

POTENTIAL CLIENT INFORMATION

Name: _____
First *MI* *Last*

_____ Street

_____ City _____ State _____ Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____

Email: _____ Mobile/Cell (____) _____ - _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____

Last 4 Social Security Number _____ Birth Date ____/____/____

EMPLOYMENT

Primary Employer:

_____ Position

____/____/____ Hire Date

_____ Street _____ City _____ State _____ Zip Code

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Check)

Previous Employer: _____

Position

Length of Employment

Street

City

State Zip Code

Phone: (_____) _____ - _____

Part-Time

or

Full-Time

(Please Check)

INCOME

Gross Income (before taxes): \$ _____

Is this amount paid:

hourly

weekly

every two weeks

twice a month

monthly?

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
<i>Have your payments been made on time?</i>	Yes	No	Yes	No

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (check one)

Yes No

If yes, how much? \$ _____

LIVING EXPENSES

	CUSTOMER	CO-APPLICANT
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other		

MISCELLANEOUS QUESTIONS

Marital Status (check one) Single Married Divorced Separated Widowed

Gender (check one): Male Female

Handicapped? Yes No

Current Housing Arrangement (please check one):

Rent Homeless Homeowner with mortgage
Living with family member and not paying rent Homeowner with mortgage paid off
If DHIC property, which community _____

Family/Household Size: _____

How many dependents (other than those listed by any co-borrower)? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship _____ Age _____ Relationship _____ Age _____

Annual Family or Household Income: \$ _____

Education (please check one):

Below High School Diploma High School Diploma or Equivalent
Two-Year College Bachelors Degree
Masters Degree Above Masters Degree