



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

Note: 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).

Instructions: 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 Counseling ____ Other ____ (please specify)

Name: _____ SSN: _____

Street Address: _____

City _____ State _____ Zip Code _____

Home: (____) ____-____ Work: (____) ____-____

Mobile/Cell: (____) ____-____ Email: _____

Are you a first time homebuyer (you do not currently own a home and have not owned a home in the past three years)? Yes No

DEMOGRAPHICS

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
☐ Asian
☐ American Indian
☐ White
☐ Native Hawaiian/Other Pacific Islander
☐ Black or African American
☐ Other

Education:

- ☐ Below High School Diploma
☐ High School Diploma or GED
☐ Bachelor's Degree
☐ Some College
☐ Vocational Degree
☐ Master's Degree or above

Marital Status (select one):

☐ Single ☐ Married ☐ Divorced
☐ Separated ☐ Widowed

Gender: ☐ Male ☐ Female

Disabled? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No

Active Military? ☐ Yes ☐ No

Foreign Born? ☐ Yes ☐ No If Yes, what country? _____

Are there non-dependents who will be living in the home? Yes No

If yes, list below:

Relationship Age

Relationship Age

Family/Household Size _____ **How many dependents** (other than those listed by any co-borrower)? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____

Annual Family or Household Income: \$ _____

Referred by (check all that apply): Print Advertisement Bank ____ Realtor ____ Government Agency ____ TV/Radio ____
Staff/board member ____ Walk-in ____ Lender ____ Friend/family ____ Internet ____ Other ____

CONTINUES ON BACK PAGE

Co-Applicant**Please Print Clearly**

Name: _____ DOB: _____ SSN: _____

Street Address: _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____

Mobile/Cell: (____) _____ - _____ Email: _____

DEMOGRAPHICS**Current Housing Arrangement (please select one):**

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Ethnicity (select one)☐ Hispanic or Latino ☐ Not Hispanic or Latino**Race (select all that apply):**

- ☐ Alaskan Native
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☐ White
☐ Native Hawaiian/Other Pacific Islander
☐ Black or African American
☐ Other

Marital Status (select one):☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed**Gender:** ☐ Male ☐ Female**Disabled?** ☐ Yes ☐ No**Veteran?** ☐ Yes ☐ No**Active Military?** ☐ Yes ☐ No**Foreign Born?** ☐ Yes ☐ No If Yes, what country _____**Applicant Employment—Last 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 ☐ weekly ☐ every two weeks ☐ twice a month ☐ monthly

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 ____ monthly

Co-Applicant Employment—Last 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 ____ weekly ____ every two weeks ____ twice a month ____ monthly

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 ____ monthly

	Customer		Co-Applicant	
Have your payments been made on time?	Yes	No	Yes	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 Clearly (Please use additional sheets if necessary.)

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.)? 9(circle)

Yes

No

If yes, how much? \$ _____

Living Expenses

Please Print Clearly (Please use additional sheets if necessary.)

	Customer	Co-Applicant
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

Additional Information

Please Print Clearly

	Customer		Co-Applicant	
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.

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