



General Intake Sheet

Date: _____	Office Use Only*
CSH BSH WH LM NIP HC	
Interviewed by: _____	
Picture ID: _____	ID # _____

Applicant: _____ M / F Years of schooling completed: _____

Co-Applicant: _____ M / F Years of schooling completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

Applicant Work Phone: _____ Applicant E-mail: _____

Co-Applicant Work Phone: _____ Co-Applicant Email: _____

Please list name and number of a permanent contact (i.e.: friend/family): _____
How did you hear about us? Radio/Newspaper/Flyer/Lender/Realtor/Family/Friend/Program Participant/Other _____
If you were referred by someone please list their name and phone #: _____

Are you a migrant farm worker? Yes / No What is your primary spoken language? _____
What is your current marital status? Married Unmarried Separated Divorced Widowed
What is your current housing situation? Renting/Homeowner/Living with Family/Other _____
In the last 3 years have you owned a: (Y/N) ___ Home ___ Condo ___ Trailer ___ Manufactured Home
Does anyone in your household have a documented disability? Yes / No If yes, how many? _____
Number in household: _____ Any part-time members of your household ie: partial custody?: _____
Have you taken out a bankruptcy in the past three years? Yes / No If yes, discharge date _____

Please fill in the following information for the program(s) you are interested in:

Mutual Self-Help Program:
Number of full time students in household: _____
Can your household contribute 35 hours per week toward building for 8-10 months? Yes / No
Do you pay or receive any child support? Yes / No Pay / Receive How much monthly? _____
Do you receive any public assistance? ie: food stamps, etc. Yes / No How much monthly? _____

Welcome Home: Own in Logan!
(\$7,500 to be used toward the purchase of an existing, single-family home in Logan City)
If interested, would you be able to contribute at least \$500 of your own funds? _____

Rollover Subsidy

HomeChoice: Homeownership opportunities for families/individuals with a disability

We offer equal housing opportunities; the following information is confidential & does not affect your eligibility.

Please list the ethnic origin of all adult household members: Hispanic _____ Not Hispanic _____

Please identify the race of all adult household members : American Indian/Native Alaskan _____ Asian _____
Black/African American _____ Native Hawaiian/Pacific Islander _____ White _____ **or choose from the following multi-race**

American Indian/Native Alaskan and White _____ Asian and White _____ Black/African American and White _____

American Indian/Alaskan Native and Black/African American _____ Other Multi race _____

What is the gender of the head of your household? Male _____ Female _____

To be filled out with the assistance of interviewer:

Gross annual (pre-tax) income for all members of household over age 18:

Income Sources _____, _____, _____, _____ TOTAL: \$ _____

Start Date _____, _____, _____, _____

Wage/Salary _____, _____, _____, _____ MONTHLY: \$ _____

Minimum monthly credit/loan payments, excluding rent and utilities:

Creditor: _____ Pmt: _____ Creditor: _____ Pmt: _____

TOTAL: \$ _____

Front end ratio: _____

Back end ratio: _____

AMI: _____



HOUSING COUNSELING LOG										NAME:		PREP TIME:		E NO.	
<input type="checkbox"/>	APPOINTMENT	<input type="checkbox"/>	E-MAIL		DATE:		COUNSELOR:		START TIME:			END TIME:			
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	PHONE		COUNSELOR:		COUNSELOR:		COUNSELING TIME:			END TIME:			
FUNDER:		<input type="checkbox"/>	SH	<input type="checkbox"/>	WH	<input type="checkbox"/>	HC	<input type="checkbox"/>	HUD	COUNSELING TIME:			END TIME:		
ACTIVITY:		<input type="checkbox"/>	SH	<input type="checkbox"/>	WH	RESULTS:		POST TIME:		COUNSELING TIME:			END TIME:		
ACTIVITY:						FOLLOW UP:		POST TIME:		RUNNING TOTAL:					
<input type="checkbox"/>	APPOINTMENT	<input type="checkbox"/>	E-MAIL		DATE:		COUNSELOR:		START TIME:			END TIME:			
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	PHONE		COUNSELOR:		COUNSELOR:		COUNSELING TIME:			END TIME:			
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ACTIVITY:		<input type="checkbox"/>	SH	<input type="checkbox"/>	WH	RESULTS:		POST TIME:		COUNSELING TIME:			END TIME:		
ACTIVITY:						FOLLOW UP:		POST TIME:		RUNNING TOTAL:					

Mortgage Type Before Counseling: _____ Loan Number: _____ Mortgage Type After Counseling: _____ Loan Number: _____