



Because Everyone Deserves a Home...

214 Spruce St
Manchester, NH 03103

Tel: 603-627-3491 Fax: 603-644-7949

Household Budget/Debt Management _____
Foreclosure Prevention _____

Pre-Purchase counseling _____

Household Questionnaire Intake Form

Date: _____

Client Information

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

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

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____-_____-_____/_____/_____
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. 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 _____

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

Gender (please circle): Male _____ Female _____

Disabled? Yes _____ No _____

<u>Household Members</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	<u>YOURSELF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your household use English as primary language? Yes No

Is English a second language? 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

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please circle the most accurate)?

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

Family/Household Size: _____ **How many dependents?** _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship	Age	Relationship	Age

Monthly Household Income: \$ _____

Education (please circle one):

- 1. No High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

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

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

CO-APPLICANT

Name: _____
First MI Last

Street _____

City _____ **State** _____ **Zip Code** _____
Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Social Security Number _____ **Birth Date** _____/_____/_____

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. 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 _____

Marital Status (please circle): Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Gender (please circle): Male _____ Female _____

Disabled? Yes _____ No _____

Education (please circle one):

- | | |
|---------------------------|--------------------------------------|
| 1. No 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 Client (please circle): Spouse _____ Daughter _____ Son _____ Sister _____ Brother _____ Girlfriend _____
Boyfriend _____ Mother _____ Father _____ Significant Other _____

CLIENT EMPLOYEMENT — 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 _____ Dates 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 Dates 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

<i>Type of Income</i>	CUSTOMER <i>Monthly Amount</i>	CO-APPLICANT <i>Monthly Amount</i>	
Salary: Gross Income			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

CLIENT

CO-APPLICANT

Can you document your child support/alimony income? *Yes* *No* *Yes* *No*
 If yes, how long will it continue? _____

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 personal loans. Do NOT include mortgage/rent or utilities.

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

Please use additional sheets if necessary.

1st Mortgage Servicer Info.

Mortgage Servicer _____
 Mortgage Servicer Phone Number _____
 Balance owed _____
 Monthly Payment _____
 Past Due Amount _____ Number of months past due _____
 Est. Property Value _____
 Purchase date _____
 Type of Mortgage (FHA, VA, USDA, or list) _____
 Number of Bedrooms _____
 It this a single family home? _____ If no, how many units? _____
 Reason for default _____
 Do you want to stay in your home? _____
 Do you have a 2nd mortgage? _____
Name of 2nd mortgage servicer _____ *Balance* _____
 Monthly payment of 2nd mortgage _____ *Are you past due?* _____
 Monthly payment _____

Homeowners Insurance Company Information

Name _____

Phone Number _____

Annual Premium _____

CLIENT

CO-APPLICANT

Have your mortgage payments been made on time?

Yes No

Yes No

Are you currently in Chapter 13 bankruptcy?

Yes No

Yes No

If yes, File date _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Case Number _____

Have you had a Chapter 7 bankruptcy?

Yes No

Yes No

If yes, when was it discharged? _____

Case Number _____

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

Please list monthly expenses

	CUSTOMER	CO-APPLICANT
Current monthly rent or mortgage		
Electric/gas/solid waste		
Telephone/cell/cable		
Food		
Transportation/gas/auto insurance		
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>Do you have a contract on a house at this time?</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>Yes</i>	<i>No</i>

AUTHORIZATION

I authorize you to verify any information provided by me, and to discuss/share information pertinent to meeting my housing needs with appropriate person, HMIS and agencies.

AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY

I/We authorize The Way Home a HUD Approved Housing Counseling Agency to discuss with and release information to the party(ies) listed below during counseling session and/or regarding my/our Housing Counseling. The authorization to release and to obtain information on my mortgage(s) status will also include my mortgage(s) Investor, MI representative and/or contractor.

I/We expressly authorize The Way Home to disclose information concerning the financial condition and status of my/our account, including, but not limited to my/our income, debts, credit, earnings, mortgage(s) and/or location.

I/We authorize my release of information to include New Hampshire Housing, Legal Advice & Referral Center, NHLA and to include their authorized party(ies).

DISCLOSURE

I/We understand that I/we are not obligated to receive, purchase or utilize any other services offered by the organization or its exclusive partners in order to receive counseling.

I/ We hereby agree to hold The Way Home, it employees, officers, directors and agents harmless from any claim, suit, action or demand by any persons which in any manner may arise from this action taken.

I/We understand that this authorization will expire upon my/our written request to terminate.

My/Our HUD Housing Counselor is Mari DeBlois and you may speak with her regarding my housing needs and loans. She may be contacted by phone (603-627-3491 ext 226) or through email at mari@thewayhomenh.org.

Signature of Applicant

Date

Signature of Co-Applicant

Date

