



# Financial, Homebuyer Counseling, and Seminar Programs Intake Form

1357 Home Avenue Akron, Oh 44310

Phone 330.631.0350

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Participant		
Name		
Social Security Number	Date Of Birth mm/dd/yyyy	
Home Phone (area code)	Cell (area code)	
Work Phone (area code)	Wk Ext	
Home Address		
Street Address		
City, State, Zip		
Email		
Demographics (for statistical purposes only)		
Male	Disabled	
Female	Veteran	
Highest Education Level		
Below HS Diploma	Bachelor's	
HS Diploma or Equivalent	Master's	
Some College/Vocational	PhD/MD	
Ethnicity		
Hispanic	Not Hispanic	
Race (please select if you identify with only one race)		
Caucasian	Asian	Pacific Islander
Black or African American	Native Hawaiian	
American Indian	Alaskan Native	Other
Multiracial (please select if you identify as multiracial)		
Black or AA & Caucasian	American Indian & Caucasian	
Black or AA & Alaska Native	Asian & Caucasian	
Black or AA & American Indian	Other Multiple Race	
Marital Status	Single	Separated
	Married	Divorced

Co-Participant		
Name		
Social Security Number	Date Of Birth mm/dd/yyyy	
Home Phone (area code)	Cell (area code)	
Work Phone (area code)	Wk Ext	
Home Address Write "same" if the same as Participant		
Street Address		
City, State, Zip		
Email		
Demographics (for statistical purposes only)		
Male	Disabled	
Female	Veteran	
Highest Education Level		
Below HS Diploma	Bachelor's	
HS Diploma or Equivalent	Master's	
Some College/Vocational	PhD/MD	
Ethnicity		
Hispanic	Not Hispanic	
Race (please select if you identify with only one race)		
Caucasian	Asian	Pacific Islander
Black or African American	Native Hawaiian	
American Indian	Alaskan Native	Other
Multiracial (please select if you identify as multiracial)		
Black or AA & Caucasian	American Indian & Caucasian	
Black or AA & Alaska Native	Asian & Caucasian	
Black or AA & American Indian	Other Multiple Race	
Marital Status	Single	Separated
	Married	Divorced

Household Composition-Including yourself, list everyone who is living in your home			
Name	Relationship	Date Of Birth mm/dd/yyyy	Social Security #
	Self (participant)		

Income Information-List monthly gross income (before taxes) for all sources from each person		
Source(earnings, SSI, Disability, Food Stamps)	Recipient (who receives income)	Monthly Gross Amount

Assets- please list the most recent balance of your savings				
Type	Bank Name	Recipient (whose account)	Most Recent Balance	
Checking				
Savings				
Other:				
Participant's Current Employer Name		Co-Participant's Current Employer Name		
Address _____		Address _____		
Position or title _____	Phone _____	Position or title _____	Phone _____	
# of Years with Employer or Hire Date _____		# of Years with Employer or Hire Date _____		
Previous Employer's Name (if less than 3 years w/ current employer) _____		Previous Employer's Name (if less than 3 years w/ current employer) _____		
Additional Information			Yes	No
Have you owned a home in the past three (3) years?				
Are you delinquent on any federal, state, or local taxes?				
Have you completed homebuyer counseling?				
If yes, what program and when? _____				
Do you currently have a household budget?				
Do you currently have a savings account with an open balance?				
Do you have an open checking account				
If no, what do you use and why? _____				
Do you currently have open balances on credit card accounts?				
Do you have open or closed account balances that you currently do not pay for?				
Have you ever been denied credit due to past credit history?				
Have you ever filed for bankruptcy?				
Do you have outstanding collections, charge offs, liens and/or judgments against you?				
Are you currently being charged late fees and/or NSF fees?				
Have you ever used check cashing agencies?				
Have you ever used pay day loan services?				
Do you have a retirement plan?				
How did you hear about our program? Who referred you? _____				
Radio _____		Newspaper _____		Word Of Mouth _____
Friend _____		Agency _____		Other _____
Reference Family or Friend _____	Name _____	Phone # _____		
What Services are you interested in? _____		Foreclosure _____	Homebuyer Counseling _____	Financial Management _____
What area would you like to purchase or rent in? _____				

My (our) signature certifies that all the information in this intake form is true and accurate to the best of my (our) knowledge. This entitles me (us) to one assessment, based upon the information provided at this time, one seminar series and a three-month evaluation.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Assessor (office use only)

HUD ID # (office use)
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