

RAAHC Personal Profile Intake Form

APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street _____

City State Zip Code

How long have you been at this address? _____

Previous Address (if you have been at your current address less than 2 years):

Street _____

City State Zip Code

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

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

Social Security Number _____

Birth Date / / _____

Race (please circle):

- | | | |
|---|---|-------------------------------------|
| 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 | |

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:)

Hispanic: Yes No

Immigrant Status (please select one):

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

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

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Previous Employer: _____

Title _____ Length of Employment _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME

Please Print Clearly

Type of Income	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

APPLICANT

CO-APPLICANT

Can you document your child support/alimony income?
If yes, how long will it continue?

Yes No

Yes No

If your child or a family member receives SSI,
how many more years will the payments continue?

If you receive disability income,
is it for a permanent disability?

Yes No

Yes No

Regarding other employment, have you worked
in this field for two years or more?

Yes No

Yes No

LIABILITIES/DEBT

Please list any **debts** you have, including credit cards, auto loans, student loans, and child-care expenses. Do **NOT** include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? A=Applicant, C=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	<i>APPLICANT</i>		<i>CO-APPLICANT</i>	
<i>Have your payments been made on time?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you currently in Chapter 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) *Yes* *No*
If yes, how much? \$ _____

LIVING EXPENSES

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
--	------------------	---------------------

Current monthly rent or mortgage
 Electric/Gas/Solid Waste
 Telephone
 Cellular/Pager
 Cable/Satellite TV
 Other Living Expenses

ADDITIONAL INFORMATION

	APPLICANT		CO-APPLICANT	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Do you intend to occupy the property as your primary residence?	Yes	No	Yes	No
Have you filed bankruptcy in the last seven years?	Yes	No	Yes	No
Have you had a property foreclosed upon in the last seven years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment?	___ AM	___ PM		
Days Available:	___ Monday	___ Tuesday	___ Wednesday	___ Thursday

AUTHORIZATION

I authorize the Rockford Area Affordable Housing Coalition to:

- (a) pull my/our credit report 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 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 Notc(s) when I 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



Last Name: _____

Monthly Expense Sheet

Monthly Household Income		Total Medical		\$
Income One		Dentist		
Income Two		Doctor Visits		
Overtime		Medications		
Interest & Dividends		Utilities		
Other Income	\$	Television		
Bonuses		Cell Phone		
Commission		Telephone		
SSI		Water/Sewer/Electric/Gas		
Child Support		Total Food & Groceries		\$
AFDC		Alcoholic Beverages		
Alimony		Groceries		
Unemployment		Restaurants		
Other		Miscellaneous		\$
Withholding		Auto Repairs		
Auto		Gasoline		
Auto Insurance		License/Tags/Taxes		
Auto Loan		Clothing		
Fixed Expenses		Laundry/Cleaning		
Child Support		Hobbies		
Alimony		Movies		
Credit Card Min. Payments		Newspapers/Magazines		
Housing Payment		Vacations		
1 st Mortgage		Charitable Donations		
2 nd Mortgage		Gifts		
Other Mortgage		Home Maintenance		
Home Owners Assoc.		Laundry/Cleaning		
Home Equity Line		Pocket Money		
Homeowners Insurance		Pet Supplies		
Property Tax		Childrens' Allowances		
Rent		Childcare		
Total Installment Loans		Hair Care		
Student Loans		Toiletries		
Other Loans		Misc.		
Total Insurance		Misc.		
Life Insurance		Public Transportation		
Health Insurance		Savings		
Other Insurance		Monthly Savings Plan		
		Other Savings		

CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, Rockford Area Affordable Housing Coalition, Inc. ("Counselor") for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Signature

Signature

Printed Name

Printed Name

SSN #

SSN#

Date

Date

CLIENT CONFLICT OF INTEREST

DISCLOSURE STATEMENT

It is your right and responsibility to decide whether to engage in any course of counseling with **Rockford Area Affordable Housing Coalition** and to determine whether the counseling is suitable for you. Please understand that you are free to choose any lender, lending/financing product, or home, from any entity regardless of the recommendations made by the Rockford Area Affordable Housing Coalition representative and still participate in our counseling program. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time and for any reason.

I have reviewed the above and accept and agree to the above stated conflict of interest and disclosure policy. Every client is required to sign this statement, indicating they have read and understand its contents.

I _____ (please print name) certify that I have read and understand the above statement. Any questions I may have had were previously discussed with my counselor and answered to my satisfaction. I have been provided with a copy of this disclosure statement.

Client Signature

Date

Counselor Signature

Date

*Copy: Client
Case File*

COUNSELING DISCLOSURE STATEMENT

I understand that the purpose of the Neighborhood Institute training program and/or the counseling offered by the Rockford Area Affordable Housing Coalition, Inc. (RAAHC) is to train and counsel me regarding a home mortgage loan and the processes involved with that loan. I understand that RAAHC will make recommendations that may suit my needs.

I understand that RAAHC does not have the authority to approve or deny anything regarding a mortgage loan, and is not an agent for any lender. I understand that even if RAAHC believes that I may not qualify for a loan or workout plan, I have the right to submit an application to a lender.

A lender that receives an application from me has my permission to give a copy of the application to RAAHC and to discuss the application with RAAHC. Any lender that makes a loan to me also has my permission to discuss my loan and any loan delinquency with RAAHC. If I receive a loan from a lender and do not make any payment on time, RAAHC may contact me for loan counseling.

I UNDERSTAND THAT COMPLETION OF RAAHC'S NEIGHBORHOOD INSTITUTE PROGRAM HOMEOWNERSHIP TRAINING AND COUNSELING PROGRAM DOES NOT GUARANTEE THAT ANY LOAN APPLICATION SUBMITTED BY ME TO A LENDER WILL BE APPROVED BY SUCH LENDER.

I also understand that completion of RAAHC's Neighborhood Institute homeownership training program and/or counseling, and RAAHC's referral to a lender is not a commitment by the lender to offer me a loan or workout plan. I understand that only the lender can make such a commitment after receipt of an application completed by me. I understand that any commitment regarding a loan or workout plan must be in writing.

Signature

Signature

Printed Name

Printed Name

Date

Date

Witness

Printed Name

Date