



1860 NE 4th Street, Bend, Oregon 97701 (541)385-5387

STAFF USE:	Appointment scheduled _____
	Documents Given (Date) _____
<i>If not;</i>	Pre-Adv. Action (Date): _____
	Adv. Action Letter _____ (w/in 5 days of pre)
	Spreadsheet entry _____ (initial when complete)

Client # _____

Customer Intake Form

Information Session Date: **January 28, 2017**

Return to Bend Habitat by **Monday, February 13, 2017**

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

Ethnicity/ Origin (please circle):

1. Asian
2. African American
3. Hispanic/Latino
4. Native American
5. Pacific Islander
6. White
7. 2 or more races

Immigrant Status (please select one):

1. You are U.S. born
2. You are a Naturalized Citizen
3. You are foreign born, and a U.S. Resident (green card holder)

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

Gender (please circle): Male Female Other

Disabled? Yes No

Current Housing Arrangement (please circle):

1. Rent
2. Homeless
3. Living with family member and not paying rent
4. Living with friends or roommates, sharing rent

CO-APPLICANT

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

CUSTOMER

CO-APPLICANT

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.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Have your payments been made on time?</i>				
<i>Are you currently in Chapter 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when was it discharged? _____</i>				

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

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent		
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>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>		

AUTHORIZATION

I authorize the Housing Counseling Staff of Bend Area Habitat for Humanity 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/We 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

Bend Area Habitat Partnership Program:

- Step 1:** Attend a group information session
- Step 2:** Submit an intake form and make a follow-up appointment with Habitat staff
- Step 3:** Submit a partnership program application during the open application period
- Step 4:** Participate in an application review, and selection process. If selected, complete the 12-24 months of program requirements
- Step 5:** Apply for a home loan and if approved, purchase your home!

