



Client Information Form

INSTRUCTIONS

Please fill out the form with accurate and complete information. In addition to the intake form, we require further documentation to process your information. We request copies of these documents and not the originals. Unless otherwise specified, all information should be the most recent available. We appreciate your cooperation in providing all necessary documents in a timely manner.

PLEASE INCLUDE THE FOLLOWING:

- ① Recent credit report (all three credit bureaus)*
- ② Two years of federal income tax returns and W-2s/1099s
- ③ 30 days of pay stubs
- ④ Three months of bank statements
- ⑤ Most recent monthly mortgage loan statement for the property in foreclosure
- ⑥ Copy of property insurance premium

TIMELINE

Once your completed intake form and accompanying documentation have been received, a counselor will contact you within two weeks. If you have not heard from us after two weeks, please feel free to follow up with a phone call; otherwise, please wait for us to contact you.

* The **Fair Credit Reporting Act (FCRA)** requires each of the nationwide reporting companies to provide you with a free copy of your credit report, at your request, once every 12 months. There are three nationwide reporting companies – **Equifax, Experian, and Trans Union**. You may request your credit report from any of these three companies. You can access your free copy of your credit at www.annualcreditreport.com



NOTE: THIS BOX TO BE FILLED OUT BY BCC STAFF

Receipt of Intake Package DAY/MONTH/YEAR Intake Package Completed DAY/MONTH/YEAR

☐ Complete ☐ Incomplete

Missing elements: _____

Client Information Form

BACKGROUND INFORMATION

PERSONAL INFORMATION

APPLICANT 1

Last Name _____ Suffix (SR., JR., ETC)

First Name _____ Middle _____

Home Phone () - Cell Phone () -

Email Address _____

Number of Dependents

APPLICANT 2 *(if applicable)*

Last Name _____ Suffix (SR., JR., ETC)

First Name _____ Middle _____

Home Phone () - Cell Phone () -

Email Address _____

Number of Dependents

relationship to applicant 1:

☐ Spouse ☐ Parent ☐ Child ☐ Unrelated ☐ Other _____

CURRENT ADDRESS

Street Address _____

City _____ State _____ Zip Code _____

County _____

residency status

☐ Own ☐ Rent Occupant Since MONTH/DAY/YEAR

CURRENT EMPLOYMENT *please list employment for all applicants.*

APPLICANT NAME _____

Employer Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Phone () – ext. _____

Position/Title _____

☐ Full-time ☐ Part-time ☐ Self-employed Start Date _____ MONTH / DAY / YEAR

additional employment (if applicable)

APPLICANT NAME _____

Employer Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Phone () – ext. _____

Position/Title _____

☐ Full-time ☐ Part-time ☐ Self-employed Start Date _____ MONTH / DAY / YEAR

additional employment (if applicable)

APPLICANT NAME _____

Employer Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Phone () – ext. _____

Position/Title _____

☐ Full-time ☐ Part-time ☐ Self-employed Start Date _____ MONTH / DAY / YEAR

additional employment (if applicable)

APPLICANT NAME _____

Employer Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Phone () - ext. _____

Position/Title _____

☐ Full-time ☐ Part-time ☐ Self-employed Start Date _____ MONTH / DAY / YEAR

additional employment (if applicable)

APPLICANT NAME _____

Employer Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Phone () - ext. _____

Position/Title _____

☐ Full-time ☐ Part-time ☐ Self-employed Start Date _____ MONTH / DAY / YEAR

HOW DID YOU HEAR ABOUT US?

HOW DID YOU HEAR ABOUT BOSTON COMMUNITY CAPITAL?

- | | |
|---|--|
| <input type="checkbox"/> City Life/Vida Urbana | <input type="checkbox"/> Greater Boston Legal Services |
| <input type="checkbox"/> Department of Neighborhood Development | <input type="checkbox"/> Newspaper Article |
| <input type="checkbox"/> East Boston Tenants | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Foreclosure Counseling Agency
(please include name) | |

INCOME

Please list all incomes for each applicant. If you receive a fixed amount every paycheck (salary, Social Security income, rental income, etc), please fill out your income information in Section 1. If you are paid on an hourly basis, please fill out your information in Section 2 (on the next page).

Section 1 Salary and Other Income:

- Fill in the name of the person being paid and the name of his/her employer.
- In the "Type of Income" field, please specify the type of income (salary, Social Security income, commissions, rent received, bonuses, etc).
- In the "Amount" field, enter the amount of gross income (income before taxes).
- In the "Pay Cycle" field, please enter how frequently the income is paid (for example, weekly, every two weeks, or monthly).

example

NAME John Doe Employer Name Company ABC
Type of Income
☒ Salary ☐ Rental ☐ Other _____
Pay Cycle (how often are you paid?) every two weeks Amount \$ 1,000.00

NAME _____ Employer Name _____

Type of Income

☐ Salary ☐ Rental ☐ Other _____

Pay Cycle (how often are you paid?) _____ Amount \$

NAME _____ Employer Name _____

Type of Income

☐ Salary ☐ Rental ☐ Other _____

Pay Cycle (how often are you paid?) _____ Amount \$

NAME _____ Employer Name _____

Type of Income

☐ Salary ☐ Rental ☐ Other _____

Pay Cycle (how often are you paid?) _____ Amount \$

NAME _____ Employer Name _____

Type of Income

☐ Salary ☐ Rental ☐ Other _____

Pay Cycle (how often are you paid?) _____ Amount \$

NAME _____ Employer Name _____

Type of Income

☐ Salary ☐ Rental ☐ Other _____

Pay Cycle (how often are you paid?) _____ Amount \$

NAME _____ Employer Name _____

Type of Income

☐ Salary ☐ Rental ☐ Other _____

Pay Cycle (how often are you paid?) _____ Amount \$

Section 2 Hourly Employment

- Please fill in the name of the person being paid and the name of his/her employer.
- Please also list the hourly rate he/she is paid, the typical number of hours he/she works per week, and the amount he/she is paid weekly.

example NAME John Doe Employer Name _____
Hourly Rate \$ 10.00 / hour Typical # Hours 40 / week Amount \$ 400 / week

NAME _____ Employer Name _____

Hourly Rate \$ / hour Typical # Hours / week Amount \$ / week

NAME _____ Employer Name _____

Hourly Rate \$ / hour Typical # Hours / week Amount \$ / week

NAME _____ Employer Name _____

Hourly Rate \$ / hour Typical # Hours / week Amount \$ / week

NAME _____ Employer Name _____

Hourly Rate \$ / hour Typical # Hours / week Amount \$ / week

ASSETS

- Please enter the name or names on the account.
- Enter the **name of the bank or other financial institution holding the asset.**
- In the "Type of Account" field, please **describe what kind of asset it is**, for example, checking accounts, savings accounts, Certificates of Deposits, retirement accounts, stocks or money market accounts. Please **do not** include information on your house or vehicles in this section.
- Please also list **account balance for the asset.**

example

NAME John Doe Type of Account Checking Account
Bank Name Bank of America Account Balance \$ 500.00

NAME _____ Type of Account _____
Bank Name _____ Account Balance \$

NAME _____ Type of Account _____
Bank Name _____ Account Balance \$

NAME _____ Type of Account _____
Bank Name _____ Account Balance \$

NAME _____ Type of Account _____
Bank Name _____ Account Balance \$

NAME _____ Type of Account _____
Bank Name _____ Account Balance \$

LIABILITY

A liability is money you owe on a loan or a credit card. In order to best help you, we need to know how much you currently owe.

- Please enter the name of the person who has the debt. In the "Type of Liability" field, please describe the liability, for example credit cards, student loans, car loans, legal fees, liens, back taxes or outstanding medical bills. Please do not include information about your house in this section.
- In the "Creditor Name" field, enter the lender who holds the debt or the bank that holds the debt.
- In the "Monthly Payment" field, enter the amount you pay monthly. Please also enter the total amount you owe.

example

NAME John Doe Monthly Payment \$ 200.00

Type of Liability Credit Card Total Amount You Owe \$ 2000.00

Creditor Name Guaranty Bank Is the account past due? ☐ Yes ☐ No

NAME _____ Monthly Payment \$ _____

Type of Liability _____ Total Amount You Owe \$ _____

Creditor Name _____ Is the account past due? ☐ Yes ☐ No

NAME _____ Monthly Payment \$ _____

Type of Liability _____ Total Amount You Owe \$ _____

Creditor Name _____ Is the account past due? ☐ Yes ☐ No

NAME _____ Monthly Payment \$ _____

Type of Liability _____ Total Amount You Owe \$ _____

Creditor Name _____ Is the account past due? ☐ Yes ☐ No

NAME _____ Monthly Payment \$ _____

Type of Liability _____ Total Amount You Owe \$ _____

Creditor Name _____ Is the account past due? ☐ Yes ☐ No

NAME _____ Monthly Payment \$ _____

Type of Liability _____ Total Amount You Owe \$ _____

Creditor Name _____ Is the account past due? ☐ Yes ☐ No

HOME, MORTGAGE AND FORECLOSURE INFORMATION



BACKGROUND INFORMATION

When did you buy the house? _____ MONTH / DAY / YEAR

How much did you pay for it? \$ _____ How much do you still owe? \$ _____

Who is the current lender? _____

Do you own a second home or investment property? ☐ Yes ☐ No

Is the house in good condition or does it need extensive repairs? ☐ Good Condition ☐ Repairs

If repairs are needed, please specify _____

Are you currently undergoing foreclosure?

☐ Yes ☐ No Foreclosure Date (if applicable) _____ MONTH / DAY / YEAR

Was the house auctioned or will the house be auctioned?

☐ Yes ☐ No Auction Date (if applicable) _____ MONTH / DAY / YEAR

MORTGAGE PAYMENTS

Please enter your monthly payment, taxes, and insurance amount if known in the appropriate fields. If these amounts are not known, please leave these fields blank and fill in "Total Combined Monthly Payment" field.

Monthly Payment Amount (not including taxes and insurance) \$ _____

Amount of Taxes (if known) \$ _____

Amount of Insurance (if known) \$ _____

Total Combined Monthly Payment \$ _____

LOAN INFORMATION

Borrower on Loan _____

Lender Name _____

Original Amount of First Mortgage \$ _____

Current Interest Rate on Mortgage % Date of Last Payment Made _____ MONTH / DAY / YEAR

Do you have a second mortgage? ☐ Yes ☐ No

Amount (if applicable) \$ _____

Lender (if applicable) _____

MONTHLY EXPENSES

MONTHLY BUDGET

- Please list all expenses. Use additional sheet if needed.
- Please make sure to be as accurate as possible.
- Do not list mortgage payments or payments listed in "Liability" section.
- Please write in any explanations you feel we need in the margins.

	monthly payment	past due balance (if applicable)
HOUSING EXPENSES		
Home Insurance	\$	\$
Home Maintenance	\$	\$
Property Taxes	\$	\$
Utilities – Electric		
Winter Months	\$	\$
Summer Months	\$	\$
Utilities – Heating		
Winter Months	\$	\$
Summer Months	\$	\$
Utilities – Sewer	\$	\$
Condo Fee (if applicable)	\$	\$
Rent (if applicable)	\$	\$
Other (specify below)	\$	\$
<hr/>		
AUTO/TRANSPORTATION		
Insurance	\$	\$
Car Taxes	\$	\$
Car Maintenance	\$	\$
Gas and Oil	\$	\$
Lease Payments	\$	\$
Public Transportation.....	\$	\$
Other (specify below)	\$	\$
<hr/>		

LIVING EXPENSES

	monthly payment	past due balance (if applicable)
Eating Out/Deliveries	\$ _____	\$ _____
Groceries	\$ _____	\$ _____
Home Phone Service	\$ _____	\$ _____
Cell Phone Service	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Cable Television.....	\$ _____	\$ _____
Other (specify below)	\$ _____	\$ _____

HEALTH CARE

Dental	\$ _____	\$ _____
Doctor's Visits	\$ _____	\$ _____
Medical Bills	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____
Pharmacy	\$ _____	\$ _____
Vision	\$ _____	\$ _____

INSURANCE

Disability Insurance	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____

CHILDREN

Activities	\$ _____	\$ _____
Babysitting.....	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Daycare.....	\$ _____	\$ _____
School Supplies.....	\$ _____	\$ _____
Tuition	\$ _____	\$ _____

	monthly payment	past due balance (if applicable)
CONTINUING EDUCATION		
Books	\$	\$
Tuition	\$	\$
ELDER CARE		
General Care	\$	\$
In-home Care	\$	\$
Prescriptions/Medical Bills	\$	\$
PERSONAL CARE		
Clothing	\$	\$
Dry Cleaning/Laundry	\$	\$
Haircuts	\$	\$
Toiletries	\$	\$
Other (specify below)	\$	\$
OTHER		
Donations (Church Tithing)	\$	\$
Entertainment	\$	\$
Other (specify below)	\$	\$
Other (specify below)	\$	\$
Other (specify below)	\$	\$

I have completed this form to the best of my ability and with the most accurate information I have available to me.

signed _____ date _____

