

**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.

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
<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:

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
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**

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
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