



# HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION

*"Rebuilding our community one day at a time"*

## Customer Intake Form

CUSTOMER

Please print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Handicapped? Yes or No

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

### Race (Please Circle)

- |   |                                     |
|---|-------------------------------------|
| 1. White                                  | 3. Black or African American        |
| 2. American Indian/Alaskan Native         | 4. Asian                            |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native   |
| 7. Asian and White                        | 8. Black/African American and White |
| 10. American Indian/Alaskan Native Black  | 11. Other                           |

**Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin :)**

Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_

### Immigrant Status (please select one):

- You are U.S. born and I or both of your parents are foreign born
- You are U.S. born but I or both grandparents foreign born
- You are foreign born
- You, your parents and grandparents are all U.S. Born

### Marital Status (please circle):

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

### Current Housing Arrangement (Please circle one)

- |   |  |
|---|--|
| 1. Rent   | 2. Homeless  |
| 3. Homeowner with Mortgage                        | 4. Living with family member and not paying rent       |
| 5. Homeowner with mortgage paid off               | 6. Living with family member and paying rent           |
| 7. Living with friend/partner pay half rent/bills | 8. Living with friend/partner and not paying any bills |

### 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 (roommates) |
| 5. Married with Children                 | 6. Married without Children                 |
| 7. Other                                 |   |

Family/Household Size: \_\_\_\_\_

| Name | Birthday | Social Security | Relationship |
|------|----------|-----------------|--------------|
|      |          |                 |              |
|      |          |                 |              |
|      |          |                 |              |
|      |          |                 |              |

How many dependents (other than those listed by any co-borrower)?

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Head of Household monthly Salary \$ \_\_\_\_\_

Annual Family or Household Income \$ \_\_\_\_\_

### Education (Please circle one):



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- |                              |                                |
|------------------------------|--------------------------------|
| 1. Below High School Diploma | 2. High School Diploma         |
| 3. Two-Year College with AA  | 4. Two-Year College without AA |
| 5. Bachelor's Degree         | 6. Master's Degree             |
| 7. Above Master's Degree     |                                |

Are you currently in School? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If yes? Which school/College/University: \_\_\_\_\_

When will you graduate? \_\_\_\_\_

### Referred to by (Please circle all what apply):

|                     |         |            |       |                   |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank    | Government | TV    | Relator           |
| Staff/Board Member  | Walk-in | Friend     | Radio | Newspaper Article |

If you were referred by a bank, which one? \_\_\_\_\_

If referred by another source no listed above, which one? \_\_\_\_\_

## CO-APPLICANT

### Please print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Handicapped? Yes or No

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

### Race (Please Circle)

- |   |                                     |
|---|-------------------------------------|
| 4. White                                  | 3. Black or African American        |
| 5. American Indian/Alaskan Native         | 4. Asian                            |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native   |
| 7. Asian and White                        | 8. Black/African American and White |
| 10. American Indian/Alaskan Native Black  | 11. Other                           |

### Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin :)

Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_

### Immigrant Status (please select one):

- 6. You are U.S. born and I or both of your parents are foreign born
- 7. You are U.S. born but I or both grandparents foreign born
- 8. You are foreign born
- 9. You, your parents and grandparents are all U.S. Born

### Marital Status (please circle):

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

### Education (Please circle one):

- |                              |                                |
|------------------------------|--------------------------------|
| 2. Below High School Diploma | 2. High School Diploma         |
| 3. Two-Year College with AA  | 4. Two-Year College without AA |
| 5. Bachelor's Degree         | 6. Master's Degree             |
| 7. Above Master's Degree     |                                |

Are you currently in School? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If yes? Which school/College/University: \_\_\_\_\_

## CUSTOMER EMPLOYMENT - LAST 2 YEARS

Primary Employer: \_\_\_\_\_



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Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_ Laid Off \_\_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Are you Direct labor? Or Contract Labor? Self Employed? \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ monthly?

Previous Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Are you Direct labor? Or Contract Labor? Self Employed? \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ monthly?

## CO-APPLICANT EMPLOYMENT LAST 2 YEARS

Primary Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_ Laid Off \_\_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Are you Direct labor? Or Contract Labor? Self Employed? \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ monthly?

Previous Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Are you Direct labor? Or Contract Labor? Self Employed? \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ monthly?

## INCOME

| TYPE OF INCOME | CUSTOMER<br>Monthly Amount | CO-APPLICANT<br>Monthly Amount |
|----------------|----------------------------|--------------------------------|
|----------------|----------------------------|--------------------------------|



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|                        |  |  |
|------------------------|--|--|
| Salary                 |  |  |
| Alimony/Child Support  |  |  |
| Rental Income          |  |  |
| Social Security        |  |  |
| Adult SSD              |  |  |
| Pension Income         |  |  |
| Public Assistance      |  |  |
| Self-Employment Income |  |  |
| Dependent SSI Income   |  |  |
| Veterans Benefits      |  |  |
| Other Employment       |  |  |
| Unemployment Income    |  |  |
|                        |  |  |

Customer

Co-Applicant

Can you document your child support/alimony income? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how long will it continue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you or a family member is currently receiving SSI,  
How many more years will the payment continue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you receive disability income, is it for a permanent  
Disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

Regarding other employment, have you worked?  
In this field for two year or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you going through a Divorce? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently with Child Support Payment? \_\_\_\_\_ N/a

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ N/a \_\_\_\_\_ Yes \_\_\_\_\_ No

## LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. DO NOT include rent or utilities (unless delinquent).

| Paid To | Current Balance | Monthly Payment | Who's Debt?<br>C = Customer<br>A = Co-Applicant<br>B = Both |
|---------|-----------------|-----------------|---|
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |
|         |                 |                 |   |

Have your payments been made on time? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently in Chapter 13 Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did it begin? \_\_\_\_\_

**What State did you file?** \_\_\_\_\_



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If yes, when will it be paid out? \_\_\_\_\_

If yes, how much is the payments? \_\_\_\_\_

Bankruptcy Case # \_\_\_\_\_ has your bankruptcy been discharged? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Military Service – You will need a copy of your DD 214**

Is any borrower an active duty or recently discharged service member? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is any borrower the surviving spouse of a deceased service member who was active duty at the time of death?

\_\_\_\_\_ Yes \_\_\_\_\_ No                      Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you registered with the VA (Veterans Administration to receive benefit or services? \_\_\_\_\_ Yes \_\_\_\_\_ No

**LIQUID FUNDS/SAVINGS/INVESTMENTS**

Please list the approximate value of the following:

| ACCOUNTS                         | CUSTOMER | CO-APPLICANT |
|----------------------------------|----------|--------------|
| Checking Accounts                |          |              |
| Savings Accounts                 |          |              |
| Cash                             |          |              |
| CD's                             |          |              |
| Securities (stocks, bonds, etc.) |          |              |
| Retirement Account               |          |              |
| Other Liquid Funds               |          |              |

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.?) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, How much? Customer \$ \_\_\_\_\_ Co-Applicant \$ \_\_\_\_\_ other family members \$ \_\_\_\_\_

**LIVING EXPENSES**

| EXPENSES                          | CUSTOMER | CO-APPLICANT |
|-----------------------------------|----------|--------------|
| Current Mortgage or Rent          |          |              |
| Electric                          |          |              |
| Gas                               |          |              |
| Telephone                         |          |              |
| Cellular                          |          |              |
| Cable/Satellite TV                |          |              |
| Water Bill                        |          |              |
| Tax Bill                          |          |              |
| Rental Insurance                  |          |              |
| Homeowner Insurance               |          |              |
| Life Insurance                    |          |              |
| HOA – Homeowners Association Dues |          |              |



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## AUTHORIZATION FOR RELEASE OF INFORMATION

Only fill out this information if you are filing for Modification

I, \_\_\_\_\_, born on \_\_\_\_\_  
First and Last Name of Person Giving Consent Date of Birth of Person Consent

\_\_\_\_\_, born on \_\_\_\_\_  
First and Last Name of Person Giving Consent Date of Birth of Person Consent

Residing at \_\_\_\_\_, hereby consent  
(Damaged Dwelling Address of Person Giving Consent)

To disclose all information regarding dwelling account listed with \_\_\_\_\_  
(Lender and Mortgage Company Name)

\_\_\_\_\_ To Home Sweet Home Community Redevelopment.  
Account Number

Foreclosure Attorney: *(please fill out this part if you have file for bankruptcy)*

\_\_\_\_\_ Phone Number: \_\_\_\_\_

BDFTE No: \_\_\_\_\_ FAX Number: \_\_\_\_\_

A State recognize HUD Approved Housing counseling Agency, is assisting clients to avoid duplication of Modification, Foreclosure and other needs assistance.

I specifically consent to have the following information disclosure to them:

- Payment Information
- Homeowner Insurance (if available)
- Other Liens
- Insurance Payments for Home Repairs in the last 3 years
- Foreclosure Information (If the home is in foreclosure) Need current Server Information
- Sale of Home – Must have a realtor
- Payment history for last 6 months
- Tax Information – What county is your home located?  
\_\_\_\_\_ State \_\_\_\_\_

Additionally, I consent to have the above name organization speak on my behalf and represent me before all companies and organizations listed above.

Additionally, I consent to disclosure of my information to any other organization that is a member in good standing of either the Fannie Mae, Hardest Hit Funds, Hope loan Portal and/or National Industry Standards for Homeownership Education and Counseling. This consent is made pursuant to and consistent with 28U.S.C §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
(Signature of Applicant Providing Consent)

\_\_\_\_\_  
(Date)



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\_\_\_\_\_  
(Signature of Applicant Providing Consent)

\_\_\_\_\_  
(Date)

## Appendix 2-A

### CREDIT REPORT AUTHORIZATION

The undersigned hereby authorizes Home Sweet Home Community Redevelopment Corporation to order, through CREDCO or some other service provider, a credit report upon the undersigned in connection with an application for assistance regarding the undersigned's home loan through the following lender or servicer, \_\_\_\_\_ . This assistance is provided and defined in the Agreement for Home Loan Counseling, between the undersigned and Home Sweet Home Community Redevelopment Corporation, dated \_\_\_\_\_, 2014, which includes the Home Sweet Home Community Redevelopment Corporation Privacy Policy and Practices statement.

The undersigned will hold Home Sweet Home Community Redevelopment Corporation, the lender, the loan servicer, and/or their representatives harmless for any damages resulting from or in connection with obtaining confidential credit information.

#### Client

\_\_\_\_\_  
(Name signed)

\_\_\_\_\_  
(Name printed)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Social Security number)

\_\_\_\_\_  
(Date of Birth)

#### Spouse

\_\_\_\_\_  
(Name signed)

\_\_\_\_\_  
(Name printed)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Social Security number)

\_\_\_\_\_  
(Date of Birth)



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## ADDITIONAL INFORMATION

### For Lease or Rental Properties:

**Landlord Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt/Unit:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Office/Landlord Phone:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

If you are living with family members please ask your counselor for a Verification Form.

**Monthly Payment:** \$ \_\_\_\_\_ **Rental Insurance** \$ \_\_\_\_\_ **Water Bill** \$ \_\_\_\_\_ **Gas:** \_\_\_\_\_ **Electric:** \_\_\_\_\_

**Are any of these bills delinquent?** \_\_\_\_\_ Yes or \_\_\_\_\_ No

**Please attach copy of all bills.**

**Move- in Date:** \_\_\_\_\_ **Move-out Date:** \_\_\_\_\_ **Broken lease:** \_\_\_\_\_ **(we will need a copy of your Lease)**

## Assistance Information

### What services are needing assistance?

|                             |                                 |                                |                                  |                               |
|-----------------------------|---------------------------------|--------------------------------|----------------------------------|-------------------------------|
| Foreclosure                 | Home buying                     | Pre-Purchase Counseling        | Post Purchase Counseling         | Rental Counseling             |
| Rental Workshop             | Credit Counseling               | Credit Workshop                | Financial Literacy               | Debt Management               |
| Rental Assistance           | Mortgage Assistance             | Electric Bill                  | Water Bill                       | Phone (senior/Disable)        |
| Veterans Services           | Veteran Home buying             | Health Care Assistance         | Dental Services                  | Physical Services             |
| Need to see a doctor?       | True Affordable Housing Program | Port Arthur Housing Assistance | Port Arthur Home buying Workshop | Port Arthur Credit Counseling |
| Port Arthur Rental Workshop | Unemployment                    | Job Assistance                 | GED                              | Registering for College       |
| Starting a Business         |                                 |                                |                                  |                               |

**Please fill in the blank space if you do not see a service.**

I authorize the Housing Counseling agency to:

- 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;
- Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- Obtain a copy of the HUD-1 Settlement and Title information.

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, and Section 1001.

\_\_\_\_\_

\_\_\_\_\_





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**Customer**

**Date**

---

**Co-Applicant**

---

**Date**