Intake Form

Applicant

Name: ____________________________
First ____________________________ MI ____________________________ Last

Street

City ____________________________ State ____________________________ Zip Code

Home: (______) - Work: (______) - Cell: (______) -

Email: __________________________________________

Social Security Number ____________________________ Birth Date ____________________________

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

Ethnicity
Hispanic: Yes No Gender: 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
6. Other ______________________________________

Are you a First Time Homebuyer (you do not currently own a home and have not owned a home in the past three years)? Yes No

Attended Home buyer class? 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. Living with family member and not paying rent
5. Married with children
6. Married without children
7. Other ____________________________

Family/ Household Size ___ Annual Family Household Income $ ____________________________

How many dependents ___ What ages are they? ______________________________________

Education (please circle one):
1. Below High School Diploma
2. High School Diploma or Equivalent
3. Two Year Degree
4. Bachelors Degree
5. Masters Degree
6. Above Masters Degree
7. Vocational

Referred to by (please circle all that apply):
Print Advertisement Bank Government Radio TV
Staff/Board Member Realtor Walk-In Newspaper Article Friend

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

If you were referred by a Realtor, which one? ______________________________________

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

Applicant ____________________________ ____________________________
______________________________ ____________________________
Social Security Number Birth Date

Rev 5/19/2015
Co-Applicant

Name: ________________________________________________
First ___________________ MI ___________________ Last

Street

City ___________________ State ___________________ Zip Code

Home: (       ) - Work: (       ) - Cell: (       ) -

Email: ____________________________________________

_________________________________________ ______
Social Security Number Birth Date

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

Ethnicity
Hispanic: Yes No Gender: Male Female Handicapped: Yes No


Education (please circle one):
1. Below High School Diploma 2. High School Diploma or Equivalent 3. Two Year Degree
7. Vocational

Are you a Veteran? Applicant Co-Applicant Yes No Yes No

Do you have a contract on a house at this time? Yes No Yes No

Are you currently working with a real estate agent? Yes No Yes No

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? ________________________ Yes No Yes No

If yes, when will it be paid out? ________________ Yes No Yes No

If yes, how much is the payment? ______________ Yes No Yes No

Have you had a Chapter 7 bankruptcy? Yes No Yes No

If yes, when was it discharged? ________________

Rev 5/19/2015
# Applicant Employment—Last 2 Years

1. **Primary Employer:**

   __________________________________________________________
   __________________________________________          ______________________________
   Title                                             Hire Date
   Phone (______) ______ - ________          Part Time or Full Time
   Annual Income $__________________          Gross monthly Income $__________________
   Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly

2. **Previous Employer:**

   __________________________________________________________
   __________________________________________          ______________________________
   Title                                             Length of Employment
   Phone (______) ______ - ________          Part Time or Full Time
   Annual Income $__________________          Gross monthly Income $__________________

# Co-Applicant Employment Last 2 years

1. **Primary Employer:**

   __________________________________________________________
   __________________________________________          ______________________________
   Title                                             Hire Date
   Phone (______) ______ - ________          Part Time or Full Time
   Annual Income $__________________          Gross monthly Income $__________________
   Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly

2. **Previous Employer:**

   __________________________________________________________
   __________________________________________          ______________________________
   Title                                             Length of Employment
   Phone (______)_______ - ________          Part-time or Full Time
   Annual Income ____________________          Gross monthly Income $__________________
Please list all debt you have that are not reported to credit bureau, ie child expenses, personal notes, auto loans, etc...... Do NOT include rent or utilities.

<table>
<thead>
<tr>
<th>Paid To</th>
<th>Current Balance</th>
<th>Monthly Payment</th>
<th>Who’s Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$</td>
<td>$</td>
<td>A=Applicant</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
<td>$</td>
<td>B= Both</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
<td>$</td>
<td>C= Co-Applicant</td>
</tr>
<tr>
<td>4.</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Are you about to receive additional funds (e.g., tax refunds, energy assistance, property sales, etc.)? Yes No
If yes, how much $______________

Have you filed your current year taxes? Yes No
Refund Amount $______________

Rev 5/19/2015
I, hereby authorize OIC of Washington/Prosperity Center to obtain my credit report. I understand that my credit report will be kept on file and kept confidential unless I sign a release stating otherwise.

______________________________________________
Signature
______________________________________________
Date
______________________________________________
Signature
______________________________________________
Date

I authorize and direct any federal, state or local agency, organization, business or individual to release to OIC of Washington OIC of Washington only information needed to complete and verify the information that I have given. I understand and agree this authorization or the information obtained with its use may be given and used by OIC of Washington in administering and enforcing program rules and policies.

I also consent for OIC of Washington to release information from my file about any related history to any state, federal, agency or program that may assist a client with their social or legal needs as determined by OIC of Washington.

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include pertinent to the programs OIC of Washington works with ie, mortgage lenders, identity and marital status, collection agencies, residences and rental activity, employment, income and asset verifications, credit and criminal activity, citizenship or eligibility status.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to the programs OIC of Washington works with.

I agree that a photocopy of this authorization may be used for the purpose as stated above. The original of this authorization is on file with OIC of Washington and will stay in effect for a 13 months from the date signed. I understand that I have a right to review my file and correct any information that I can prove incorrect.

<table>
<thead>
<tr>
<th>Liquid Funds / Savings / Investments</th>
<th>(approximate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
<td>$</td>
</tr>
<tr>
<td>Savings Account</td>
<td>$</td>
</tr>
<tr>
<td>Cash</td>
<td>$</td>
</tr>
<tr>
<td>CDs</td>
<td>$</td>
</tr>
<tr>
<td>Securities (stocks, bonds, etc)</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Account</td>
<td>$</td>
</tr>
<tr>
<td>Other Liquid Funds</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIVING EXPENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current monthly rent or mortgage</td>
<td>$</td>
</tr>
<tr>
<td>Electric/Gas/Water/Sewer/Garbage</td>
<td>$</td>
</tr>
<tr>
<td>Telephone/Cell Phone</td>
<td>$</td>
</tr>
<tr>
<td>Internet</td>
<td>$</td>
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<tr>
<td>Cable/Satellite/TV</td>
<td>$</td>
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<tr>
<td>Gasoline</td>
<td>$</td>
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<tr>
<td>Auto Insurance</td>
<td>$</td>
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<tr>
<td>Medical</td>
<td>$</td>
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<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

Rev 5/19/2015