



Client Intake Application

Client Information DATE: _____

Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate: _____	Marital status: Single___ Married___ Divorced___ Widowed___ Female-Headed Household? Yes ___ No ___ First Time Buyer? Yes ___ No ___
Disabled? ___ Yes ___ No	Veteran? ___ Yes ___ No	Gender: ___ Female ___ Male		Driver's License Number:

Address: _____

Time at Residence: _____

Social Security Number: _____	Cell Phone Number: _____	Email Address: _____
-------------------------------	--------------------------	----------------------

Highest Level of Education: __ Grade School __ High School __ Some College __ Associates __ Bachelors __ Masters __ other Graduate

Spouse Information

Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate: _____	Marital status: Single___ Married___ Divorced___ Widowed___ First Time Buyer? Yes ___ No ___
Disabled? ___ Yes ___ No	Veteran? ___ Yes ___ No	Gender: ___ Female ___ Male		Driver's License Number:

Social Security Number: _____	Cell Phone Number: _____	Email Address: _____
-------------------------------	--------------------------	----------------------

Highest Level of Education: _____

Ethnicity Citizenship

<u>Client Race:</u> Asian/Pacific Islander ___ Other___ White___ Hispanic ___ Black___ Indian/Alaskan Native ___	<u>Spouse Race:</u> Asian/Pacific Islander ___ Other___ White___ Hispanic ___ Black___ Indian/Alaskan Native ___	Are you a U.S. Citizen? Client ___Yes ___No Spouse ___Yes ___No Country of Origin: _____ If NOT a U.S. Citizen, are you a permanent resident? Client ___Yes ___No Spouse ___Yes ___No
--	--	--

Housing Status

Total Household Size? _____ How many dependents? _____ Monthly Household Income: \$ _____	Dependent ages and gender? ___ F/M, ___ F/M, ___ F/M, ___ F/M	Are there any non-dependents who will be living in the home? If yes, list below: _____
---	---	---

<u>Current Housing Arrangement:</u> Current Rent\$ _____ Current mortgage \$ _____ Homeowner, no mortgage ___ Homeless? Yes ___ No ___	<u>Secondary Contact:</u> Name: _____ Phone Number: _____ Email: _____
---	---



Client Intake Application

Employment

Client Employer:	Hire Date:	Address:	Phone Number:
Job Title:			

(please check): Part-Time ___ or Full-Time ___	Gross Income (before taxes): \$ _____	How is this amount paid? ___ hourly ___ biweekly ___ weekly ___ twice month
---	--	---

Spouse Employer:	Hire Date:	Address:	Phone Number:
Job Title:			

(please check): Part-Time ___ or Full-Time ___	Gross Income (before taxes): \$ _____	How is this amount paid? ___ hourly ___ biweekly ___ weekly ___ twice month
---	--	---

If employed for LESS THAN TWO years at one place, please list employers in the space on the right.	_____

Additional Income *(Child Support, Pension, Public Assistance, Dependent SSI, Disability and/or Seasonal Employment)*

Do you have any additional income as listed above? ___ Yes ___ No If you answered yes please list below and answer the questions

Type of Income:	Monthly Amount:

Can you document your child support/alimony income? Yes ___ No ___
 If yes, how long will it continue? _____
 If your child or a family member receives Social Security or SSI, how many more years will the payments continue? _____
 Regarding seasonal employment, have you worked in this field for two years or more? Yes ___ No ___
 Regarding self-employment, have you been self-employed for two years or more? Yes ___ No ___

How were you referred to SouthFair? _____

Authorization

I authorize SouthFair Community Development Corporation to:

- Pull my credit report to review my credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- Pull my credit report and review my credit file for informational inquiry purposes; and
- Pull my personal background information for possible rental options.

_____	_____
Client Signature	Date

_____	_____
Spouse Signature	Date