

PERSONAL PROFILE INTAKE FORM

CLIENT

Please PRINT Clearly

1. Name (As it appears on your Social Security card):

First Name Middle Name Complete Last Name

Address: _____
Street City State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Social Security Number: _____ - _____ - _____ Birthdate: _____/_____/_____

2. How did you hear about this program? (Circle all that apply.)

Friend/Family Realtor Bank/Lender Staff/Board Member TV Internet
Flyer Brochure Radio Newspaper Article Government Agency
Other _____

3. 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 & White
- 7. Asian & White
- 8. Black/African American & White
- 9. American Indian/Alaskan Native & Black
- 10. Other

4. Are you Hispanic/Latino? (Check "Yes" or "No") ___ Yes ___ No

5. Family/Household Size: _____ **How many dependents?** _____ **Ages of dependents:** _____, _____, _____, _____, _____

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

Relationship Age Relationship Age

7. Gender: (Please circle) Male Female

8. Are you Active Military? ___ Yes ___ No **9. Are you a Veteran?** ___ Yes ___ No

10. Education: (Please circle highest level)

- 1. None
- 2. Elementary
- 3. Middle School
- 4. High School Diploma or GED
- 5. Two-year college
- 6. Bachelor's Degree
- 7. Graduate School
- 8. Above Master's Degree

11. Marital Status: (Please circle)

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widowed

12. What is your ANNUAL Family/Household Income? \$ _____ /YEAR

13. What is your current housing arrangement? (Please circle one)

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Own Trailer but rent space
- 5. Living with family and not paying rent
- 6. Homeowner with mortgage paid off

14. Are you a First Time

Homebuyer? (You don't currently own a home & haven't owned a home in the past 3 years.) ___ Yes ___ No

15. 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

16. Were you born in the United States? ___ Yes ___ No

17. Are you disabled? ___ Yes ___ No

CLIENT EMPLOYMENT

Last two years of employment only

Primary Employer: _____

Title: _____ **Hire Date:** _____

Address: _____
Street City State Zip Code

Phone: (_____) _____ Please circle one: **Part-time** or **Full-Time**

Gross Income: (before taxes) \$ _____

How is this amount paid? (Check one) ___ hourly ___ weekly ___ every two weeks ___ twice/month ___ monthly

Previous Secondary Employer: _____

Title: _____ **Length of Employment:** _____
(Start AND end date, please)

Address: _____
Street City State Zip Code

Phone: (_____) _____ Please circle one: **Part-time** or **Full-Time**

Gross Income: (before taxes) \$ _____

How is this amount paid? (check one) ___ hourly ___ weekly ___ every two weeks ___ twice/month ___ monthly

Please continue listing previous employers on a separate piece of paper if 2 years of employment aren't shown above.

CO-APPLICANT**Please PRINT Clearly****Name** *(As it appears on your Social Security card):*

<i>First Name</i>	<i>Middle Name</i>	<i>Complete Last Name</i>
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Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Home Phone: (_____) _____	Work Phone: (_____) _____
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Cell Phone: (_____) _____	Email: _____
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Social Security Number: _____ - _____ - _____	Birthdate: _____ / _____ / _____
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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 & White |
| 7. Asian & White | 8. Black/African American & White | 9. American Indian/Alaskan Native & Black |
| 10. Other | | |

Are you Hispanic/Latino? Yes No**Were you born in the United States?** Yes No**Gender:** *(Please circle)* Male Female**Are you disabled?** Yes No**Education:** *(Please circle one)*

- | | | |
|------------------------------|-------------------------------|--------------------------|
| 1. Below High School Diploma | 2. High School Diploma or GED | 3. Two-year college |
| 4. Bachelor's Degree | 5. Master's Degree | 6. Above Master's Degree |

Marital Status: *(Please circle)*

- | | | | | |
|-----------|------------|-------------|--------------|------------|
| 1. Single | 2. Married | 3. Divorced | 4. Separated | 5. Widowed |
|-----------|------------|-------------|--------------|------------|

Relationship to Client: *(Please circle one)*
Spouse Girlfriend Boyfriend Mother Father Son Daughter Sister Brother Other _____
CO-APPLICANT EMPLOYMENT**Last two years of employment only****Primary Employer:** _____**Title:** _____ **Hire Date:** _____

Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Phone: (_____) _____	Please circle one: Part-time or Full-Time
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Gross Income: *(before taxes)* \$ _____

How is this amount paid? (check one) ___ hourly ___ weekly ___ every two weeks ___ twice/month ___ monthly

Previous Secondary Employer: _____

Title: _____

Length of Employment: _____

Address: _____

Street

City

State

Zip Code

Phone: (_____) _____

Please circle one: **Part-time** or **Full-Time**

Gross Income: (before taxes) \$ _____

How is this amount paid? (check one) ___ hourly ___ weekly ___ every two weeks ___ twice/month ___ monthly

Please continue listing previous employers on a separate piece of paper.

INCOME - Select the type of income you receive MONTHLY

Please PRINT Clearly

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

	CLIENT		CO-APPLICANT	
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? If yes, how long will it continue?	Yes	No	Yes	No
_____	_____	_____	_____	_____
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
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy? If yes, when did it begin? _____ If yes, when will it be paid out? _____ If yes, how much is the payment? _____	Yes	No	Yes	No
Have you had a Chapter 7 bankruptcy? If yes, when was it discharged? _____	Yes	No	Yes	No

LIQUID FUNDS / SAVINGS / INVESTMENTS

Please PRINT Clearly

Please list the approximate value of the following:

Please do NOT list Account Number Information.

_____	CLIENT – Current Balance	_____	CO-APPLICANT – 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 tax sales, etc.)? Please circle: YES NO
 If YES, how much? \$ _____

ADDITIONAL INFORMATION

Please PRINT Clearly

	CLIENT		CO-APPLICANT	
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	YES	NO
Are you currently working with a real-estate agent?	YES	NO	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 of a loan to purchase real property;
- (b) pull my/our credit report to 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 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.

Client Signature_____
Date_____
Co-Applicant Signature_____
Date

Notes/Comments: _____

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

Received By: _____ Date: ____/____/____

Reviewed By: _____ Date: ____/____/____



**PRIMAVERA
FOUNDATION**

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