

**NEIGHBORHOOD HOUSING SERVICES OF DAVENPORT, INC.
PERSONAL PROFILE INTAKE FORM**

CUSTOMER:

Name		DOB	
Social Security Number			
Street Address			
City	State	Zip	
Cell Phone			
Work Phone			
Email Address			

Marital Status :

Disabled?

Renting? Please list landlord's name and ph #: _____

Family/Household Size: _____

Household Members (include all)

Name	SS#	Relationship	DOB	Age

Annual Family or Household Income: \$ _____ (All household members over 18)

Education:

Referred to Home Ownership Center by (please circle all that apply):

What Parties should Nhs provide certification of completion information to?

If you were referred by a Bank or Broker, what is their contact information?

If you are currently working with a Loan Officer, what is their contact information?

If you are currently working with a Realtor, what is their contact information?

EMPLOYMENT: NEED FULL 2 YEAR HISTORY OF EMPLOYMENT!

Employer				Hire Date	
Street Address					
City		State		Zip	
Phone					
Position					
Average hours per week and hourly rate of pay					
How often paid?					
Secondary Employer				Hire Date	
Street Address					
City		State		Zip	
Phone					
Position					
Average hours per week/hourly rate of pay					
How often paid?					

2 - CO-APPLICANT:

Name				DOB	
Social Security Number					
Street Address					
City		State		Zip	
Home Phone					
Cell Phone					
Work Phone					
Email Address					

Employer

Employer				Hire Date	
Street Address					
City		State		Zip	
Phone					
Position					
Rate of pay/Hrs per wk					

Other sources of income?

Social Security: Amount received per month:\$ _____

Child Support: Amount received per month:\$ _____

Public Assistance: Amount received per month:\$ _____

FOR THE ABOVE SOURCES OF INCOME, YOU MUST PROVIDE DOCUMENTATION – (i.e. AWARDS LETTER FOR SOCIAL SECURITY, COURT ORDER FOR CHILD SUPPORT)

Other assets?

Savings/Checking/Assets Indicate Financial Institution	Type	Acct #	Balance	Indicate 1 – Borrower, 2 – Co- Borrower, 3 Both, 4 – Other (explain which member of household)	List savings, checking, Savings Certificates, Money Market funds, Equity in real property, Capital Investments, trusts that are available to household, IRA, KEOGH, and similar retirement Savings accounts; company Retirement/pension funds that Can be withdrawn without retiring Or terminating employment; Inheritances, capital gains, lottery Winnings, insurance settlements Personal property held as an Investment (gems, jewelry, coin collections, antique cars, etc.); cash value life insurance policies.
<i>Example: Bank of Midwest</i>	<i>Savings</i>	<i>654321</i>	<i>100.00</i>	<i>3 joint</i>	

Retirement accounts: Value of account/vested balance \$ _____

***For retirement accounts, please provide all pages of your most recent statement!**

Cash on hand: Amount saved \$ _____

Feel free to list any other sources of income or assets not covered

ADDITIONAL INFORMATION

CUSTOMER

CO-APPLICANT

Have you owned a home in the last three (3) Years?

Are you a Veteran

Do you have a contract on a house at this time?

Are you currently working with a real-estate agent?

NHS of Davenport does business in accordance with the Federal Fair Housing Law which states that all people have freedom from discrimination because of race, color, religion, creed, sex, sexual orientation, gender identity, national origin or ancestry, age, mental or physical disability, marital status and familial status (in housing only) in the areas of employment, housing, public accommodation and credit.

AUTHORIZATON

I authorize NHS Home Ownership Center to:

- (a) pull my credit report to review my credit file for housing counseling in connection with my pursuit on a loan to purchase real property or a rehab loan to repair real property.*
- (b) pull my credit report and review my credit file for informational inquiry purposes; and*
- (c) obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who makes me a loan or the title company that closes the loan.*
- (d) request and obtain verifications related to employment, rental/mortgage payment history, deposit, and benefits.*
- (e) multiple credit report charges may be required for the processing / final approval of this file.*

Customer

Date

Co-Applicant

Date

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors, or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; **Acknowledgement. Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate purpose through any source, including a source named in this application or a consumer reporting agency.**

This worksheet must be completed in entirety in order to be considered for program consideration.

How many people live in your household? _____

What is the total income of your household? \$ _____

(This amount includes income from wages, salaries, child support, social security, pensions, and public assistance)

Single Head of Household

Do You consider yourself Hispanic?

Race (please circle)

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiiin/Other Pacific Islander

American Indian/Alaskan Native & White

Native Hawaiian/Other Pacific Islander & White Asian & White

Black/African American & White

Other _____

AGENCY USE ONLY

Household Size _____

Annual Household Income Category(circle one):

Very Low (30% and lower)

Low(31% to 50%)

Moderate(51% to 80%)

Staff Member _____ Date _____