



NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND, INC.

5700 Broadway Avenue, Cleveland, Ohio 44127 ■ 216.458.HOME (4663) ■ FAX 216.458.4672 ■ www.nhscleveland.org ■ info@nhscleveland.org

NEW HOMEBUYER PROGRAM • PERSONAL INTAKE FORM

TODAY'S DATE: _____

I. PERSONAL INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Veteran (served in the military forces)

LAST: _____ FIRST: _____ M.I. _____

STREET ADDRESS: _____ Do you live in a rural area _____ YES _____ NO

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____ LENGTH AT RES. _____ YRS _____ MOS.

HOME PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____ EXT: _____

CELL PHONE: (_____) _____ - _____ EMAIL: _____

SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

RACE: (check box)

☐ White, non-Hispanic

☐ Hispanic

☐ American Indian / Alaskan Native

☐ Black, non-Hispanic

☐ Asian / Pacific Islander

☐ Other

FOREIGN BORN?

☐ Yes ☐ No

GENDER: ☐ Male ☐ Female

DISABLED?: ☐ Yes ☐ No

HOUSEHOLD TYPE:

☐ Single Adult

☐ Married without children

☐ Married with children

☐ Separated

☐ Single parent household

☐ Two or more unrelated adults

☐ Other

☐ Divorced

HOUSEHOLD ARRANGEMENT:

☐ Rent

☐ Homeless

☐ owned a home in the last three (3) years

☐ Not paying rent/live w/family

Do you use a Housing Choice Voucher (Section 8) to pay your rent?

☐ Yes ☐ No

EDUCATION:

☐ Below High School Diploma

☐ 2 year College

☐ Graduate Degree

☐ High School Diploma/Equivalent

☐ Bachelor's Degree

☐ Doctorate

*EDUCATIONAL DEBT:

Do you have student loans? ☐ Yes ☐ No

If yes, how much do you owe (can be an estimate) \$ _____

*CAR INSURANCE:

How often do you pay? _____

What is your premium (what you pay per month/Semi-Annually) \$ _____

BANKRUPTCY:

Have you filed bankruptcy in the past three years?

☐ Yes ☐ No

☐ Chapter 7 ☐ Chapter 13 (repayment plan)

HOUSEHOLD SIZE: _____

NO. OF DEPENDENTS: _____

WHAT AGES?: _____, _____, _____, _____, _____

II. PERSONAL INFORMATION - HOMEOWNER #2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

LAST: _____ FIRST: _____ M.I. _____

SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

RACE: (check box)

☐ White, non-Hispanic

☐ Hispanic

☐ American Indian / Alaskan Native

☐ Black, non-Hispanic

☐ Asian / Pacific Islander

☐ Other

FOREIGN BORN?

☐ Yes ☐ No

GENDER: ☐ Male ☐ Female

DISABLED?: ☐ Yes ☐ No

ENGLISH PROFICIENCY

☐ Is not English proficient

☐ Is English proficient

LANGUAGE SPOKEN _____

EDUCATION:

☐ Below High School Diploma

☐ Diploma/Equivalent

☐ 2 year College

☐ Graduate Degree

☐ Doctorate

☐ Bachelor's Degree

Are you a first time homebuyer (you do not currently own a home and have not owned a home in the past three years)? ☐ Yes ☐ No

Who were you referred by?

- ☐ Print advertisement ☐ Lender ☐ HUD Website ☐ TV ☐ Radio ☐ Real estate agent
☐ Staff/Board member ☐ Walk-in ☐ Friend/Relative ☐ Real estate agent ☐ Plain Dealer ☐ Greater Circle Living
☐ Other _____

If you were referred by a bank, which one? _____

III. EMPLOYMENT INFORMATION

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (_____) _____ - _____

YOUR TITLE: _____ HIRE DATE: _____

PLEASE SELECT ONE: ☐ Part-time employee ☐ Full-time employee

GROSS MONTHLY INCOME: before taxes..... \$ _____

PAY CYCLE: how often do you get paid ? ☐ Every week ☐ Every other week ☐ Twice a month ☐ Once a month

DO YOU RECEIVE OTHER INCOME? ☐ Yes ☐ No Source: _____ MONTHLY AMOUNT \$ _____

EMPLOYMENT INFORMATION (Homeowner #2)

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

YOUR TITLE: _____ HIRE DATE: _____

PAY CYCLE: ☐ Every week ☐ Every other week ☐ 2x a month ☐ Once a month GROSS MONTHLY INCOME: before taxes: \$ _____

DO YOU RECEIVE OTHER INCOME? ☐ Yes ☐ No Source: _____ MONTHLY AMOUNT \$ _____

IV. CONSENT

I authorize NHS Home Ownership Center to:

- (a) pull my credit report free of charge to view my credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my credit report and review my credit file for informational inquiry purposes free of charge; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me a loan and/or the title company that closed the loan.

I acknowledge that I have received a disclosure statement provided to me by NHS of Greater Cleveland.

I 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: _____