

# NAME OF AGENCY

## PERSONAL PROFILE INTAKE FORM (SAMPLE)

**CUSTOMER**
*Please Print Clearly*

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Birth Date

**Race** (please check): 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 & 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 check): 1. Single \_\_\_ 2. Married \_\_\_ 3. Divorced \_\_\_ 4. Separated \_\_\_

5. Widowed \_\_\_ **Gender** (please check): Male \_\_\_ Female \_\_\_

**Handicapped?** Yes \_\_\_ No \_\_\_

**Current Housing Arrangement** (please check):

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 check):

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 check all that apply):

Print Advertisement \_\_\_ Bank \_\_\_ Government \_\_\_ TV \_\_\_ Realtor \_\_\_

Staff/Board member \_\_\_ Walk-In \_\_\_ Friend \_\_\_ Radio \_\_\_ Newspaper Article \_\_\_

Where you referred by a bank, which one? \_\_\_\_\_ Another Source, which one? \_\_\_\_\_

**CO-APPLICANT**Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Birth Date**Race (please check):** 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 & 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 check):** 1. Single \_\_\_ 2. Married \_\_\_ 3. Divorced \_\_\_ 4. Separated \_\_\_5. Widowed \_\_\_ **Gender** (please check): Male \_\_\_ Female \_\_\_**Handicapped?** Yes \_\_\_ No \_\_\_**Education (please check):**

- 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 \_\_\_

**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 Check)

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 Check)

*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 Check)  
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 Check)  
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 Check) (Continue listing previous employers on a separate sheet)

**Secondary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date  
\_\_\_\_\_  
Street City State Zip Code  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Part-Time \_\_\_ or Full-Time \_\_\_ (Please Check)  
Gross Income (before taxes): \$ \_\_\_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly \_\_\_

**INCOME**

*Please Print Clearly*

Type of Income	<b>CUSTOMER</b> Monthly Amount	<b>CO-APPLICANT</b> Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		

Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Can you document your child support/alimony income?	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 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.			

Please use additional sheets if necessary.

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
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:

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
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.)? (check) Yes \_\_\_ No \_\_\_

If yes, how much? \$ \_\_\_\_\_

### LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
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>	
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 ___	Yes ___	No ___
Are you working with a realtor?	Yes ___	No ___	Yes ___	No ___
Most convenient time for an individual appointment?	___ AM		___ PM	

### AUTHORIZATION

I authorize (NAME OF 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