chapter 13 or
Chapter 7 Bankruptcy?

Yes No

Yes No

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 13 or Chapter 7B
bankruptcy?

Yes No

Yes No

If yes, when was it discharged? _____

*** Please bring Schedule F when you come to your Credit Assessment.****MONTHLY EXPENSES**

**Please list any debts you are paying monthly: such as credit cards, auto loans, student loans,
childcare expenses, child support, alimony, and cellular phone (if it is a second phone bill).*

<i>Paid To:</i>	Current Balance	Monthly Payment	Whose debt? C=Customer A=Co-App
1			
2			
3			
4			
5			
6			
Total:	_____	_____	

LIQUID FUNDS/ SAVINGS/ INVESTMENTS

Customer (check that applies): Checking account Savings account Cash CDs

Securities (stocks, bonds, etc.) Retirement account

Co-Applicant (check that applies): Checking account Savings account Cash CDs

Securities (stocks, bonds, etc.) Retirement account

Additional Information:**Customer****Co-Applicant**

Have you owned a home in the last 3 years?

Yes No

Yes No

Are you a Veteran?

Yes No

Yes No

Do you have a contract on a home at this time?

Yes No

Yes No

Are you currently working with a real estate agent?

Yes No

AUTHORIZATIONS

I authorize NeighborWorks® TOLEDO REGION 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) **When I purchase a home**, to obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) from the lender who made me/us a loan and/or the title company that closed the loan.

YOU, OUR CLIENT ARE NOT OBLIGATED TO RECEIVE, PURCHASE, OR UTILIZE ANY OTHER SERVICES OFFERED BY NTR OR OUR PARTNERS IN ORDER TO RECEIVE HOUSING COUNSELING SERVICES.

The NTR Conflict of Interest Disclosure Statement – includes the following:

- 1. NTR provides housing counseling that may result in an action plan that includes referrals to other housing agencies or lenders for services or loan products. It should also note that the housing counseling received from NTR in no way obligates the customer to choose any of the programs or products to which the customer is referred.
- 2. A disclosure of the loan products or services offered by NTR.
- 3. NTR does not have any partnership, or contractual arrangements with other lenders or housing agencies.
- 4. NTR housing counselor cannot originate mortgage products or receive bonus compensation for the mortgage products the client chooses.

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

