



STAFF USE:	Appointment scheduled _____
	Documents Given (Date) _____
	If not; Pre-Adv. Action (Date): _____
	Adv. Action Letter _____ (w/in 5 days of pre)
	SS entry _____ (initial when complete)

Updated 10/5/21 dj

Customer Intake Form

I am interested in housing in: (Mark one or both, if applicable) Bend Redmond
 I have watched the Informational Videos on the website:
 Video Code 1: _____ Video Code 2: _____ (verification of review)

This form is **NOT** considered an application for the housing program

Along with this form please turn in 1 recent paystub copy or verification of income for each customer

PRIMARY CUSTOMER INFORMATION Please Print Clearly

Name: _____
 First MI Last

 Street

 City State Zip Code
 Phone: (____) _____ - _____ Email: _____

Social Security Number (for soft pull) _____ - _____ - _____

Ethnicity (please check one): Hispanic/Latino Non-Hispanic/Latino

Race (please check one): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 2 or more races

Nationality (please select one):

- You are a Citizen or National of the United States
- You are foreign born and a U.S. Resident (green card holder)
- You are a Noncitizen with eligible status as evidenced by one of the documents listed below
 - Form I551-Alien Registration Receipt Card (for permanent resident aliens)
 - Form I-94, Arrival-departure record
 - A final court decision or DHS letter granting asylum

None of the above – Not contending eligible immigration status, no further information required and the person named above understands they are not eligible for program selection but agrees to start housing counseling while immigration status changes.

Marital Status (please select one): Single Married Divorced Separated Widowed

Gender (please select one): Male Female Other **Gender Identity:** (Optional) _____

Education (please check one):

- Below High School Diploma High School Diploma or Equivalent
- Two-Year College Bachelors Degree
- Masters Degree Above Masters Degree

Do any of the following apply to you? Optional for data collection

- Hearing difficulty (deaf or having serious difficulty hearing)
- Vision Difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- Cognitive difficulty (Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions)
- Ambulatory (movement) difficulty (Having serious difficulty walking or climbing stairs)
- Self-care difficulty (Having difficulty bathing or dressing on own)
- Victim of Domestic Violence Recovery from Substance Abuse

Are you a Veteran? Yes No

Current Housing Arrangement (please check one):

Rent Homeless Living with family member and not paying rent Living with friends or roommates, sharing rent

Health Insurance

Do you currently have health insurance? If no, what prohibits you? Yes No

First time Buyer

Do you currently own a home, or have owned a home in the past three years? Yes No

Household Type (please select the most accurate)?

Female headed single parent household Male headed single parent household Single adult

Two or more unrelated adults Married with children Married without children Other

Family/Household Size: _____ (include those that will be living in the home for more than 6 months of the year)

How many dependents (those claimed on taxes or legal guardian and other than those listed by any co-borrower)? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____

Do all dependents have healthcare insurance? Yes No

If no, please explain: _____

Are there non-dependents who will be living in the home? Yes No

If yes, list below:

Relationship	Age	Relationship	Age
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Note: All adults over 18 years old, living in the household must submit financial documents so that we can calculate household income levels.

Referred to by (please check all that apply):

Print Ad / Newspaper Bank Other Agency Realtor Facebook Employer: _____
 Staff/Board member Walk-In/Family/Friend TV /Radio Other: _____

If you were referred by a **Bank or Realtor**, which one? _____

PRIMARY CUSTOMER EMPLOYMENT — Last 2 Years *Please Print Clearly*

Primary Employer: _____ **Work Phone:** (_____) _____ - _____

Title Hire Date

Work Address Street City State Zip Code

Employment Status (Please check one): Part-Time Full-Time **Hours per pay period** _____

Gross monthly income (before taxes): \$ _____

Are you paid (please check one) Hourly: Amount per hour: _____ Salary: Amount p/month _____
Is your hourly amount paid (please mark) weekly every two weeks twice a month monthly

If applicable:

Second Employer: _____ **Work Phone:** (____) _____ - _____

Title _____ **Length of Employment** _____ (years, months)

Street _____ **City** _____ **State** _____ **Zip Code** _____

Employment Status (Please check one): Part-Time Full-Time **Hours per pay period** _____

Gross monthly Income (before taxes): \$ _____

Are you paid (please check one) Hourly: Amount per hour: _____ Salary: Amount p/month _____
Is your hourly amount paid (please mark) weekly every two weeks twice a month monthly

Previous Employer: _____ **Work Phone:** (____) _____ - _____

 _____ **Length of Employment** (dates) _____
Title _____

Street _____ **City** _____ **State** _____ **Zip Code** _____

Part-Time Full-Time **Hours per pay period** _____

Gross monthly Income (before taxes): \$ _____

Were you paid (please check one) Hourly: Amount per hour: _____ Salary: Amount p/month _____
Was your hourly amount paid (please mark) weekly every two weeks twice a month monthly

CO-APPLICANT INFORMATION

Name: _____
 _____ **First** _____ **MI** _____ **Last** _____

 _____ **Street** _____
 _____ **City** _____ **State** _____ **Zip Code** _____

Phone: (____) _____ - _____ **Email:** _____

Social Security Number (for soft pull) _____ - _____ - _____

Ethnicity (please check one): Hispanic/Latino Non-Hispanic/Latino

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 2 or more races

Citizenship (please select one):

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- Ambulatory difficulty (Having serious difficulty walking or climbing stairs)
- Self-care difficulty (Having difficulty bathing or dressing)
- Victim of Domestic Violence Recovery from Substance Abuse

Are you a Veteran? Yes No

Relationship to Customer (please check one): Spouse/Partner Daughter/Son Sister/Brother
 Girlfriend/Boyfriend Mother/Father Other: _____

CO-APPLICANT EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____ **Work Phone:** (____) _____ - _____

Title *Hire Date*

Work Address Street *City* *State* *Zip Code*

Employment Status (Please check one): Part-Time Full-Time **Hours per pay period** _____

Gross monthly income (before taxes): \$ _____

Are you paid (please check one) Hourly: Amount per hour: _____ Salary: Amount p/month _____
Is your hourly amount paid (please mark) weekly every two weeks twice a month monthly

If applicable:

Second Employer: _____ **Work Phone:** (____) _____ - _____

Title **Length of Employment** _____ (years, months)

Street *City* *State* *Zip Code*

Employment Status (Please check one): Part-Time Full-Time **Hours per pay period** _____

Gross monthly income (before taxes): \$ _____

Are you paid (please check one) Hourly: Amount per hour: _____ Salary: Amount p/month _____
Is your hourly amount paid (please mark) weekly every two weeks twice a month monthly

Previous Employer: _____ **Work Phone:** (____) _____ - _____
 _____ Length of Employment (dates) _____

Title _____
 Street _____ City _____ State _____ Zip Code _____

___ Part-Time ___ Full-Time **Hours per pay period** _____

Gross monthly Income (before taxes): \$ _____

Were you paid (please check one) ___ Hourly: Amount per hour: _____ ___ Salary: Amount p/month _____

Was your hourly amount paid (please mark) ___ weekly ___ every two weeks ___ twice a month ___ monthly

Estimated Gross Annual Family or Household Income: \$ _____ (include income from all adults – 18 and older – living in the household)

Type of Income (List ALL sources of income)	BUYER Monthly Amount	CO-APPLICANT(s) Monthly Amount	Other Adult in Household Monthly Amount
Salary, Wages (including Tips)			
Optional to report: Alimony/Child Support (children 16 and younger only)			
Rental Income			
Social Security SSI / SSDI (children 16 and younger and/or permanent disability only)			
Pension/ Retirement Income			
Public Assistance (Habitat does not use to calculate income)			
Self-employment Income			
Dependent SSI Income (children 16 and younger and/or permanent disability only)			
Other Employment (if employed for 2+ years)			

LIQUID FUNDS/SAVINGS/INVESTMENTS *Please Print Clearly*

Please list the approximate value of the following:	BUYER	CO-APPLICANT(s)	Other Adult in Household
Checking account			
Savings account			
Checking account			
Cash			
CDs			
Securities (stocks, bonds, etc.)			
Retirement account			
Other Liquid Funds			

HOUSING EXPENSES

	BUYER	CO-APPLICANT(S)	Other Adult in Household
Current monthly rent			
Utilities: Electric/Gas/Solid Waste			
Telephone / Cell phone			
Cable/Satellite TV			
Internet			
Other Living Expenses (ie.Storage)			

LIABILITIES / DEBT

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I authorize the Housing Counseling Staff of Bend-Redmond Habitat for Humanity to:

- (a) pull my/our credit report (soft pull; will not affect your score) to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report (soft pull) and 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/We purchase a home, from the lender who made me/us a loan and/or the 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.

Customer

Date

Co-Applicant

Date

So that we may better counsel you, please complete the financial questionnaire.

Please put an "x" in the column that best fits your current situation. As hard as it can sometimes be to think about money concerns, this will give us an idea of how to best set goals together when we meet to review your mortgage readiness.

How often does this happen to you?	Often	Sometimes	Never
1. Not enough money for essentials			
2. Behind on rent payments			
3. Don't have enough food until there is more money			
4. Are in danger of having utilities turned off			
5. Unable to meet large bills			
6. Bills are confusing			
7. Excessive medical bills			
8. Behind in credit card payments			
9. Have had action taken by creditor			
10. Struggle to discuss finances with family or partner			
11. Bills get lost or mailed/paid late			
12. Feel stressed about finances			
13. Don't know where money is going			
14. Not able to save 10% of income (each month)			
Other	Yes	No	
Change in job			
Recently divorced or separated			
Struggle with some type of addiction			
Other:			
Other:			

What three things do you think are most important to pay first and regularly each month?

- 1.
- 2.
- 3.

What financial concern do you want to work on most?

