

Customer Intake Form

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street _____

City State Zip Code

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

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____-_____-_____/_____/_____
Social Security Number Birthdate

Race (please circle):

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

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

1. Rent
2. Homeless
3. Homeowner with mortgage
4. Living with family member and not paying rent
5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

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
5. Married with children
6. Married without children
7. Other

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

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

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship Age Relationship Age

Annual Family or Household Income: \$ _____

Education (please circle one):

1. Below High School Diploma
2. High School Diploma or Equivalent
3. Two-Year College
4. Bachelors Degree
5. Masters Degree
6. Above Masters Degree

Referred to by (please circle all that apply):

| | | | | |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank | Government | TV | Realtor |
| Staff/Board member | Walk-In | Friend | Radio | Newspaper Article |

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO APPLICANT

Name: _____
 First *MI* *Last*

Street _____

| | | | |
|--------------------------|--------------------------|--------------|-----------------|
| <i>City</i> | | <i>State</i> | <i>Zip Code</i> |
| Home: (____) _____-_____ | Work: (____) _____-_____ | | Email: _____ |

| | |
|-------------------------------|-----------------------|
| _____ | _____ / _____ / _____ |
| <i>Social Security Number</i> | <i>Birth Date</i> |

Race (please circle):

- | | | |
|---|---|-------------------------------------|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native |
| 4. Asian | 5. Native Hawaiian/Other Pacific Islander | |
| 6. American Indian/Alaskan Native and White | 7. Asian and White | 8. Black/African American and White |
| 9. American Indian/Alaskan Native and Black | 10. 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):

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents are foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

1. Below High School Diploma
2. High School Diploma or Equivalent
3. Two-Year College
4. Bachelors Degree
5. Masters Degree
6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
 Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT Last 2 Years*Please Print Clearly*

Primary Employer: _____

Title Hire Date_____
Street City State Zip Code

Phone: (_____) _____-

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment_____
Street City State Zip Code

Phone: (_____) _____-

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date_____
Street City State Zip Code

Phone: (_____) _____-

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO APPLICANT EMPLOYMENT Last 2 Years

Primary Employer: _____

Title Hire Date_____
Street City State Zip Code

Phone: (_____) _____-

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment_____
Street City State Zip Code

Phone: (_____) _____-

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

 Title Hire Date

Street City State Zip Code

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME *Please Print Clearly*

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

| | <i>CUSTOMER</i> | | <i>CO-APPLICANT</i> | |
|---|-----------------|-------|---------------------|-------|
| 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 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.

| | 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 a Chapter 7 bankruptcy? | Yes | No | Yes | No |
| If yes, when was it discharged? _____ | | | | |

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

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) Yes No
 If yes, how much? \$ _____

LIVING EXPENSES

| | CUSTOMER | CO-APPLICANT |
|----------------------------------|-----------------|---------------------|
| Current monthly rent or mortgage | | |
| Electric/Gas/Solid Waste | | |
| Telephone | | |
| Cellular/Pager | | |
| Cable/Satellite TV | | |
| Other Living Expenses | | |

ADDITIONAL INFORMATION

| | <i>CUSTOMER</i> | | <i>CO-APPLICANT</i> | |
|--|-----------------|---------------|---------------------|-----------|
| <i>Have you owned a home in the last three (3) years?</i> | <i>Yes</i> | <i>No</i> | <i>Yes</i> | <i>No</i> |
| <i>Are you a Veteran?</i> | <i>Yes</i> | <i>No</i> | <i>Yes</i> | <i>No</i> |
| <i>Do you have a contract on a house at this time?</i> | <i>Yes</i> | <i>No</i> | | |
| <i>Are you currently working with a real-estate agent?</i> | <i>Yes</i> | <i>No</i> | | |
| <i>Most convenient time for an individual appointment?</i> | <i>___ AM</i> | <i>___ PM</i> | | |

Mortgage Loan Scam Questions – must be asked of EVERY client receiving Mortgage Delinquency or Default Counseling

| | <i>CUSTOMER</i> | | <i>CO-APPLICANT</i> | |
|--|-----------------|----|---------------------|----|
| Did anyone contact you to offer assistance to modify your mortgage either directly by phone or by other means such as by mail or flyer? | Yes | No | Yes | No |
| Where you guaranteed a loan modification or asked to do any of the following: pay a fee; redirect mortgage payments; sign over title to your property; or stop making loan payments? | Yes | No | Yes | No |

AUTHORIZATION

I understand that Opportunities Credit Union offers mortgage loans and other financial services. I understand that I am not obligated to utilize these services or any other financial services, real estate services or homes they may recommend.

If I don't contact my counselor at Opportunities Credit Union within 90 days of this appointment, my file will be closed. I can reopen my file by calling my counselor with a status update or question. If at any time there is no contact within 90 days, my file will be closed.

I authorize the Housing Counseling Agency 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

Date

Co-Applicant

Date

