



## Housing Counseling Program Intake Form

Whether you are seeking to locate an affordable rental, resolve a mortgage delinquency, purchase a home, or build your credit, housing counseling will help provide critical education and support every step of the way. Your counselor will need to have a complete and accurate picture of your financial situation.

Please complete and sign the following intake forms, and provide copies of the following documents:

### Applicable to all types of counseling:

- Driver License and/or State ID
- Paystubs (most recent and consecutive for the last 30 days)
- Other income: Social Security / Disability benefits, Unemployment, Child Support (if applicable)
- Utility bills: Gas, Water, Electricity, Phone/Cable, and other Credit Card bills
- Bank Statements (all pages, most recent and for the past 2 months)
- Tax returns for the past 2 years (including W2s and all schedules)

### Other Documents (if applicable):

- If self-employed: Profit and Loss Statement (3 months min, with accompanying bank statements)
- If a homeowner: Mortgage statement and loan documents (Deed, Note, and Settlement documents), Hardship letter explaining reason you are late on payments
- If a homebuyer: Pre-approval letter from your lender (only if you have been pre-approved)
- If a renter: Rental or lease agreement

### Fees for service:

Pre-Purchase Workshop	e-Home America (online class)	\$99 per individual OR \$150 per couple
	In-Person workshops (2 3-hour sessions)	Free of charge
One-on-one counseling	Pre-purchase	Free of charge
	Rental Topics	Free of charge
	Homelessness Assistance	Free of charge

**Participant Information**

Name \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Marital Status: ☐ Married ☐ Separated ☐ Unmarried ☐ Widowed ☐ Divorced

Race: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Black/ African American

☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ Other: \_\_\_\_\_

**Co-Participant Information**

Name \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

Marital Status: ☐ Married ☐ Separated ☐ Unmarried ☐ Widowed ☐ Divorced

Race: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Black/ African American

☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ Other: \_\_\_\_\_

**Demographic Information for Participant and Co-Participant**

	Date of Birth	Gender	Preferred Language	Ethnicity (Hispanic/Not Hispanic)	Education (Last grade Completed, GED, or Type Degree)	Disabled (Y/N)	Veteran (Y/N)
Participant							
Co-Participant							

Household Size: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Referred by:						
Internet	Bank/Lender	Community Event	Agency Website	Government	Realtor	
Word of Mouth/Client	Walk-In	Neighborhood Walk	Radio	Other	None	

**Monthly Budget/Household Financial Information**

Name(s) \_\_\_\_\_ Date: \_\_\_\_\_

**A. Household Expenses:**

<b>Fixed Expenses:</b>	<b>Amount</b>
Mortgage/ Rent	
2 <sup>nd</sup> Mortgage	
Property Taxes and Insurance	
Condo / Homeowner Assoc. Fees:	
Gas	
Electricity	
Water	
Sewer	
Student Loans	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony / Child Support Paid	
Internet	
Cell Phone	
Security/Alarm System	
<b>Total FIXED Expenses:</b>	

<b>Variable Monthly Expenses:</b>	<b>Payment</b>
Groceries	
Bus/Taxi/Parking	
Car Repairs	
Gasoline	
Toiletries/Hair Care	
Medical Expen	
Child Care	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Pet Care	
Cable/Streaming Services	
Savings	
Other	
<b>Total VARIABLE expense:</b>	

**B. Your Monthly Income**

Gross Income:	Net Income (after taxes and deductions)
\$	

**Co-Participant/Spouse/Partner's Income**

Gross Income:	Net Income (after taxes and deductions)
\$	

**Other Household Income:**

Gross Income:	Net Income (after taxes and deductions)
\$	
Describe:	

**C. Credit Cards and Other Debt:**

<b>Creditor Name:</b>	<b>Payment:</b>	<b>Balance:</b>
<b>Total</b>		

**D. Surplus/Deficit:**

<b>TOTAL INCOME:</b>	\$
<b>TOTAL EXPENSES (-)</b>	\$
<b>SURPLUS / DEFICIT</b>	\$

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

