

Our Mission

"Building Successful Families and Communities
Through Housing Opportunities"

851 Steves Avenue San Antonio, TX 78210 210-533-6673 NMLS# 337024 www.nhsofsa.org

FTHB PROFILE INTAKE FORM

<u>Note:</u> The completion of this form does NOT constitute a formal application for credit. This form is used solely for determining program eligibility. If eligible, you will be asked to complete a formal Uniform Residential Loan Application (1003).

<u>Instructions:</u> Please complete all the sections of this intake form and attach a \$25 check or money order (no cash accepted) for a tri-merge credit report.

Client Need: Homebuyer Class One-On-One Co.	•	,
Name:	SS	N:
Street Address:		
City	State	Zip Code
Home: ()	Work: (_)
Mobile/Cell: ()	Email:	
Are you a first time homebuyer (you do not currently own have not owned a home in the past three years)? Yes	a home and No	
DEMOGRAPHICS	Marital Status (select one):
Current Housing Arrangement (please select one): Renting Section 8/ Public Housing Living with friend/ family (not paying) Homeowner w/ mortgage Homeowner with mortgage paid Homeless Ethnicity (select one) Hispanic or Latino Not Hispanic or Latino Race (select all that apply): Alaskan Native	Separated Gender: M Disabled? Y Veteran? Ye Active Military? Foreign Born?	esNo esNoYesNoYesNoYesNo If Yes, what country? lependents who will be living in the home? Yes No
Asian American Indian White	Relationship	Age
Native Hawaiian/Other Pacific Islander Black or African American	Relationship	Age
Other Education: Below High School Diploma High School Diploma or GED Bachelor's Degree Some College Vocational Degree Master's Degree or above	Family/Househousehousehousehousehousehousehouseh	old Size How many dependents (other than those prrower)?
	What ages are t	hey?,,,,,
	Annual Family o	or Household Income: \$
Referred by (check all that apply): Print Advertisement Staff/board member Walk-in Lender	Bank Realtor Friend/family	Government Agency TV/Radio Internet Other

Co-Applicant				Ple	ase Print Clearly
Name:	DOI	B:	SSN:		
Street Address:					
City				ip Code	
Home: ()	Work: (_)			
Mobile/Cell: ()	Email:				
DEMOGRAPHICS		Ethnicity (selec	et one)		
Current Housing Arrangement (please select one)):	Hispanic or	Latino N	ot Hispanic or Latino)
Renting Section 8/ Public Housing Living with friend/ family (not paying) Homeowner w/ mortgage Homeowner with mortgage paid Homeless Education: Below High School Diploma High School Diploma or GED Bachelor's Degree Some College Vocational Degree Master's Degree or above		Black or Afr Other Marital Status (Single I Gender: N Disabled? N Veteran? Y Active Military?	tive dian alian/Other Pacific Istican American select one): Married Divorced fale /esNo esNo /_YesNo	dSeparated Female	
Applicant Frankrymant Last 2 Vanna		Foreign Born?	YesNo	If Yes, what country	
Applicant Employment—Last 2 Years					e Print Clearly
Primary Employer:					
Title		— Н	re Date		
Street City		State	9	Zip	
Phone: ()					
Part Time or Full Time (please circle one)					
Gross Income (before taxes) : \$. 0		
Is this amount paid hourlyweeklyever	ry two weeks	twice a moi	ntnmonthly		
Previous Employer:					
Title		— Н	ire Date		
Street City		State	9	Zip	
Phone: ()					
Part Time or Full Time (please circle one)					

Secondary Employer:				
Title		Hire Date		-
Street	City	State	Zip	_
Phone: ()				
Part Time or Full Time (please of	circle one)			
Gross Income (before taxes) : \$				
Is this amount paid hourly	weeklyevery two weeks	twice a monthmonth	nly	
Co-Applicant Employment—La	ast 2 years			Please Print Clearly
Primary Employer:				-
Title		Hire Date		-
Street	City	State	Zip	_
Phone: (
Part Time or Full Time (please	circle one)			
Gross Income (before taxes): \$				
Is this amount paid hourly	weeklyevery two weeks	twice a monthmonth	nly	
Previous Employer:				_
Title		Hire Date		-
Street	City	State	Zip	_
Phone: ()				
Part Time or Full Time (please	circle one)			
Secondary Employer:				_
Title		Hire Date		-
Street	City	State	Zip	_
Phone: (
Part Time or Full Time (please	circle one)			
Gross Income (before taxes) : \$				
Is this amount paid hourly	weekly every two weeks	twice a month month	nly	

Income				Please Print Clearly				
Type Of Income	Customer Monthly Amount		Co-Applican	Co-Applicant Monthly Amount				
Salary								
Alimony/Child Support								
Rental Income								
Social Security								
Pension Income								
Public Assistance								
Self-employment Income								
Dependent SSI Income								
Disability Income								
Other Employment								
	Cust	Customer		plicant				
Can you document your child support/alimony inc	ome? Yes	No	Yes	No				
If yes, how long will it continue?								
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 filed for two years or more?	Yes	No	Yes	No				
Liabilities/Debt		Please Print C	learly (Please use addit	Liabilities/Debt Please Print Clearly (Please use additional sheets if necessary.)				

Please list any debt 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?

	Cu	stomer		Co-Appli	cant	
Have your payments been made on time?	Yes	No	Υ	'es	No	
Are you currently in Chapter 13 bankruptcy?	Yes	No	,	Yes	No	
If yes, when did it begin?						
If yes, when will it be paid out?						
If yes, how much is the payment?						
Have you had Chapter 7 bankruptcy?	Yes	No	•	Yes	No	
If yes, when was it discharged?						
Liquid Funds/ Savings/ Investments			Please Print Cl	early (Pleas	e use additiona	I sheets if necessary.)
Please list the approximate value of the following	ng:					
		Custom	er		Со-Арр	olicant
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 ref	funds, property s	sales, etc.)? 9(ci	rcle)		Yes	No
If yes, how much? \$						
Living Expenses		Pleas	e Print Clearly(Please use ac	lditional sheets	if necessary.)
		Custom	er		Со-Арр	licant
Current monthly rent or mortgage						
Electric/Gas/Solid Waste						
Telephone						
Cellular/Pager						
Cable/Satellite TV						
Other Living Expenses						
Additional Information					Ple	ase Print Clearly
		Custom	er		Co-Appl	icant
Do you have a contract on a house at this time?		Yes	No		Yes	No
Are you currently working with a real-estate agent?		Yes	No		Yes	No
Most convenient time for an individual appointment?		AM	PM			

Authorization

I authorize NHS Home Ownership Center to:

- A. run 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. run 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.
- D. 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.

A.

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Applicant signature	Date	Co-applicant signature	Date

Please provide the following:

- Copy of Driver's License
- Copy of SSN
- Copy of 2 most recent paystub
- Copy of last 2 year signed tax returns