

NeighborWorks®
HomeOwnership Center
213 N. 5th St, Suite 1030,
Reading, PA 19601
610-372-8433 Fax: 610-374-2866



CMax Client #	
Case#	Date:
RX #:	Date:



EDUCATION – COUNSELING - LENDING INTAKE

Date: _____ Counselor / Loan Officer: _____

STUDENT/APPLICANT

Name: _____
 First Middle Last

Street _____ Apt # _____

City _____ State _____ Zip Code _____ Social Security # _____

Home Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Birth Date ___/___/___ Gender () Male () Female Over 62 () Email: _____

Ethnicity: Hispanic () Yes () No Foreign Born: () Yes () No

Race: () American Indian or Alaskan Native () American Indian or Alaskan Native & White () Asian () White
() Asian & White () Black or African American () Black or African American & White
() American Indian or Alaskan Native & Black or African American () Native Hawaiian or Other Pacific Islander
() Mexican () Puerto Rican () Other () Not Available

() Chose Not to Respond

Household Type: () Single () Two or More Unrelated Adults () Female-Headed Single Parent Household
() Male-Headed Single Parent Household () Married with Dependents () Married without Dependents

Handicapped: () Yes () No Veteran: () Yes () No

Current Housing Arrangement: () Rent () Homeless () Living with family member and not paying rent

First Time Home Buyer: () Yes () No

Household Size That Will Live in Home: _____ How Many Are Dependents? _____

Are There Non-dependents Who Will Live in The Home? () Yes () No

If yes, list below:

Relationship _____ Age _____ Relationship _____ Age _____

Applicant Gross Monthly Income: \$ _____ Household Gross Monthly Income: \$ _____

Education Level (please check one):

- () Below High School Diploma
- () High School Diploma or Equivalent
- () Two-Years College
- () Bachelors Degree
- () Graduate Degree

Referred to HomeOwnership Center by: (please check all that apply)

- () Walk in () Lender _____ () Realtor _____ () Family Member () NHS Website
- () Government Staff/Board Member () Friend () Print Advertisement () Newspaper Article
- () Other _____

STUDENT/APPLICANT – CO APPLICANT

Name: _____ Social Security # _____
 First MI Last

Address, if Different: _____
 Street Apt # City State Zip

Home Phone: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Birth Date ___/___/___ Gender: () Male () Female Over 62 () Email: _____

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

Relationship to Applicant: _____ Gross Monthly Income: _____

First Time Home Buyer? () Yes () No Handicapped: () Yes () No

Ethnicity: Hispanic () Yes () No Foreign Born: () Yes () No

Race: () American Indian or Alaskan Native () American Indian or Alaskan Native & White () Asian () White
() Asian & White () Black or African American () Black or African American & White
() American Indian or Alaskan Native & Black or African American () Native Hawaiian or Other Pacific Islander

AUTHORIZATION & CERTIFICATION

Student's Certification:

I/We certify that the information included in this form is true and complete to the best of my/our knowledge and belief.

I authorize Release of Information for NHS HomeOwnership Center to:

- (a) Pull my/ our credit report to review my/ our credit counseling in connection with my pursuit of a loan to purchase real property;
- (b) Obtain a copy of the closing disclosure, appraisal, real estate Note(s), Credit Score, and income Documentation when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

Student's Signature

Date

Student's Signature

Date

Start Time: _____

End Time: _____

OFFICIAL USE ONLY

ADDITIONAL APPOINTMENT:

Client's Signature	Client's Signature	_____/_____/_____ Date
	Start _____	End _____

Client's Signature	Client's Signature	_____/_____/_____ Date
	Start _____	End _____

Client's Signature	Client's Signature	_____/_____/_____ Date
	Start _____	End _____

Client's Signature	Client's Signature	_____/_____/_____ Date
	Start _____	End _____

Client's Signature	Client's Signature	_____/_____/_____ Date
	Start _____	End _____

