

Housing Counseling Intake Form



Please respond to the following inquiries, so we may assess the possibility of your becoming a homeowner in the near future. Please fill in the blanks and mark the appropriate answers.

Participant's Personal Information

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Date of Birth: _____
Referred By: _____

Please Mark the Correct Answer:

Gender: Male Female
Ethnicity: Hispanic Not Hispanic

Race (please check all that apply):

African American American Indian/Alaskan Native Asian Caucasian
Native Hawaiian or Pacific Islander

Marital Status: Married Single **Veteran:** Yes No
Handicapped: Yes No **Household with Children:** Yes No

Income Information:

Current Employer: _____ Phone Number: _____
Gross Income (before taxes) \$ _____ per (mark one)
Hour Week Month Bi-monthly Every two weeks

Second Employer: _____ Phone Number: _____
Gross Income (before taxes) \$ _____ per (mark one)
Hour Week Month Bi-monthly Every two weeks

Other Income:

Child Support Received: \$ _____ Social Security: \$ _____
Unemployment: \$ _____ Worker's Comp.: \$ _____
Veteran's Benefits: \$ _____ Disability: \$ _____
Alimony: \$ _____ TANF: \$ _____

- There are currently _____ people residing in my home



Co-Participant (if applicable) Personal Information

Name: _____
 Address: _____ Home Phone: _____
 City, State, Zip: _____ Referred By: _____

Please Mark the Correct Answer:

Gender: Male Female

Race/Ethnicity (please check all that apply):

African American American Indian/Alaskan Native Asian Caucasian
 Hispanic Native Hawaiian or Pacific Islander

Marital Status: Married Single **Veteran:** Yes No
Handicapped: Yes No **Household with Children:** Yes No

Income Information:

Current Employer: _____ Phone Number: _____
 Gross Income (before taxes) \$ _____ per (mark one)
 Hour Week Month Bi-monthly Every two weeks

Second Employer: _____ Phone Number: _____
 Gross Income (before taxes) \$ _____ per (mark one)
 Hour Week Month Bi-monthly Every two weeks

Other Income:

Child Support Received: \$ _____ Social Security: \$ _____
 Unemployment: \$ _____ Worker's Comp.: \$ _____
 Veteran's Benefits: \$ _____ Disability: \$ _____
 Alimony: \$ _____ TANF: \$ _____

- I/We have \$ _____ funds available for down payment, closing cost and reserves.
- I/We can save an additional \$ _____ per month for my expenses.

Please List the Average Monthly Expenses of Your Household

| | | |
|----------------------|----------------------------|---------------------|
| Rent Payment: \$ | Car Payment: \$ | Personal Loans: \$ |
| Mortgage: \$ | Credit Cards: \$ | Medical Bills: \$ |
| Electric Bill: \$ | Child Support Payments: \$ | Cable Bill: \$ |
| Gas Bill: \$ | Alimony Payments: \$ | Car Insurance: \$ |
| Water/Sewer Bill: \$ | Day Care: \$ | Other Insurance: \$ |
| Phone Bill: \$ | Student Loans: \$ | Other: \$ |



Current Housing Information

| | | | | |
|-------------------------------------|----------------------------|---------------------------------|----|--|
| Choose one of the Following: | | | | |
| Renter – Market Rent | Renter – Public Housing | Renter – Section 8 | | |
| Renter – Subsidized | Living with Family/Friends | Other _____ | | |
| Are You a: | | | | |
| First Time Homebuyer: Yes | No | First Generation Homebuyer: Yes | No | |

- I/We are currently in the process of purchasing a home: Yes No Unknown
- I/We plan to purchase a home in the next 3 months: Yes No Unknown
- I/We plan to purchase a home in the next 4-12 months: Yes No Unknown

DISCLOSURE

Columbus Housing Partnership (CHP) is providing Homebuyer Education and/or Home Ownership Counseling (including credit counseling) for your benefit, and in this capacity its primary responsibility is to you. CHP also develops or rehabs and sells single family homes, and as such its primary responsibility is to itself. This creates a dual agency relationship between you and CHP. By signing below you consent to CHP’s operating in a dual agency capacity and acknowledge that as a seller CHP may be acting in its own best interests relative to the sale of its homes. If you wish, you may retain the services of a real estate agent or a counselor who will represent only your interest in the transaction

While you may learn about homeownership opportunities from the housing counseling staff, you are under no obligation to purchase any of these homes as a condition of receiving counseling services from CHP.

Furthermore, the information provided on this form does not constitute an application for mortgage financing, mortgage insurance, or for down payment assistance programs. Housing counselors will offer objective advice, if requested, about loan products for which your household may be eligible. Your household is free to select lenders and lending products of your own choosing.

CHP employees and their immediate family members and significant others may attend Homebuyer Education programs, Home Repair seminars, and Financial Fitness workshops. CHP employees and their immediate family members and significant others are ineligible to receive credit counseling, budget counseling, and down payment assistance.

By signing below you acknowledge that you have read and understand the above disclosures and have received a copy of CHP’s Privacy Policy and Practices.

Participant
Signature: _____

Co-Participant
Signature: _____

Date: _____

Date: _____

Please bring the completed form to your scheduled appointment or mail to:
Columbus Housing Partnership, 562 East Main Street, Columbus, Ohio 43215
Phone: (614) 221-8889 Fax: (614) 221-8591

