



# HomeSight Counseling Intake Form

**YES  NO  Are you interested in receiving information about our new condominium project THE PONTEDEIRA?**

HomeSight is a non-profit corporation designed to facilitate homeownership for potential first-time home buyers. HomeSight is an Equal Housing Opportunity Provider and Lender that is certified by the U.S. Department of Housing & Urban Development (HUD) as a "Housing Counseling Agency". The purpose of this Application is to meet HUD reporting requirements as well as to determine whether you meet eligibility requirements for HomeSight services and/or mortgage lending standards. Your information is confidential.

### COUNSELING CLIENT

Name: \_\_\_\_\_  
 Last First Middle  
 S.S.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Education: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Status:  Married  Divorced  
 Separated  Single  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_  
 Home Phone#: ( ) \_\_\_\_\_  
 Housing:  Own  Rent (\$) \_\_\_\_\_  
 Date of Move In: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CO-COUNSELING CLIENT

Name: \_\_\_\_\_  
 Last First Middle  
 S.S.#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Education: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Status:  Married  Divorced  
 Separated  Single  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Home Phone#: ( ) \_\_\_\_\_  
 Housing:  Own  Rent (\$) \_\_\_\_\_  
 Date of Move In: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Former address, if less than 2 years at current residence:*

Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Housing:  Own  Rent (\$) \_\_\_\_\_  
 \_\_\_\_\_ # Years at this Residence

Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Housing:  Own  Rent (\$) \_\_\_\_\_  
 \_\_\_\_\_ # Years at this Residence

### NUMBER OF MEMBERS IN HOUSEHOLD (Family members and/or others who will be residing at the residence)

Name	Age	Gender	Relationship	Claim as Dependent on Taxes ("Yes" or "No")
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

### SPECIAL NEEDS

Interpretation/Translation Services Language \_\_\_\_\_  
 Wheel Chair Access  
 Other (Please Describe) \_\_\_\_\_

### EMPLOYMENT

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Employment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Years In Profession: \_\_\_\_\_  
 Self-Employed?  Yes  No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Employment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Years In Profession: \_\_\_\_\_  
 Self-Employed?  Yes  No

*If less than 2 years at current employment, OR current part-time employment, provide the following information:*

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year  
 Years In Profession: \_\_\_\_\_  
 Self-Employed?  Yes  No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year  
 Years In Profession: \_\_\_\_\_  
 Self-Employed?  Yes  No

*HomeSight makes no final determination concerning your ability to meet the lending requirements of any particular lender. HomeSight owns and sells real estate, however; applicants are under no obligation to purchase real estate through this agency.*



**INCOME**  
(Include ALL household income regardless of amount or frequency you receive it.)

**COUNSELING CLIENT**

**CO-COUNSELING CLIENT**

**EMPLOYMENT**

**EMPLOYMENT**

Hourly Wage: \$ \_\_\_\_\_ /Hours: \_\_\_\_\_ per week  
 Monthly Salary: \$ \_\_\_\_\_ /Annual: \$ \_\_\_\_\_  
 Overtime Wage: \$ \_\_\_\_\_ /Monthly: \$ \_\_\_\_\_  
 Commissions/Bonus: \$ \_\_\_\_\_  
 Dividends/Interest: \$ \_\_\_\_\_  
 Net Rental Income: \$ \_\_\_\_\_ /Month  
 Alimony\*: \$ \_\_\_\_\_ /Month  
 Child Support\*: \$ \_\_\_\_\_ /  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ / Hours: \_\_\_\_\_ /per week  
 Monthly Salary: \$ \_\_\_\_\_ /Annual: \$ \_\_\_\_\_  
 Overtime Wage: \$ \_\_\_\_\_ /Monthly: \$ \_\_\_\_\_  
 Commissions/Bonus: \$ \_\_\_\_\_  
 Dividends/Interest: \$ \_\_\_\_\_  
 Net Rental Income: \$ \_\_\_\_\_ /Month  
 Alimony\*: \$ \_\_\_\_\_ /Month  
 Month Child Support\*: \$ \_\_\_\_\_ /Month  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

*\*Attach copy of Final Divorce Decree and/or Child Support Order. Attach other supporting documentation, if applicable.*

**ASSETS**

	Client	Co-Client
Name of Bank		
Account No		
Type of Account (Checking, Savings Money Market)		
Balance		
Name of Bank		
Account No		
Type of Account (Checking, Savings Money Market)		
Balance		
Retirement		
Stocks and Bonds		
Life Insurance (Cash Value)		
Other Assets		
<b>Total Assets</b>	\$ _____	\$ _____

**CREDIT & DEBT**

	Client	Co-Client
Creditor		
Balance		
Monthly Payment		
Creditor		
Balance		
Monthly Payment		
Creditor		
Balance		
Monthly Payment		
Creditor		
Balance		
Monthly Payment		
Creditor		
Balance		
Monthly Payment		
Alimony, Child Support or Separate Payments		
<b>Total Debt</b>	\$ _____	\$ _____

Use the back of this sheet if you have additional obligations

**List Any Additional Names Under Which You have Received Credit in The Past:**  
(Example with a nickname or a "Jr" or prior married name(s))

**COUNSELING CLIENT**

**CO-COUNSELING CLIENT**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS  
WITH "YES", "NO" or "NOT APPLICABLE" (N/A)**

QUESTIONS	CLIENT	CO-CLIENT
1. a. Are you presently residing in a mutual or public housing project?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Are you currently on Section 8?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been sued for any reason within the past 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you declared bankruptcy within the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you had property foreclosed upon or given title or deed in lieu in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you currently party to a lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you obligated to pay alimony, child support or maintenance? <i>If "YES" attach copy of your Final Divorce Decree and/or Child Support Order.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. a. Do you currently receive child support and/or alimony? <i>(If "YES" attach copy of your Final Divorce Decree and/or Child Support Order)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If "YES", do you receive this income consistently?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is any part of your down payment contribution borrowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are you a co-maker, endorser, or co-signer on a Note?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you had credit problems in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. a. Are you a U.S. citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Are you a Resident Alien? <i>If "YES" attach copy of Resident Alien Card.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do you intend to occupy the property as your principle residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Are you a first-time home buyer (have not owned or had any interest in a piece of property for the past 3 years).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**RACE / ETHNICITY**

**Ethnicity:** Hispanic  Non-Hispanic   
**Race (HUD requires people to report both race & ethnicity):**  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other Single Race  
 Multi-Race (Mark Below):  
 American Indian or Alaska Native & White  
 American Indian or Alaska Native & Black  
 Asian & White  
 Black or African American & White  
 Other Multiple Races

**Ethnicity:** Hispanic  Non-Hispanic   
**Race (HUD requires people to report both race & ethnicity):**  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other Single Race  
 Multi-Race (Mark Below):  
 American Indian or Alaska Native & White  
 American Indian or Alaska Native & Black  
 Asian & White  
 Black or African American & White  
 Other Multiple Races

I do not wish to furnish this information.

I do not wish to furnish this information.

**Household Income**

Number of people in the household: \_\_\_\_\_  
 Total household income: \_\_\_\_\_

**Gender**

Male  Female  Male  Female

**Citizenship -- Were You Born an American Citizen?**

Yes  No  Yes  No

If No, Country of Birth: \_\_\_\_\_  
 Birth: \_\_\_\_\_

**Are you a veteran of the U.S. armed forces?**

Yes  No  Yes  No

**AGREEMENT:**

By signing below, you represent and warrant that information provided is true and complete and HomeSight may consider such information as continuing to be true and correct unless a written notice of change is given to HomeSight by the Undersigned. If any information you provided on the *Application Cover Page* has changed since signing the *Cover Page*, you have updated that information on this *Application*. By signing below you also represent and warrant that you have provided HomeSight with all documentation deemed applicable within this *Application* to determine your eligibility.

By signing below, you agree to attend and complete the HomeSight First-Time Home Buyer Program (classes and counseling) prior to closing on any and all purchase assistance loan(s).

By signing below you agree to provide HomeSight with a copy of your HUD 1 statement upon closing on your new home.

You certify and declare under penalty of perjury under the laws of the State of Washington that the statements and representations made herein are true and correct.

*HomeSight maintains an up-to-date Grievance Policy. If you feel that HomeSight's Application and qualification processes have treated you unfairly or if you have any questions, you may contact the Executive Director of HomeSight in order to request a copy of this Policy.*

Counseling Client \_\_\_\_\_ Date \_\_\_\_\_ Co-Counseling Client \_\_\_\_\_ Date \_\_\_\_\_  
 How did you hear about HomeSight \_\_\_\_\_

**INFORMATION AUTHORIZATION SHEET**

To Whom It May Concern:

In connection with counseling and/or purchase assistance, I/we hereby authorize HomeSight to verify any information attached to this form including, but not limited to, the following:

- 1) Credit History            2) Employment Record            3) Bank Accounts

By signing below you authorize HomeSight to make all inquiries and to obtain such information as HomeSight deems necessary to verify the accuracy of the statements made in this *Application* to determine the Undersigned's eligibility. This *Application* and all requested documents will be retained by HomeSight even if participation is not granted.

Authorization is further granted to HomeSight to use a photo static copy of my/our signatures below, to obtain information regarding any of these items.

\_\_\_\_\_  
 Name of Applicant (Please Print)

\_\_\_\_\_  
 Name of Co-Applicant (Please Print)

\_\_\_\_\_  
 Signature of Applicant    Date

\_\_\_\_\_  
 Signature of Co-Applicant

\_\_\_\_\_  
 Name of Co-Applicant (Please Print)

\_\_\_\_\_  
 Name of Co-Applicant (Please Print)

\_\_\_\_\_  
 Signature of Co-Applicant    Date

\_\_\_\_\_  
 Signature of Co-Applicant

