

## THDA Homebuyer Education Initiative Client Intake Form

Primary Applicant

Co Applicant

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 (Married, Divorced, Single)

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 (Married, Divorced, Single)

**CONTACT**

Home Phone: \_\_\_\_\_ How do you prefer we contact you: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Residency Status: \_\_\_\_\_ (Rent, Own, Other)  
 Length of Occupancy: \_\_\_\_\_

**HOUSEHOLD**

How many people live in your household? \_\_\_\_\_  
 Number of Dependents \_\_\_\_\_  
 Monthly Income \_\_\_\_\_

Race:	Applicant	Co App
American Indian or Alaskan Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or Pacific Islander	_____	_____
White	_____	_____
Ethnicity:		
Hispanic or Latino	_____	_____
Not Hispanic or Latino	_____	_____

Check all that apply to your household:  
 \_\_\_\_\_ Female Head of Household  
 \_\_\_\_\_ First time homebuyer  
 \_\_\_\_\_ US Veteran  
 \_\_\_\_\_ Owned home in last 3 years

Case #:	Trainer:
Date:	Organization: