

PERSONAL PROFILE INTAKE FORM

CUSTOMER

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) This is in addition to the "Race" category

Hispanic: Yes No

Foreign Born (please select one): Yes No

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

Gender (please circle): 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 | |

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 select 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 (other than those listed by any co-borrower)?

What ages are they? _____

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

<i>Relationship</i>	<i>Age</i>	<i>Relationship</i>	<i>Age</i>
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Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below 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? _____

CUSTOMER EMPLOYMENT — LAST 2 YEARS OF EMPLOYMENT ONLY

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/Secondary Employer:

Title

Length 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.

Spouse/Partner

Please Print Clearly

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) This is in addition to the "Race" category

Hispanic: Yes No

Foreign Born (please select one) : Yes No

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

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

- | | |
|------------------------------|--------------------------------------|
| 1. Below 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 Customer (please circle): Spouse Daughter Son Sister Brother
 Girlfriend Boyfriend Mother Father Other: _____

Spouse/Partner EMPLOYMENT — LAST 2 YEARS OF EMPLOYMENT ONLY *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/Secondary Employer:

Title

Length 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.

INCOME

CUSTOMER

Spouse/PARTNER

Type of Income
Amount
 Salary

Gross Monthly Amount

Gross Monthly

Alimony/Child Support
 Rental Income
 Social Security
 Pension Income
 Public Assistance
 Self-employment Income
 Dependent SSI Income
 Disability Income
 Other Employment

APPLICANT	CUSTOMER		CO-	
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No
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

	CUSTOMER		CO-APPLICANT	
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? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following: **Please DO NOT List ACCOUNT # Info**

CUSTOMER- Current Balance \$ Spouse/Partner –

Current Balance
 Checking account/List Bank Name:
 Savings account/List Bank Name:

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)

s Ye
No

If yes, how much? \$ _____

ADDITIONAL INFORMATION

Please Print Clearly

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment?	Day: M T W Th F		Time: ____ AM	
	_____ PM			

AUTHORIZATION

I authorize The Primavera Foundation, Inc to:

- a. pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- b. pull my/our credit report and review my/our 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/us a loan and/or the title company that closed the loan.

I/We 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

Spouse/Partner

Date



Type of Service(s)	
Counseling	
Rehab	
Home Ownership	
Financial Fitness	
Refinance	
Section 8	
Other Services	
Sears Post Purchase	

For Internal Use Only

Notes/Comments: _____

Received By: _____ Date: ___/___/___

Reviewed By: _____ Date: ___/___/___