



Data Intake Form

DATE:		HOW DID YOU HEAR ABOUT US?	
CLIENT'S INFORMATION (PRIMARY BORROWER)			
FIRST NAME:		MIDDLE INITIAL:	LAST NAME:
CURRENT STREET ADDRESS:		CITY:	STATE: ZIP: WARD: (IF APPLICABLE)
HOME PHONE:	WORK PHONE:	CELL PHONE:	FAX:
SOCIAL SECURITY NUMBER:	E-MAIL:	DATE OF BIRTH:	CITIZENSHIP:
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		HEAD OF HOUSEHOLD IS: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HOW LONG AT CURRENT ADDRESS?		HOMEOWNERSHIP STATUS: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Both <input type="checkbox"/> Neither	MONTHLY RENT/MORTGAGE:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE: <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic American <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American/Other Pacific Islander		
YOU ARE: <input type="checkbox"/> First - Time homebuyer <input type="checkbox"/> HUD Assignment <input type="checkbox"/> Second - Time Homebuyer <input type="checkbox"/> Refinancing		ARE YOU DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PREVIOUS ADDRESS IF LIVING AT CURRENT ADDRESS FOR LESS THAN TWO (2) YEARS:			
CURRENT EMPLOYERS' NAME AND ADDRESS:			
HOW LONG AT JOB?	TITLE:	ANNUAL INCOME: \$ _____	
PREVIOUS EMPLOYERS' NAME AND PHONE NUMBER, IF AT CURRENT EMPLOYER FOR LESS THAN TWO (2) YEARS:		INCOME RANGE: <input type="checkbox"/> Under \$42,000 <input type="checkbox"/> \$42,000 to \$67,500 <input type="checkbox"/> \$67,501 to \$84,200 <input type="checkbox"/> Over \$84,201	
OTHER INCOME SOURCES: <input type="checkbox"/> SS/SSI \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Interest \$ _____ <input type="checkbox"/> Food Stamp/TANF \$ _____ <input type="checkbox"/> Other \$ _____			
APPROXIMATE ASSETS			
CHECKING AMOUNT (\$):	SAVINGS AMOUNT (\$):	STOCKS, BONDS, 401K, ETC. (\$):	
PURCHASER INFORMATION			
WILL THERE BE A CO-BORROWER?	CO-BORROWER'S FULL NAME:	CO-BORROWER IS: <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	
WHEN WOULD YOU LIKE TO BUY?	WHAT KIND OF ASSISTANCE ARE YOU SEEKING MOST? <input type="checkbox"/> Money <input type="checkbox"/> Interest Rate <input type="checkbox"/> Credit Repair <input type="checkbox"/> General Direction <input type="checkbox"/> Other _____		
ARE YOU CURRENTLY WORKING WITH A REALTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____			
LOAN INFORMATION			
LENDER:		HAVE YOU BEEN IN CONTACT WITH YOUR LENDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE OF LOAN: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Fixed rate <input type="checkbox"/> ARM <input type="checkbox"/> Other (specify) _____			
WHAT BROUGHT YOU TO WECO? <input type="checkbox"/> Late payments <input type="checkbox"/> Refinance <input type="checkbox"/> Reset <input type="checkbox"/> Pending foreclosure <input type="checkbox"/> General concerns (describe) _____			
PLEASE ANSWER THE FOLLOWING IF YOUR LOAN IS DELINQUENT:			
HOW MANY MONTHS ARE YOU BEHIND ON YOUR MORTGAGE PAYMENT?	HOW MUCH IS YOUR MORTGAGE PAYMENT?	HOW MUCH IS YOUR SECOND MORTGAGE PAYMENT?	
HAVE YOU EVER BEEN ON A MORTGAGE REPAYMENT PLAN?			
PRIMARY REASON(S) FOR ANTICIPATED DELINQUENCY, DELINQUENCY, OR DEFAULT?			
DO YOU HAVE MONEY SAVED TO APPLY TOWARD YOUR DELINQUENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____			



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CURRENT ADDRESS:		CITY:	STATE: ZIP:
HOME PHONE:		WORK PHONE:	CELL PHONE:
SOCIAL SECURITY NUMBER: - -		EMAIL:	DATE OF BIRTH: MM/DD/YYYY
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		HEAD OF HOUSEHOLD: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HOW LONG AT CURRENT ADDRESS?	MONTHLY RENT/MORTGAGE:		
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American/Other Pacific Islander		
CURRENT EMPLOYER: NAME AND ADDRESS			
HOW LONG AT JOB?		TITLE:	ANNUAL INCOME:
APPROXIMATE ASSETS			
CHECKING ACCOUNT \$	SAVINGS ACCOUNT \$	STOCKS, BONDS, 401K, ETC.: \$	
ADDITIONAL FAMILY INFORMATION			
NAME:	RELATIONSHIP:	DATE OF BIRTH:	
NAME:	RELATIONSHIP:	DATE OF BIRTH:	
NAME:	RELATIONSHIP:	DATE OF BIRTH:	
NAME:	RELATIONSHIP:	DATE OF BIRTH:	
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NAME:	RELATIONSHIP:	DATE OF BIRTH:	
OFFICE USE ONLY			
COUNSELOR:		AUTHORIZATION SIGNED:	HUD ID #:
FORM ENTERED INTO DATASE BY:		DATE:	

ADDITIONAL COMMENTS:
