

PERSONAL PROFILE INTAKE FORM

Client Number: _____ ☐ Counseling ☐ Education
 Date of Intake: _____
 Counselor: _____

Instructions: Please fill out as completely as possible.

Individual #1

Name: _____

(Please print) First MI Last

Address: _____

Zip: _____ City: _____

State: _____ County: _____

Home/Cell Phone: _____

Work Phone: _____

Email: _____

Preferred contact method: _____

Preferred language: _____

Individual #2

Name: _____

(Please print) First MI Last

Address: _____

Zip: _____ City: _____

State: _____ County: _____

Home/Cell Phone: _____

Work Phone: _____

Relationship to Individual #1: _____

Email: _____

Individual #1 (only) please continue:

1. How did you hear about us?

- | | | |
|--|---|--|
| <input type="checkbox"/> Mailer, Flyer, or Brochure | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Agency (which one: _____) |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Internet | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Someone who took a workshop | <input type="checkbox"/> Lender/Mortgage Co | <input type="checkbox"/> Other: _____ |

2. Have you received financial services from another agency? (credit repair, financial literacy, etc.) ☐ Yes ☐ No

If yes, please note the type and length of services: _____

3. Race: (select one) Single Race

- ☐ American Indian / Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Multiple Race

- ☐ American Indian / Alaskan Native & White
☐ American Indian / Alaskan Native & Black
☐ Asian & White
☐ Black or African American & White
☐ Native Hawaiian/Other Pacific Islander & Black
☐ Other race: _____

4. Your ethnicity: ☐ Hispanic, Latino, or Spanish ☐ Non-Hispanic
5. What do you identify as your Gender: ☐ Male ☐ Female
6. Are you a veteran? ☐ Yes ☐ No Are you active duty military? ☐ Yes ☐ No
7. Are you a single parent household? ☐ Yes ☐ No
8. Foreign Born? ☐ Yes ☐ No
9. Do you need a language interpreter? ☐ Yes ☐ No Primary Language spoken: _____
10. Individual #1 Age: _____ Date of Birth: _____ Individual #2 Age: _____ Date of Birth: _____
11. Are you disabled? ☐ Yes ☐ No
12. Please check the highest education level you completed:
- | | | |
|--|---|--|
| <input type="checkbox"/> 8 th Grade or less | <input type="checkbox"/> High school diploma / GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college or trade school | <input type="checkbox"/> Graduate or professional degree |
| | <input type="checkbox"/> Associates degree | |
13. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated
14. Are you a first time home buyer? ☐ Yes ☐ No (You have not owned a home for the past three years.)
15. Are you a first generation home buyer? ☐ Yes ☐ No (Your parents did not own their own home.)
16. Current housing: ☐ Rent ☐ Own ☐ Staying with family / friends How long? _____
17. Current household rent / mortgage payment: \$_____ / month
18. How many people will live in the house? _____
19. How many are children under 18? _____ (#) _____ (ages)
20. Do you have any outstanding collections or judgments? ☐ Yes ☐ No
21. Have you experienced a home foreclosure or bankruptcy within the past 3 years? ☐ Yes ☐ No
22. Have you completed a Home Stretch Workshop or Framework course online? ☐ No ☐ Yes:
Location & Dates: _____
23. Have you applied for a mortgage loan or have you signed a purchase agreement? ☐ Yes ☐ No

If you answered yes to question 23, please complete the purchase property information for your new home here:

Purchase property address: _____

City: _____ State: _____ Zip: _____ Purchase price: \$ _____

Loan amount: \$_____ Loan interest rate: _____ % Closing Date: _____

Lender (Bank/Mortgage Co.): _____ Loan program (FHA, RD, etc): _____

FINANCIAL INFORMATION

INCOME: Please include income for **all individuals** in the household

SOURCE: (*employer name, work, disability, child support, investment income, etc.*)

Name	Income Source & Pay Frequency	Length of time	Gross Monthly Income	Net Monthly Income
			\$	\$
			\$	\$
			\$	\$
			\$	\$

EMPLOYMENT HISTORY: Please list the last two years for all individuals

Employer	Dates of Employment	General Duties

ASSETS:

Checking Account: \$ _____ Savings Account: \$ _____
 Investments: \$ _____ Retirement Accounts: \$ _____
 Value of your home: \$ _____ Other assets: \$ _____

Disclosure Statement

While you may learn about the advantages/disadvantages of specific loan products during the Home Stretch workshop and/or your counseling session, you are free to choose lenders, loan products and homes of your own choosing regardless of the recommendations made by Southwest Minnesota Housing Partnership staff. By signing below, you acknowledge that you have received and read this disclosure notice. You will also receive information on getting a home inspection. (HUD-92564-CN and 10 Important Questions). You are also acknowledging that you have completed this form to the best of your knowledge.

 Individual #1 Signature Date Individual #2 Signature Date

***** FOR OFFICE USE ONLY *****

Appointment Type: ☐ In-person ☐ Phone ☐ Mail ☐ Other: _____
Financial Snapshot at intake:
 Total Gross Monthly Income: \$ _____ Total Net Monthly Income: \$ _____
 Total Monthly payments \$ _____ Total balance owed: \$ _____
 Housing Ratio: _____ Total Debt to Income Ratio: _____
 Current Savings: \$ _____ Credit Score(s): _____