Affordable Housing Resources, Inc NeighborWorks[®] HomeOwnership Center



Lending Department 50 Vantage Way Suite 107 Nashville, TN 37228 615-251-0025 phone 615-251-0143 fax

PERSONAL PROFILE INTAKE FORM

CUSTOMER				Plea	se Print Clearly
Name:					
First		MI	Last		
Street					-
City			-	p Code	-
Home: ()	Work:	()	Ema	uil:	
Fax: ()	Pager: (_)	_ Mobile/Cell ()	.–
		/	/		
Social Security Number		Birth Date			
Race (please circle):	2 Diash an African Ame		2 American In	1:	NT-4:
1. White 4. Asian	 Black or African Amer Native Hawaiian/Othe 		3. American Ind		Native and White
7. Asian and White10. Other	8. Black/African America				Native and Black
Ethnicity (please select	"yes" or "no" for Hispanic	Origin) This is in addition	to the "Race" cat	egory	
Hispanic: Yes	No				
Foreign Born (please se	elect one) : Yes	No			
Marital Status (please	e circle): 1. Single 2. Mar	ried 3. Divorced	4. Separated	5. Widowed	d
Gender (please circle)): Male Fe	emale			
Handicapped?	Yes No	Military Vet	eran	Yes	No
Current Housing Arro	angement (please circle).	:			
1. Rent	2. Homeless		neowner with mor	tgage	
4. Living with family	member and not paying rea		neowner with mor		?
Are vou a first Time H	Buyer (you do not curren	utly own a home and hay	ve not owned a k	nome in the 1	past three years)?
Yes	No			,onto in inc p	
Household Type (plea	use select the most accurd	ate)?			
 Female headed single Two or more unrelated 	parent household	2. Male headed single pa children 6. Married with		3. Single ad 7. Other	lult
Family/Household Size:	How many depen	dents (other than those lis	ted by any co-bori	rower)?	
What ages are they?		,,,			

Are there non-depender	nts who will be	e living in the hom	ne?	Yes	No	If yes, list	t below:
Relationship		Ag	ge Relation	ship			Age
Annual Family or Ho	ousehold Inc	ome: \$					
Education (please cir	cle one):						
1. Below High Schoo	ol Diploma		2. High School	Diploma o	r Equivalent		
3. Two-Year College	e		4.Bachelors Deg	-			
5. Masters Degree			6. Above Maste	rs Degree			
Referred to by (please	e circle all the	at apply):					
Print Advertisen		Bank	Governn		TV		ealtor
Staff/Board men If you were referred b		Walk-In ich one?	Friend		Radio	-	aper Article
If referred by another so	ource not listed	above, which one	e?				_
CO-APPLICANT						Plea	se Print Clearly
Name:							
First		M	Ι		Last		
Street							_
City				State	-	Code	-
Home: ()		Work: ()		Emai	1:	
			/ Birth Date	/			
Race (please circle):							
1. White	2. Black or	African America	n	3. A	merican Ind	ian/Alaskan N	Native
4. Asian	5. Native H	awaiian/Other Pa	cific Islander	6. A	merican Ind	ian/Alaskan N	Native and White
7. Asian and White 10. Other	8. Black/At	frican American a	nd White	9. A	merican Ind	ian/Alaskan N	Native and Black
Ethnicity (please select	"yes" or "no"	for Hispanic Orig	gin) This is in addi	tion to the	"Race" cate	gory	
Hispanic: Yes	No						
Foreign Born (please se	elect one) :	Yes N	0				
Marital Status (please	e circle):	Single	Married	Divo	rced	Separated	Widowed
Gender (please circle): Ma	le Femal	e				
Handicapped?	Yes No)					
Education (please cir	cle one):						
1. Below High Schoo			2. High School	Diploma o	r Equivalent		
3. Two-Year College	-		4.Bachelors Deg	-	-		
5. Masters Degree			6. Above Maste	rs Degree			
Relationship to Custo	mer (please d	<i>circle)</i> : Spo Boyfriend	ouse Daughter Mother	Son Father	Sister Other:	Brother	Girlfriend

CUSTOMER EMPLOYMENT — Last 2 Years

Primary Employer: _					
Title				Hire Date	
Street			City	State	Zip Cod
Phone: ()					
Part-Time or	Full-Time	(Please Circle)			
Gross Income (before	e taxes): \$				
Is this amount paid	hourly	weekly	every two weeks	twice a month	monthly
Previous Employer: _					
Title				Length of Employment	
Street			City	State	Zip Cod
Phone: ()					
Part-Time or	Full-Time	(Please Circle)			
	Continue l	isting previous emplo	oyers on a separate sh	eet of paper.	
Secondary Employer.	·				
<i>Title</i>				Hire Date	
Street			City	State	Zip Cod
Phone: ()					
Part-Time or	Full-Time	(Please Circle)			
Gross Income (before	e taxes): \$				
Is this amount paid	hourly	weekly	every two weeks	twice a month	monthly
CO-APPLICANT E	MPLOYMEN	T — Last 2 Years		Please I	Print Clearly
Primary Employer: _					
				Hire Date	
lille					
			City	State	Zip Cod
Street			City	State	Zip Cod
Street Phone: ()	 Full-Time	(Please Circle)	City	State	Zip Cod
Street Phone: () Part-Time or		(Please Circle)	City	State	Zip Cod
Gross Income (before	e taxes): \$	(Please Circle)	<i>City</i> every two weeks	State	
Street Phone: () Part-Time or Gross Income (before Is this amount paid	e taxes): \$ hourly	weekly	every two weeks		Zip Cod
Street Phone: () Part-Time or Gross Income (before Is this amount paid	e taxes): \$ hourly	· · · ·	every two weeks		

Street				City		State	Zip Code
Phone: ()						
Part-Time	or	Full-Time	(Please Circle)				
		Continue la	isting previous employ	ers on a separc	tte sheet of paper.		
Secondary E	mployer:						
Title				_	Hire Date		
Street				City		State	Zip Code
Phone: ()						
Part-Time	or	Full-Time	(Please Circle)				
Gross Incom	e (before	taxes): \$					

__hourly __weekly __every two weeks __twice a month __monthly?

INCOME		
	CUSTOMER	CO-APPLICANT
Type of Income	Monthly Amount	Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTO	MER	CO-API	PLICANT	
Can you document your child support/alimony income? If yes, how long will it continue?	Yes	No	Yes	No	
If your child or a family member receives SSI, how many more years will the payments continue?					
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No	
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No	
LIABILITIES/DEBT			Please	Print Clea	rly

Is this amount paid

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

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUST	OMER	CO-APP	LICANT	
Have your payments been made on time?	Yes	No	Yes	No	
Are you currently in Chapter 13 bankruptcy? If yes, when did it begin? If yes, when will it be paid out? If yes, how much is the payment?	Yes	No	Yes	No	
Have you had a Chapter 7 bankruptcy? If yes, when was it discharged?	Yes	No	Yes	No	

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle)

If yes, how much? \$____

LIVING EXPENSES

	CUSTOMEI	2	CO-APP	LICANT
Current monthly rent or mortgage				
Electric/Gas/Solid Waste				
Telephone				
Cellular/Pager				
Cable/Satellite TV				
Other Living Expenses				
ADDITIONAL INFORMATION			Plea	ase Print Clearly
	CUST	OMER	CO-APH	PLICANT
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment?	Day: M T V	V Th F	Time: Al	M PM

AUTHORIZATION

I authorize Affordable Housing Resources, Inc; dba, The Home Company 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) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

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

Co-Applicant

EQUAL HOL



Date

For Internal Use Only

Notes/Comments:	
Received By:	Date://
Reviewed By:	Date://

Type of Service(s)	
Counseling	
Rehab	
Home Ownership	
Financial Fitness	
Refinance	
Section 8	
Other Services	
Sears Post Purchase	