



**INTAKE FORM**

DATE:

**APPLICANT**

**CO-APPLICANT**

LAST NAME:



FIRST NAME:



DATE OF BIRTH:



GENDER:

M  F

M  F

STREET ADDRESS:

CITY, STATE:

ZIP:

HOME PHONE:

EMAIL:

ALTERNATE PHONE: (cell)

(cell)

(work)

(work)

REFERRED BY:

# PEOPLE LIVING IN HOME TO BE PURCHASED

Own

Rent

MARITAL STATUS:

Married

Separated

Divorced

Unmarried

Widowed

DO YOU LIVE IN A RURAL AREA?

Yes

No

PREFERRED LANGUAGE:

English

Spanish

Other

EDUCATION LEVEL

College

High School/GED

Vocational

Other \_\_\_\_\_

**APPLICANT**

**CO-APPLICANT**

Female Head of Household

First Time Home Buyer

First Time Home Buyer

ETHNICITY:

Hispanic  Not Hispanic

Hispanic  Not Hispanic

RACE:

*(Information requested for reporting purposes)*

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

Amer Indian/Alaskan & Black

Other

Chose Not to Respond

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

Amer Indian/Alaskan & Black

Other

Chose Not to Respond

GROSS INCOME:

Monthly \$

Monthly \$

SERVICES I AM SEEKING AT FHR: \_\_\_\_\_

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Applicant Signature

Co-Applicant Signature