



THDA Homebuyer Education Initiative
Client Intake Form
You Can Make It Home Ownership Center



Date _____
Client # _____

Trainer _____
County _____

Please provide information about yourself for client tracking purposes. Thank you.

Applicant

Full Name: _____
Present Address: _____

How long at this address: _____ Rent / Own / Other
Current Rent Amt: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
SS Number: _____
Email Address: _____
Date of Birth: _____
Annual Gross Income: \$ _____
Employer _____ Title _____

Ethnicity

Hispanic Non-Hispanic

Citizenship

U.S. Citizen Non-Perm. Resident Perm. Resident
If Not Citizen, Country of Origin _____

Race

American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian/ Pacific Islander
 White or Caucasian

Gender of Applicant(s)

Male Female

Marital Status of Applicant(s)

Single Married Divorced
 Separated Widowed Partner

Check all that apply:

Female Head of Household
 First Time Homebuyer
 Disabled Senior (age 62 or older) Veteran

Family Size: # of people living in your household _____ # of dependents _____

How did you hear about our homebuyer counseling or homebuyer education classes?

Newspaper Bank Government Walk-In Staff Member Homebuyer Fair Flyer
 Previous Customer Friend / Relative Realtor / Lender TV / Radio Other _____

If You Have Begun the Process:

Pre-Approved Not Yet Pre-Approved Have Closing date _____
 Already Have Lender: _____
Loan Officer Name: _____ Phone _____
 Already Have Real Estate Agent: Name: _____ Company _____ Phone _____
 Already found property: _____

Type of Loan: FHA VA Conventional Rural Dev. THDA

Down Payment Assistance: Yes NO **Provided by:** THDA Welcome Home Housing Fund Other

Co-Applicant

Full Name: _____
Present Address: _____

How long at this address: _____ Rent / Own / Other
Current Rent Amt: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
SS Number: _____
Email Address: _____
Date of Birth: _____
Annual Gross Income: \$ _____
Employer _____ Title _____

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