



General Information and Intake Form

Complete as much information as possible. Please print.

REFERRED BY: (How did you hear of us)	COUNSELOR/INTAKE DATE:
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APPLICANT INFORMATION				
Last Name	First	Middle/Maiden	Date of Birth	Social Security No. - -
Address No./ Street	City	State	Zip Code	Residence Telephone
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address			Mobile Number
Dependents (not listed by Co-Applicant)		Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		
Employer 1: _____ Position/Years: _____ Telephone: _____ Ext _____	Rate of Pay: _____ Hours Worked Each Week: _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	
Employer 2: _____ Position/Years: _____	Rate: _____ Hours Worked _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	

OTHER INCOME (if applicable)

Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
SSI/Disability <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
Unemployment <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____

CO-APPLICANT

CO-APPLICANT INFORMATION				
Last Name	First	Middle/Maiden	Date of Birth	Social Security No. - -
Address No./ Street	City	State	Zip Code	Residence Telephone
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address			Mobile Number
Dependents (not listed by Applicant)		Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		
Employer 1: _____ Position/Years: _____ Telephone: _____ Ext _____	Rate of Pay: _____ Hours Worked Each Week: _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	
Employer 2: _____ Position/Years: _____	Rate: _____ Hours Worked _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	

OTHER INCOME (if applicable)

Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
SSI/Disability <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
Unemployment <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____

EXPENSE FORM

Client: _____ Co-Client: _____ Client #: _____ Date: _____

Instruction: List what is spent monthly for each item below. The second column is for any adjustments that may help balance your budget.

Income	Initial Amount	Adjusted	Income Type
Client Income			
Co-Client Income			
Total Income			

Expenses	Initial Amount	Adjusted	Adjusted
Rent			
First Mortgage			
Second Mortgage			
Association Dues			
Property Taxes			
Lot Rent			
Gasoline			
Auto Maintenance			
Auto Registration/Taxes			
Groceries			
Dining Out			
Food At Work			
School Lunches			
Electric/Gas/Oil			
Water/Sewer			
Telephone			
Garbage/Recycling			
Pager/Cellular Phone			
Internet Service			
Cable TV			
Clothing			
Insurance – Automotive			
Insurance – Medical			
Insurance – Life			
Insurance – Home/Renter			
Prescriptions			
Doctor Visits			
Dentist Visits			

Expenses	Initial	Adjusted	Adjusted
Optical			
Daycare			
Babysitting			
Children's Allowance			
Children's Activities			
Diapers			
Child Support			
Car Payment			
Student Loan			
Cosigned Loans			
Bank Account Deductions			
Taxes (IRS and/or State)			
Business Cards/Loans			
Other Loans			
Tithe Donations			
Other Charitable Donations			
Education Tuition			
Books			
Supplies			
Books, Newspapers, Mags.			
Entertainment & Recreation			
Gifts/Holidays			
Travel			
Alcohol/Tobacco			
Tools – Job Related			
Clothes – Job Related			
Other Job Related Expenses			
Laundry/Dry Cleaning			
Home Maintenance			
Home Cleaning			
Parking/Bus Pass/Train			
Personal Care			
Postage			
Bank Charges			
Total Of All Expenses			

AUTHORIZATION FORM

I _____ and (Co-Applicant) _____ hereby
(printed name) (printed name)

authorize the Center for HomeOwnership, (CHO) a credit counseling agency to provide housing counseling, credit counseling, referral and information on my behalf. This authorization shall become effective immediately and shall continue in effect until revoked by me by providing written notice to CHO.

I also hereby certify that the information I have given to CHO is true and correct to the best of my/our knowledge. Furthermore, I understand that by giving CHO authorization to obtain information, provide services and/or to negotiate on my/our behalf in no way guarantees that I/we will receive mortgage financing or that any item will be removed from my/our credit file.

If applicable, I hereby authorize CHO to contact my creditors and/or credit reporting agencies on my/our behalf for the sole purpose of negotiating a repayment plan and/or settlement of a debt or to dispute items reflected on my/our credit file which are incorrectly reported.

I understand that CHO is a counseling agency which provides assistance to individuals in understanding the Fair Credit Reporting Act. CHO cannot remove any item from my/our credit file that is true and accurately reported.

I also understand that this authorization allows CHO to:

- (a) pull my credit report to review my credit file for informational inquiry purposes and housing counseling in connection with my current request;
- (b) share overall credit information with CHO partners for possible loan consideration
- (c) obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

I understand that CHO cannot provide me with a copy of the in-house Equifax E-port credit file and that I have to obtain a personal copy from a credit reporting agency, if I wish to review its contents. I understand the inquiry will appear on my credit file as Consumer Credit Counseling Service of Forsyth County, Inc.

APPLICANT NAME (Signature)

Social Security #

Date

CO-APPLICANT NAME (Signature)

Social Security #

Date

COUNSELOR (Signature)

Date