



nhsphoenix
neighborhood housing services of phoenix

1405 East McDowell Road, Suite 100
Phoenix, AZ 85006
Phone 602.258.1659 Fax 602.258.1666

"CONFIDENTIAL"

CMax ID# _____

HUD No. _____

INTAKE DATE: _____

Assigned Counselor: _____



INTAKE FORM

(Check type of service)

Education:

- Financial Fitness _____ Date
- Homebuyer Ed _____ Date

Homeownership:

- Orientation Foreclosure VAR's
- Pre-Purchase Reverse Mortgage HFH

Lending:

- NSP
- Your Way Home

APPLICANT

Referred by _____ If not referred, how did you hear about NHSP? _____

Name:

First _____ MI _____ Last _____

Address:

Street _____ City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Fax: (____) _____ - _____

Pager: (____) _____ - _____ Cell: (____) _____ - _____ E-Mail: _____ @ _____

Are you a First Time Buyer? (You are a first-time buyer if: (1) you haven't owned a home for at least three years, or (2) have owned a home with a spouse, but are recently separated or divorced, or (3) currently own a mobile home.) (Circle one): **Yes No**

Race (Circle one):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other _____

If American Indian (Circle one or answer other):

Navajo _____ Other _____

Ethnicity: Hispanic: (Circle one) Yes No

Are you a Veteran (Circle one): Yes No

Foreign Born (Circle one): Yes No

Gender (Circle one): Male Female

Birth Date ____/____/____

Marital Status (Circle one):

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widowed

Housing Arrangement (Circle one):

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family member/friend and not paying rent
- 5. Homeowner with mortgage paid off

Household Type (Select the most accurate)

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

Annual Family or Household Gross Income: \$ _____ "FOR THE YEAR"

Current Monthly Rent or Mortgage: \$ _____

Applicant Family/Household Size: _____ **Total dependents:** _____ (other than co-borrower)?

What are their ages? _____, _____, _____, _____, _____

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

If yes, list

Relationship	Age	Relationship	Age
_____	_____	_____	_____

Do not skip over any items. Thoroughly complete both sides of this form.

TURN OVER

Education (Circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Doctorate Degree

Language spoken: _____

Special Accommodations or Disabilities? (Circle one): Yes No

CO-APPLICANT

Name: _____
First MI Last

Address: _____
Street City State Zip Code

Home: () - - **Work:** () - - **Fax:** () - -

Pager: () - - **Cell:**() - - **E-Mail:** _____

Race (Circle one):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
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- 10. Other _____

If American Indian (Circle one or answer other):

Navajo Other _____

Ethnicity: Hispanic: (Circle one) Yes No

Are you a Veteran (Circle one): Yes No

Foreign Born (Circle one): Yes No

Gender (Circle one): Male Female

Birth Date ___/___/___ or **Approx age** ____

Marital Status (Circle one):

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widowed

Special Accommodations or Disabilities? (Circle one): Yes No

Relationship to Client (Circle one):

- Spouse
- Daughter
- Son
- Sister
- Brother
- Significant Other
- Mother
- Father
- Other (Describe): _____

AUTHORIZATION

I authorize NHS Phoenix to obtain a copy of the HUD-1 Settlement Statement when I purchase a home from the lender who made me/us the loan and/or the title company that closed the loan. 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, and Section 1001.

Photo release agreement:

I authorize Neighborhood Housing Services of Phoenix, Inc. (NHSP) to use my photo in their marketing materials (newsletters, presentations, flyers, press releases, Web site, etc.) as appropriate. I understand that NHSP will not sell the rights to these photos nor will they pay any royalties for their use. As a courtesy and whenever possible, NHSP will provide copies of any printed materials in which this photo appears. **Initials:** _____

Applicant Signature (REQUIRED)

Date

Co-applicant Signature (REQUIRED)

Date

*Revised October 2010

