



Financial, Homebuyer Counseling, and Seminar Programs Intake Form

1557 Vernon Odom Blvd. Suite #201 Akron, Oh 44320

Phone 330.631.0350

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HUD ID # (office use)

Participant	
Name	
Social Security Number	Date Of Birth mm/dd/yyyy
Home Phone (area code)	Cell (area code)
Home Address	
Street Address	
City, State, Zip	
Email	
Demographics (for statistical purposes only)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other
<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran
Highest Education Level	
<input type="checkbox"/> Below HS Diploma	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> HS Diploma or Equivalent	<input type="checkbox"/> Master's
<input type="checkbox"/> Some College/Vocational	<input type="checkbox"/> PhD/MD
Ethnicity	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic
Race (please select if you identify with only one race)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Other
Multiracial (please select if you identify as multiracial)	
<input type="checkbox"/> Black or AA & Caucasian	<input type="checkbox"/> American Indian & Caucasian
<input type="checkbox"/> Black or AA & Alaska Native	<input type="checkbox"/> Asian & Caucasian
<input type="checkbox"/> Black or AA & American Indian	<input type="checkbox"/> Other Multiple Race
Marital Status	
<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced

Co-Participant	
Name	
Social Security Number	Date Of Birth mm/dd/yyyy
Home Phone (area code)	Cell (area code)
Home Address Write "same" if the same as Participant	
Street Address	
City, State, Zip	
Email	
Demographics (for statistical purposes only)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other
<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran
Highest Education Level	
<input type="checkbox"/> Below HS Diploma	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> HS Diploma or Equivalent	<input type="checkbox"/> Master's
<input type="checkbox"/> Some College/Vocational	<input type="checkbox"/> PhD/MD
Ethnicity	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not Hispanic
Race (please select if you identify with only one race)	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Other
Multiracial (please select if you identify as multiracial)	
<input type="checkbox"/> Black or AA & Caucasian	<input type="checkbox"/> American Indian & Caucasian
<input type="checkbox"/> Black or AA & Alaska Native	<input type="checkbox"/> Asian & Caucasian
<input type="checkbox"/> Black or AA & American Indian	<input type="checkbox"/> Other Multiple Race
Marital Status	
<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced

Household Composition-Including yourself, list everyone who is living in your home

Name	Relationship	Income Source	Monthly Gross Amt.
	(self)		

Assets- please list the most recent balance of your assets				
Type	Bank Name	Recipient (whose account)	Most Recent Balance	
Checking				
Savings				
Other:				
Participant's Current Employer Name		Co-Participant's Current Employer Name		
Address _____		Address _____		
Phone _____	Hire Date _____	Phone _____	Hire Date _____	
Previous Employer's Name (if less than 3 years w/ current employer)		Previous Employer's Name (if less than 3 years w/ current employer)		
Last Date w/previous employer _____		Last Date w/previous employer _____		
Additional Information			Yes	No
Have you owned a home in the past three (3) years?				
Are you delinquent on any federal, state, or local taxes?				
Have you completed homebuyer counseling?				
If yes, what program and when? _____				
Do you currently have a household budget?				
Do you currently have a savings account with an open balance?				
Do you have an open checking account				
If no, what do you use and why? _____				
Do you currently have open balances on credit card accounts?				
Do you have open or closed account balances that you currently do not pay for?				
Have you ever been denied credit due to past credit history?				
Have you ever filed for bankruptcy?				
Do you have outstanding collections, charge offs, liens and/or judgments against you?				
Are you currently being charged late fees and/or NSF fees?				
Have you ever used check cashing agencies?				
Have you ever used pay day loan services?				
Do you have a retirement plan?				
How did you hear about our program? Who referred you?		Radio	Newspaper	Word Of Mouth
Friend _____	Agency _____			Other _____
Reference Family or Friend Name _____	Phone # _____			
What Services are you interested in?	Foreclosure	Homebuyer Counseling	Financial Management	
What area would you like to purchase or rent in? _____				

My (our) signature certifies that all the information in this intake form is true and accurate to the best of my (our) knowledge. This entitles me (us) to one assessment, based upon the information provided at this time, one seminar series and a three-month evaluation.

Participant Signature

Date

Co-Participant Signature

Date

Financial Assessor (office use only)

HUD ID # (office use)