



Housing Counseling Program Intake Form

Whether you are seeking to purchase a home, build your credit, locate an affordable rental, or resolve a mortgage delinquency, our HUD Certified Housing Counselor(s) will provide critical education and support every step of the way. In order to do so, your counselor will need to have a complete and accurate picture of your financial situation. **The attached intake form must be completed in its entirety along with the requested documents before an appointment can be scheduled.**

Please provide copies of the following documents:

- ❖ Driver License and/or State ID
- ❖ Paystubs (most recent and consecutive for the last 60 days)
- ❖ Profit and Loss statement if self-employed (3 months minimum)
- ❖ Most recent bank statements, all pages even if blank (2-months)
- ❖ Proof of Other income: Social Security /Disability, Unemployment, Child Support
- ❖ Utility bills for the household regardless of who pays them: Gas, Water, Electricity, Phone/Cable, any Credit Card/personal loans (2-months of statements)
- ❖ Tax returns for the past 2 years (including all schedules)
- ❖ W2s for past 2 years

Other Documents (if applicable)

- ❖ **If a homeowner:**
 - Mortgage statement and loan documents (Deed, Note, and Settlement documents)
 - All letters from your Loan Servicer or Foreclosure Attorney
 - Hardship letter explaining reason you are late on payments
- ❖ **If in the Process of Buying:**
 - Pre-approval letter from your lender
 - Offer to Purchase

Your Availability: Please select the time(s) and day(s) you are available for an appointment

| Time Available | Monday | Tuesday | Wednesday | Thursday |
|----------------|--------|---------|-----------|----------|
| 10:00 AM | | | | |
| 11:00 AM | | | | |
| 12:00 PM | | | | |
| 2:00 PM | | | | |
| 3:00 PM | | | | |

| PARTICIPANT INFORMATION | | | | | | | |
|--|--------|-------------------|--------------------|----------------|-------------------------|----------------|---------------|
| Name: _____ SS No. _____ | | | | | | | |
| Address: _____ | | | | | | | |
| Phone 1: _____ Phone 2: _____ | | | | | | | |
| Email Address: _____ | | | | | | | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | | | | | |
| Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian & Black <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian & White <input type="checkbox"/> Other | | | | | | | |
| DATE OF BIRTH | GENDER | COUNTRY OF ORIGIN | PREFERRED LANGUAGE | HISPANIC (Y/N) | EDUCATION Highest Level | DISABLED (Y/N) | VETERAN (Y/N) |
| | | | | | | | |
| CO-PARTICIPANT INFORMATION | | | | | | | |
| Name: _____ SS No. _____ | | | | | | | |
| Address: _____ | | | | | | | |
| Phone 1: _____ Phone 2: _____ | | | | | | | |
| Email Address: _____ | | | | | | | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | | | | | |
| Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian & Black <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian & White <input type="checkbox"/> Other | | | | | | | |
| DATE OF BIRTH | GENDER | COUNTRY OF ORIGIN | PREFERRED LANGUAGE | HISPANIC (Y/N) | EDUCATION Highest Level | DISABLED (Y/N) | VETERAN (Y/N) |
| | | | | | | | |

Household Size: _____ Number of Dependents: _____

| DEPENDENTS: | | | |
|-------------|---------------|-----|----------------------|
| Name | Date of Birth | Age | Employed (Yes or No) |
| | | | |
| | | | |
| | | | |
| | | | |

| REFERRED BY | | | | | |
|----------------------|-------------|-----------------|----------------|---------------|---------|
| Internet | Bank/Lender | Community Event | Agency Website | Government | Realtor |
| Word of mouth/Client | Walk-in | Radio/TV/News | Other | None Provided | |

RESIDENTIAL INFORMATION

Name of Current Landlord or Loan Servicer

Address of Current Landlord or Loan Servicer

Phone Number

Monthly Rent or Mortgage

Time lived at this address

If behind on payments, how many months?

If less than two years, list previous:

Name of Previous Landlord

Time live at this address

Address of Previous Landlord

Phone Number

Did you leave owing rent? Yes No If yes, how much? \$ _____

PUBLIC HOUSING/SECTION 8

Do you have a Section 8 Voucher? Yes No If yes, answer the following:

What is your monthly Housing Assistance Payment (HAP)? \$ _____

What is your Voucher Size? _____ Voucher Value? _____

Is Voucher eligible for Homeownership Purchase? Yes No

Are you currently residing in public housing? Yes No If yes, answer the following:

Which Community do you live in? _____

Are you currently participating in Family Self-Sufficiency Program? Yes No

If yes, name of Case Manager: _____ Phone _____

Date entered program: _____ Anticipated Completion Date: _____

Do you have an escrow account? Yes No If yes, Escrow Amount? _____

FSS Action Plan on File? Yes No

If yes, please provide a copy of Action Plan with this intake packet

EMPLOYMENT AND INCOME

Participant Employer: _____

Employer Address (Personnel Department)

| Phone Number | Hours per week | Rate of Pay | Length of time at Current Employment |
|--------------|----------------|-------------|--------------------------------------|
|--------------|----------------|-------------|--------------------------------------|

| How often are you paid (Weekly, 2xMonth, etc.) | What day or date? (Fridays, 15 th /30 th , etc.) | Direct Deposit? (Yes or No) | Name of Bank Credit Union |
|---|---|--------------------------------|------------------------------|
|---|---|--------------------------------|------------------------------|

If less than 2 years, previous employment:

Previous Employer: _____

Previous Employer Address (Personnel Department)

| Phone Number | Hours per week | Rate of Pay | Length of time at Current Employment |
|--------------|----------------|-------------|--------------------------------------|
|--------------|----------------|-------------|--------------------------------------|

Other Sources of Income:

Other Employment (Part-time, etc.)

| How often are you paid (Weekly, 2xMonth, etc.) | What day or date? (Fridays, 15 th /30 th , etc.) | Direct Deposit? (Yes or No) | Name of Bank Credit Union |
|---|---|--------------------------------|------------------------------|
|---|---|--------------------------------|------------------------------|

Child Support Received Monthly: \$_____ Court Ordered? Yes No

If court ordered, please provide copy of the court order as well as payment history for 24 months

| Social Security Monthly Amount | SSI Monthly Amount | Disability Monthly Amount | Pension Monthly Amount |
|-----------------------------------|-----------------------|------------------------------|---------------------------|
|-----------------------------------|-----------------------|------------------------------|---------------------------|

Please provide award letters for each that you receive

Co-Participant Employer: _____

Employer Address (Personnel Department)

| | | | |
|--------------|----------------|-------------|--------------------------------------|
| Phone Number | Hours per week | Rate of Pay | Length of time at Current Employment |
|--------------|----------------|-------------|--------------------------------------|

| | | | |
|---|---|--------------------------------|------------------------------|
| How often are you paid (Weekly, 2xMonth, etc.) | What day or date? (Fridays, 15 th /30 th , etc.) | Direct Deposit? (Yes or No) | Name of Bank Credit Union |
|---|---|--------------------------------|------------------------------|

If less than 2 years, previous employment:

Previous Employer: _____

Previous Employer Address (Personnel Department)

| | | | |
|--------------|----------------|-------------|--------------------------------------|
| Phone Number | Hours per week | Rate of Pay | Length of time at Current Employment |
|--------------|----------------|-------------|--------------------------------------|

Other Sources of Income:

Other Employment (Part-time, etc.)

| | | | |
|---|---|--------------------------------|------------------------------|
| How often are you paid (Weekly, 2xMonth, etc.) | What day or date? (Fridays, 15 th /30 th , etc.) | Direct Deposit? (Yes or No) | Name of Bank Credit Union |
|---|---|--------------------------------|------------------------------|

Child Support Received Monthly: \$_____ Court Ordered? Yes No

If court ordered, please provide copy of the court order as well as payment history for 24 months

| | | | |
|-----------------------------------|-----------------------|------------------------------|---------------------------|
| Social Security Monthly Amount | SSI Monthly Amount | Disability Monthly Amount | Pension Monthly Amount |
|-----------------------------------|-----------------------|------------------------------|---------------------------|

Please provide award letters for each that you receive

TOTAL HOUSEHOLD INCOM FROM ALL SOURCES: Per Month \$ _____

Annual \$ _____

ASSETS AND LIABILITIES

How many vehicles do you own? _____

Vehicle 1 Value _____ Loan Balance _____ Monthly Payment _____

Vehicle 2 Value _____ Loan Balance _____ Monthly Payment _____

Vehicle 3 Value _____ Loan Balance _____ Monthly Payment _____

Do you own a home? Yes No Home Value _____ Monthly Payment _____

Own second home? Yes No Home Value _____ Monthly Payment _____

Is second home used as a rental property? Yes No Monthly Payment Received _____

Do you own any stocks, bonds, 401K, IRA, or any other investments? Yes No Value _____

Do you have a checking account? Yes No Amount in Account _____

Do you have a savings account? Yes No Amount in Account _____

Do you have past due household bills? Yes No Amount past due _____

Do you have credit card bills? Yes No Credit Card Balance _____

Do you have student loans? Yes No Total Balance Owed _____

Do you have medical bills? Yes No Total Balance Owed _____

Do you have any outstanding personal loans? Yes No Total Amount Owed _____

CERTIFICATION

I/We certify that all above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I understand that the completion of this form does not guarantee loan approval, eligibility for down payment assistance, housing or housing assistance programs.

Personal Information Release Authorization: I/We hereby authorize the release of any personal and financial information to Home Solutions of Davidson County from Rental Verification, Employment and Income records, Checking/Savings account deposits and balances.

Participant's Signature Date

Co-Participant's Signature Date

Counselor's Signature Date



DISCLOSURE STATEMENT

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling with Home Solutions of Davidson County and determine whether counseling is suitable for my/our housing problem.

I/We understand that we are not obligated to receive, purchase or utilize any other services offered by Home solutions of Davidson County or its exclusive partners, in order to receive housing counseling.

I/We understand that Home Solutions of Davidson County has the discretion to charge reasonable fees for some counseling services, and that these fees will be explained to me prior to counseling. I further understand that fees will not be charged if they create a financial hardship and I will not be denied counseling if I cannot pay the fees.

I/We understand the Home Solutions of Davidson County provides information on a broad range of housing programs and products and that the housing counseling I receive from Home Solutions of Davidson County in no way obligates me to choose any particular loan product or housing program discussed in my counseling sessions.

I/We understand that Home Solutions of Davidson County does not guarantee that I/We will receive mortgage financing from any lender and/or other mortgage financing entity.

I/We may be referred to other housing services of the organization or to other agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I/We understand that a counselor may answer questions and provide information but cannot give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Home Solutions of Davidson County is certified by the U.S. Department of Housing and Urban Development. Our organization maintains affiliations, funding sources, partnerships, and working relationships with other public and private community organizations, as well as, lending institutions, which could create a conflict of interest. For more information regarding specific funding sources, please contact your housing counselor.

I have reviewed and understand the above Counseling Services Disclosure Statement.

Client Signature _____ Date _____

Client Signature _____ Date _____

Counselor Signature _____ Date _____

MONTHLY BUDGET/HOUSEHOLD FINANCIAL INFORMATION

Name(s) _____ Date: _____

| A. Household Expenses: | |
|--------------------------------|--------|
| Fixed Monthly Expenses: | AMOUNT |
| Mortgage/Rent | |
| 2 nd Mortgage | |
| Property Taxes and Insurance | |
| HOA Fees | |
| Gas & Electric | |
| Heating Oil | |
| Water & Sewer | |
| Car Payment 1 | |
| Car Payment 2 | |
| Auto Insurance | |
| Life Insurance | |
| Medical Insurance | |
| Alimony/Child Support Paid | |
| Alarm System | |
| Other | |
| Other | |
| Other | |
| Total FIXED Expenses: | |

| Variable Monthly Expenses: | |
|-----------------------------------|--|
| Groceries | |
| Bus/Taxi/Parking | |
| Car Repairs | |
| Gasoline | |
| Toiletries/Hair Care | |
| Medical | |
| Child Care | |
| Cable TV/Internet | |
| Clothing/Laundry | |
| Lottery | |
| Church/Charity | |
| Entertainment | |
| Cell Phone | |
| Other | |
| Other | |
| VARIABLE Expenses: | |

| B. Your Monthly Income: | |
|-------------------------|---------------|
| | Net Income |
| Gross Income: | Take Home Pay |
| \$ | \$ |

| Co-Applicant/Spouse Income | |
|----------------------------|---------------|
| | Net Income |
| Gross Income: | Take Home Pay |
| \$ | \$ |

| Other Household Income | |
|------------------------|---------------|
| | Net Income |
| Gross Income: | Take Home Pay |
| \$ | \$ |

| C. Credit Cards and Other Debt: | | |
|---------------------------------|---------|---------|
| Creditor | Payment | Balance |
| | | |
| | | |
| | | |
| | | |
| Total | | |

| D. Surplus/Deficit: | |
|---------------------|--|
| Total Income: | |
| Total Expenses (-) | |
| Surplus/Deficit | |

Participant's Signature Date

Co- Participant's Signature Date