



NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND, INC.

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NEW HOMEBUYER PROGRAM • PERSONAL INTAKE FORM

TODAY'S DATE: _____

I. PERSONAL INFORMATION Mr. Mrs. Ms. Dr. Veteran (served in the military forces)

LAST: _____ FIRST: _____ M.I. _____
STREET ADDRESS: _____ Do you live in a rural area YES NO
CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____ LENGTH AT RES. _____ YRS _____ MOS.
HOME PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____ EXT: _____
CELL PHONE: (_____) _____ - _____ EMAIL: _____
SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

RACE: (check box) White, non-Hispanic Hispanic American Indian / Alaskan Native
 Black, non-Hispanic Asian / Pacific Islander Other

FOREIGN BORN? Yes No **GENDER:** Male Female **DISABLED?:** Yes No

HOUSEHOLD TYPE: Single Adult Married without children Married with children Separated
 Single parent household Two or more unrelated adults Other Divorced

HOUSEHOLD ARRANGEMENT: Rent Homeless owned a home in the last three (3) years Not paying rent/live w/family

Do you use a Housing Choice Voucher (Section 8) to pay your rent? Yes No

EDUCATION: Below High School Diploma 2 year College Graduate Degree
 High School Diploma/Equivalent Bachelor's Degree Doctorate

***EDUCATIONAL DEBT:** Do you have student loans? Yes No If yes, how much do you owe (can be an estimate) \$ _____

***CAR INSURANCE:** How often do you pay? _____ What is your premium (what you pay per month/Semi-Annually) \$ _____

BANKRUPTCY: Have you filed bankruptcy in the past three years? Yes No Chapter 7 Chapter 13 (repayment plan)

HOUSEHOLD SIZE: _____ **NO. OF DEPENDENTS:** _____ **WHAT AGES?:** _____, _____, _____, _____, _____

II. PERSONAL INFORMATION - HOMEOWNER #2 Mr. Mrs. Ms. Dr.

LAST: _____ FIRST: _____ M.I. _____
SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

RACE: (check box) White, non-Hispanic Hispanic American Indian / Alaskan Native
 Black, non-Hispanic Asian / Pacific Islander Other

FOREIGN BORN? Yes No **GENDER:** Male Female **DISABLED?:** Yes No

ENGLISH PROFICIENCY Is not English proficient Is English proficient **LANGUAGE SPOKEN** _____

EDUCATION: Below High School Diploma Diploma/Equivalent 2 year College Graduate Degree Doctorate Bachelor's Degree

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

Who were you referred by? Print advertisement Lender HUD Website TV Radio Real estate agent
 Staff/Board member Walk-in Friend/Relative Real estate agent Plain Dealer Greater Circle Living
 Other _____

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

III. EMPLOYMENT INFORMATION

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (_____) _____ - _____

YOUR TITLE: _____ HIRE DATE: _____

PLEASE SELECT ONE: Part-time employee Full-time employee

GROSS MONTHLY INCOME: before taxes..... \$ _____

PAY CYCLE: how often do you get paid ? Every week Every other week Twice a month Once a month

DO YOU RECEIVE OTHER INCOME? Yes No Source: _____ MONTHLY AMOUNT \$ _____

EMPLOYMENT INFORMATION (Homeowner #2)

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

YOUR TITLE: _____ HIRE DATE: _____

PAY CYCLE: Every week Every other week 2x a month Once a month GROSS MONTHLY INCOME: before taxes: \$ _____

DO YOU RECEIVE OTHER INCOME? Yes No Source: _____ MONTHLY AMOUNT \$ _____

IV. CONSENT

I authorize NHS Home Ownership Center to:

- (a) pull my credit report to view my credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my credit report and review my 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 purchase a home, from the lender who made me a loan and/or the title company that closed the loan.

I acknowledge that I have received a disclosure statement provided to me by NHS of Greater Cleveland.

I 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: _____