



HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION

"Rebuilding our community one day at a time"

Customer Intake Form

CUSTOMER

Please print

FEMA #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: ____/____/____

Social Security: _____ - _____ - _____ Gender: _____ Male _____ Female Handicapped? Yes or No

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

E-mail: _____

Race (Please Circle)

- 1. White
- 2. American Indian/Alaskan Native
- 3. Black or African American
- 4. Asian
- 5. Native Hawaiian/ Another Pacific Islander
- 6. American Indian/Alaskan Native
- 7. Asian and White
- 8. Black/African American and White
- 10. American Indian/Alaskan Native Black
- 11. 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 I or both of your parents are foreign born
- 2. You are U.S. born but I 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):

_____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Current Housing Arrangement (Please circle one)

- 1. Rent
- 2. Homeless
- 3. Homeowner with Mortgage
- 4. Living with family member and not paying rent
- 5. Homeowner with mortgage paid off
- 6. Living with family member and paying rent
- 7. Living with friend/partner pay half rent/bills
- 8. Living with friend/partner and not paying any bills

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 (roommates)
- 5. Married with Children
- 6. Married without Children
- 7. Other

Family/Household Size: _____

Name	Birthday	Social Security	Relationship

How many dependents (other than those listed by any co-borrower)?

Head of Household Monthly Salary \$ _____

Annual Family or Household Income \$ _____



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Education (Please circle one):

- | | |
|------------------------------|--------------------------------|
| 1. Below High School Diploma | 2. High School Diploma |
| 3. Two-Year College with AA | 4. Two-Year College without AA |
| 5. Bachelor's Degree | 6. Master's Degree |
| 7. Above Master's Degree | |

Are you currently in School? _____ Yes or _____ No

If yes? Which school/College/University: _____

When will you graduate? _____

Referred to by (Please circle all what apply):

Print Advertisement	Bank	Government	TV	Relator
Staff/Board Member	Walk-in	Friend	Radio	Newspaper Article

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

If referred by another source no listed above, which one? _____

CO-APPLICANT

Please print

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: ____/____/____

Social Security: _____ - _____ - _____ Gender: _____ Male _____ Female Handicapped? Yes or No

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

E-mail: _____ Relationship to Applicant: _____

Race (Please Circle)

- | | |
|--|-------------------------------------|
| 4. White | 3. Black or African American |
| 5. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/ Another Pacific Islander | 6. American Indian/Alaskan Native |
| 7. Asian and White | 8. Black/African American and White |
| 10. American Indian/Alaskan Native Black | 11. 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):

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Marital Status (please circle):

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| 7. Above Master's Degree | |

Are you currently in School? _____ Yes or _____ No Yearly Income: \$ _____

If yes? Which school/College/University: _____ Monthly Income: \$ _____



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CUSTOMER EMPLOYMENT – LAST 2 YEARS

Primary Employer: _____

Title: _____ Hire Date: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____ Title: _____ Phone: (____) _____

Full-time _____ Part-time _____ Seasonal _____ Temporary _____ Laid Off _____

Gross Income (before taxes): \$ _____ Are you Direct labor? Or Contract Labor? Self Employed? _____

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

Previous Employer: _____

Title: _____ Hire Date: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gross Income (before taxes): \$ _____ Are you Direct labor? Or Contract Labor? Self Employed? _____

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

CO-APPLICANT EMPLOYMENT LAST 2 YEARS

Primary Employer: _____

Title: _____ Hire Date: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____ Title: _____ Phone: (____) _____

Full-time _____ Part-time _____ Seasonal _____ Temporary _____ Laid Off _____

Gross Income (before taxes): \$ _____ Are you Direct labor? Or Contract Labor? Self Employed? _____

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

Previous Employer: _____

Title: _____ Hire Date: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gross Income (before taxes): \$ _____ Are you Direct labor? Or Contract Labor? Self Employed? _____

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



HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION

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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? _____ **What State did you file?** _____

If yes, when will it be paid out? _____

If yes, how much is the payments? _____

Bankruptcy Case # _____ has your bankruptcy been discharged? _____ Yes _____ No

Military Service – You will need a copy of your DD 214

Is any borrower an active duty or recently discharged service member? _____ Yes _____ No

Is any borrower the surviving spouse of a deceased service member who was active duty at the time of death?

_____ Yes _____ No Are you a Veteran? _____ Yes _____ No

Are you registered with the VA (Veterans Administration to receive benefit or services? _____ Yes _____ No

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

ACCOUNTS	CUSTOMER	CO-APPLICANT
Checking Accounts		
Savings Accounts		
Cash		
CD's		
Securities (stocks, bonds, etc.)		
Retirement Account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.?) _____ Yes _____ No

If yes, How much? Customer \$ _____ Co-Applicant \$ _____ other family members \$ _____

LIVING EXPENSES

EXPENSES	CUSTOMER	CO-APPLICANT
Current Mortgage or Rent		
Electric		
Gas		
Telephone		
Cellular		
Cable/Satellite TV		
Water Bill		
Tax Bill		
Rental Insurance		
Homeowner Insurance		
Life Insurance		
HOA – Homeowners Association Dues		



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AUTHORIZATION FOR RELEASE OF INFORMATION

Only fill out this information if you are filing for Modification

I, _____, born on _____

First and Last Name of Person Giving Consent

Date of Birth of Person Consent

_____, born on _____

First and Last Name of Person Giving Consent

Date of Birth of Person Consent

Residing at _____, hereby consent

(Damaged Dwelling Address of Person Giving Consent)

To disclose all information regarding dwelling account listed with _____

(Lender and Mortgage Company Name)

To Home Sweet Home Community Redevelopment.

Account Number

Foreclosure Attorney: *(please fill out this part if you have file for bankruptcy)*

Phone Number: _____

BDFTE No: _____ FAX Number: _____

A State recognize HUD Approved Housing counseling Agency, is assisting clients to avoid duplication of Modification, Foreclosure and other needs assistance.

I specifically consent to have the following information disclosure to them:

- Payment Information
- Homeowner Insurance (if available)
- Other Liens
- Insurance Payments for Home Repairs in the last 3 years
- Foreclosure Information (If the home is in foreclosure) Need current Server Information
- Sale of Home – Must have a realtor
- Payment history for last 6 months
- Tax Information – What county is your home located? _____ State _____

Additionally, I consent to have the above name organization speak on my behalf and represent me before all companies and organizations listed above.

Additionally, I consent to disclosure of my information to any other organization that is a member in good standing of either the Fannie Mae, Hardest Hit Funds, Hope loan Portal and/or **National Industry Standards for Homeownership Education and Counseling**. This consent is made pursuant to and consistent with 28U.S.C §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

(Signature of Applicant Providing Consent)

(Date)

(Signature of Applicant Providing Consent)

(Date)



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ADDITIONAL INFORMATION

For Lease or Rental Properties:

Landlord Name: _____

Address: _____ **Apt/Unit:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Office/Landlord Phone: _____ **Contact Person:** _____

If you are living with family members, please ask your counselor for a Verification Form.

Monthly Payment: \$ _____ **Rental Insurance** \$ _____ **Water Bill** \$ _____ **Gas:** _____ **Electric:** _____

Are any of these bills delinquent? _____ Yes or _____ No

Please attach copy of all bills.

Move- in Date: _____ **Move-out Date:** _____ **Broken lease:** _____ **(we will need a copy of your Lease)**

Assistance Information

What services are needing assistance?

Foreclosure	Home buying	Pre-Purchase Counseling	Post Purchase Counseling	Rental Counseling
Rental Workshop	Credit Counseling	Credit Workshop	Financial Literacy	Debt Management
Rental Assistance	Mortgage Assistance	Electric Bill	Water Bill	Phone (senior/Disable)
Veterans Services	Veteran Home buying	Health Care Assistance	Dental Services	Physical Services
Need to see a doctor?	True Affordable Housing Program	Port Arthur Housing Assistance	Port Arthur Home Buying Workshop	Port Arthur Credit Counseling
Port Arthur Rental Workshop	Unemployment	Job Assistance	GED	Registering for College
Starting a Business	Disaster Recovery Harvey	Disaster Recovery IKE	Relocation from Disaster	Sell My Home?

Please fill in the blank space if you do not see a service.

I authorize the Housing Counseling agency to:

- Pull my/our credit report to review my/our credit file for housing counseling about my pursuit on a loan to purchase real property;
- Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- Obtain a copy of the HUD-1 Settlement and Title information.

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, and Section 1001.

Customer

Date

Co-Applicant

Date