

PERSONAL PROFILE INTAKE FORM

CLIENT/FIRST APPLICANT

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: _____

2. Social Security Number: _____ - _____ - _____ **3. Birthdate:** ____/____/____

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

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

Internet: www._____ (Specify which site, if possible).

5. 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 | | |

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

7. Gender: (Please circle) Male Female Other/Non-Conforming

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

9. Are there non-dependents (those that don't depend on you economically) who will be living in the home? ___ Yes ___ No
If yes, list below:

Relationship Age Relationship Age

10. Are you a Veteran? ___ Yes ___ No

11. Are you Active Military? ___ Yes ___ No

12. Education: (Please circle only the highest level you completed)

- | | | |
|-------------------------------|---------------------------------------|--------------------------------|
| 1. None | 2. Elementary | 3. Middle School |
| 4. High School Diploma or GED | 5. Junior College (Associates Degree) | 6. Vocational/Technical School |
| 7. Bachelor's Degree | 8. Graduate School | Other: _____ |

13. Marital Status: (Please circle)

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

14. What is your TOTAL ANNUAL Family/Household Income? \$ _____ /YEAR (GROSS)

15. 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 | | |

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16. 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

17. Are you a 1st Generation Homebuyer? ___ Yes ___ No

18. 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 _____

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

20. Are you disabled? ___ Yes ___ No

CLIENT EMPLOYMENT **LAST TWO YEARS OF EMPLOYMENT PLEASE**

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: _____ 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 and/or SPOUSE

Please PRINT Clearly

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:** _____/_____/_____

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 Other/Non-Conforming **Are you disabled?** ___ Yes ___ No

Education: *(Please circle only the highest level you received)*

- 1. None
- 2. Elementary
- 3. Middle School
- 4. High School Diploma or GED
- 5. Junior College (Associate's Degree)
- 6. Vocational/Technical School
- 7. Bachelor's Degree Graduate School
- 8. Graduate School
- Other: _____

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/SPOUSE EMPLOYMENT

LAST TWO YEARS OF EMPLOYMENT PLEASE

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

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 (saved at home)		
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

	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	

“Primavera assesses all client’s household income and monthly expenses to determine if charging for the credit report will create a financial hardship. Primavera examines factors including but not limited to, household income and debt obligations to determine a client’s ability to pay for the credit report. If a client has an annual household income of less than 200% of the Federal Poverty Level we will work with the client to obtain a free credit report or reducing the fee to an amount the client can afford to pay. “

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 1003 Residential loan application, LE Loan Estimate, CD closing disclosure, 1008 or equivalent, Appraisal, inspection and termite reports, paid receipt fees, first mortgage deed and note, and documents for Financial Assistance, when I purchase a home, from the lender who made me/us a loan and/or title company that closed the loan.
- (d) 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, and Section 1001.

Client Signature

Date

Co-Applicant Signature

Date

For Internal Use Only



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

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