

General Information and Intake Form

Complete as much information as possible. Please print.

| | |
|--|-------------------------------|
| REFERRED BY: (How did you hear of us) | COUNSELOR/INTAKE DATE: |
|--|-------------------------------|

| | | | | |
|--|---------------|---|---------------|---|
| Last Name | First | Middle/Maiden | Date of Birth | Social Security No. - - |
| Address No./ Street | City | State | Zip Code | Residence Telephone |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Email Address | | | Mobile Number |
| Dependents (not listed by Co-Applicant) | | Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED | | |
| Employer 1: _____ Position/Years: _____ Telephone: _____ Ext _____ | | Rate of Pay: _____ Hours Worked Each Week: _____ | | When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly |
| Employer 2: _____ Position/Years: _____ | | Rate: _____ Hours Worked _____ | | When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly |

OTHER INCOME (if applicable)

| | | |
|--|---|-----------------|
| Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____ | How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly | How Long: _____ |
| SSI/Disability <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____ | How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly | How Long: _____ |
| Unemployment <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____ | How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly | How Long: _____ |

CO-APPLICANT

| | | | | |
|--|---------------|---|---------------|---|
| Last Name | First | Middle/Maiden | Date of Birth | Social Security No. - - |
| Address No./ Street | City | State | Zip Code | Residence Telephone |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Email Address | | | Mobile Number |
| Dependents (not listed by Applicant) | | Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED | | |
| Employer 1: _____ Position/Years: _____ Telephone: _____ Ext _____ | | Rate of Pay: _____ Hours Worked Each Week: _____ | | When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly |
| Employer 2: _____ Position/Years: _____ | | Rate: _____ Hours Worked _____ | | When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly |

OTHER INCOME (if applicable)

| | | |
|--|---|-----------------|
| Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____ | How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly | How Long: _____ |
| SSI/Disability <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____ | How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly | How Long: _____ |
| Unemployment <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____ | How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly | How Long: _____ |

HOUSING INFORMATION

Rent/Mortgage: \$ _____ Do you receive assistance or subsidy? ☐ Yes ☐ No How much? _____

Contract Pending ☐ Yes ☐ No Sales Price: \$ _____ Real Estate Agent: _____ Are you a VET? ☐ Yes ☐ No

(FOR MORTGAGE DELINQUENCY ONLY)

Mortgage Balance: \$ _____ Type of Mortgage: _____ Value of Home: _____

Mortgage Lender: _____ No. Months Delinquent: _____

Reason for Delinquency: _____

HAVE YOU EVER FILED BANKRUPTCY? (Please Circle One)

APPLICANT CO-APPLICANT BOTH

YES

NO

Chapter: ☐7 ☐11 ☐13

FILE DATE:

STATUS: ☐Discharged ☐Dismissed DATE:

LIQUID FUNDS/SAVINGS/INVESTMENT (Do you have any of the following accounts?)

Applicant

Co-Applicant

CHECKING ACCOUNT

☐ YES ☐ NO Bal: _____

☐ YES ☐ NO Bal: _____

SAVINGS ACCOUNT

☐ YES ☐ NO Bal: _____

☐ YES ☐ NO Bal: _____

CDs

☐ YES ☐ NO

☐ YES ☐ NO

SECURITIES (Stocks, Bond, etc.)

☐ YES ☐ NO

☐ YES ☐ NO

RETIREMENT/OTHER

☐ YES ☐ NO Amt: _____

☐ YES ☐ NO Amt: _____

RACE: (Please Check One) Voluntary – you are not required to complete this section.

☐ White, not of Hispanic Origin

☐ Hispanic

☐ American Indian/Alaskan Native

☐ Black, not of Hispanic Origin

☐ Asian/Pacific

☐ Other: _____

APPLICANT
DO YOU PAY CHILD SUPPORT? ☐ YES ☐ NO

CO-APPLICANT
DO YOU PAY CHILD SUPPORT? ☐ YES ☐ NO

ARE YOU CURRENT? ☐ YES ☐ NO

ARE YOU CURRENT? ☐ YES ☐ NO

COUNSELOR NOTES

EXPENSE FORM

Client: _____ Co-Client: _____ Client #: _____ Date: _____

Instruction: List what is spent monthly for each item below. The second column is for any adjustments that may help balance your budget.

| Income | Initial Amount | Adjusted | Income Type |
|---------------------|----------------|----------|-------------|
| Client Income | | | |
| | | | |
| Co-Client Income | | | |
| | | | |
| Total Income | | | |

| Expenses | Initial Amount | Adjusted | Adjusted |
|-------------------------|----------------|----------|----------|
| Rent | | | |
| First Mortgage | | | |
| Second Mortgage | | | |
| Association Dues | | | |
| Property Taxes | | | |
| Lot Rent | | | |
| Gasoline | | | |
| Auto Maintenance | | | |
| Auto Registration/Taxes | | | |
| Groceries | | | |
| Dining Out | | | |
| Food At Work | | | |
| School Lunches | | | |
| Electric/Gas/Oil | | | |
| Water/Sewer | | | |
| Telephone | | | |
| Garbage/Recycling | | | |
| Pager/Cellular Phone | | | |
| Internet Service | | | |
| Cable TV | | | |
| Clothing | | | |
| Insurance – Automotive | | | |
| Insurance – Medical | | | |
| Insurance – Life | | | |
| Insurance – Home/Renter | | | |
| Prescriptions | | | |
| Doctor Visits | | | |
| Dentist Visits | | | |

| Expenses | Initial | Adjusted | Adjusted |
|------------------------------|---------|----------|----------|
| Optical | | | |
| Daycare | | | |
| Babysitting | | | |
| Children's Allowance | | | |
| Children's Activities | | | |
| Diapers | | | |
| Child Support | | | |
| Car Payment | | | |
| Student Loan | | | |
| Cosigned Loans | | | |
| Bank Account Deductions | | | |
| Taxes (IRS and/or State) | | | |
| Business Cards/Loans | | | |
| Other Loans | | | |
| Tithe Donations | | | |
| Other Charitable Donations | | | |
| Education Tuition | | | |
| Books | | | |
| Supplies | | | |
| Books, Newspapers, Mags. | | | |
| Entertainment & Recreation | | | |
| Gifts/Holidays | | | |
| Travel | | | |
| Alcohol/Tobacco | | | |
| Tools – Job Related | | | |
| Clothes – Job Related | | | |
| Other Job Related Expenses | | | |
| Laundry/Dry Cleaning | | | |
| Home Maintenance | | | |
| Home Cleaning | | | |
| Parking/Bus Pass/Train | | | |
| Personal Care | | | |
| Postage | | | |
| Bank Charges | | | |
| Total Of All Expenses | | | |

AUTHORIZATION FORM

I _____ and (Co-Applicant) _____ hereby
(printed name) (printed name)
authorize the Center for HomeOwnership, (CHO) a credit counseling agency to provide housing counseling, credit counseling, referral and information on my behalf. This authorization shall become effective immediately and shall continue in effect until revoked by me by providing written notice to CHO.

I also hereby certify that the information I have given to CHO is true and correct to the best of my/our knowledge. Furthermore, I understand that by giving CHO authorization to obtain information, provide services and/or to negotiate on my/our behalf in no way guarantees that I/we will receive mortgage financing or that any item will be removed from my/our credit file.

If applicable, I hereby authorize CHO to contact my creditors and/or credit reporting agencies on my/our behalf for the sole purpose of negotiating a repayment plan and/or settlement of a debt or to dispute items reflected on my/our credit file which are incorrectly reported.

I understand that CHO is a counseling agency which provides assistance to individuals in understanding the Fair Credit Reporting Act. CHO cannot remove any item from my/our credit file that is true and accurately reported.

I also understand that this authorization allows CHO to:

- (a) pull my credit report to review my credit file for informational inquiry purposes and housing counseling in connection with my current request;
- (b) share overall credit information with CHO partners for possible loan consideration
- (c) obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who made me a loan or the attorney that closed the loan.

I understand that CHO cannot provide me with a copy of the in-house Equifax E-port credit file and that I have to obtain a personal copy from a credit reporting agency, if I wish to review its contents. I understand the inquiry will appear on my credit file as Consumer Credit Counseling Service of Forsyth County, Inc.

APPLICANT NAME (Signature)

Social Security #

Date

CO-APPLICANT NAME (Signature)

Social Security #

Date

COUNSELOR (Signature)

Date