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For office use only:	
Date received:	_____
By:	_____
Amount Paid:	_____
Check #:	_____
Counselor:	_____
Rcvd	_____

# CLIENT INTAKE FORM

(Borrower #1) PART 1 Today's date: \_\_\_\_\_

Full name	
Property Address (street, city, state, zip) (the property that you have mortgage problems with)	When did you buy this property?

If residing at present address for less than two years, please complete the following:

Mailing Address if different from above (street, city, state, zip)	Did you ever refinance this property? Yes No
Home Phone	Best Contact Number
Cell Phone	Email
Social Security #	Date of Birth

### Incomplete Forms will result in processing delay

<b>Race/Ethnicity</b> <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Other PI <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black or African American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic	<b>I was referred to NHSSV by:</b> <input type="checkbox"/> Newspaper (_____) <input type="checkbox"/> Bank (_____) <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Realtor (_____) <input type="checkbox"/> Family Member/ Friend <input type="checkbox"/> Church (_____) <input type="checkbox"/> City of San Jose <input type="checkbox"/> Walk-In <input type="checkbox"/> HOPE Hotline <input type="checkbox"/> HUD <input type="checkbox"/> Other _____
	<b>Foreign Born</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Disabled/ Special Needs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Household type:</b> <input type="checkbox"/> Single Adult <input type="checkbox"/> Married without children <input type="checkbox"/> Married with Children <input type="checkbox"/> Female head of HH <input type="checkbox"/> Male head of HH <input type="checkbox"/> Other <input type="checkbox"/> Two or more unrelated adults		
<b>Monthly Mortgage payment is: \$</b> Does your mortgage payment include Taxes and Insurance? Yes No		
<b>Family/Household Size (including dependents):</b> _____ <b>Annual Household Income:</b> _____	<b>Age(s) of Dependent(s):</b> _____	<b>First Time Home Buyer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education:</b> <input type="checkbox"/> Below high school diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> 2 years college <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Greater than Masters Degree		



# (Borrower #2)

<b>Full name</b>	
<b>Present Address (street, city, state, zip)</b>	<b>Since:</b> / /
<b>If residing at present address for less than two years, please complete the following:</b>	
<b>Former Address (street, city, state, zip)</b>	<b>Since:</b> / /
<b>Home Phone</b>	<b>Work Phone</b>
<b>Cell Phone</b>	<b>Email</b>
<b>Social Security #</b>	<b>Date of Birth</b>

## Incomplete Forms will result in processing delay

<b>Race/Ethnicity</b> <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Other PI <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black or African American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic	<b>I was referred to NHSSV by:</b> <input type="checkbox"/> Newspaper (_____) <input type="checkbox"/> Bank (_____) <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Realtor (_____) <input type="checkbox"/> Family Member/ Friend <input type="checkbox"/> Church (_____) <input type="checkbox"/> City of San Jose <input type="checkbox"/> Walk-In <input type="checkbox"/> HOPE Hotline <input type="checkbox"/> HUD <input type="checkbox"/> Fair (_____) <input type="checkbox"/> Other _____
<b>Foreign Born</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<b>Lender 1:</b> _____ <b>Lender 2:</b> _____
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Disabled/Special Needs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Preferred Language:</b> _____
<b>Household type:</b> <input type="checkbox"/> Single Adult <input type="checkbox"/> Married without children <input type="checkbox"/> Married with Children <input type="checkbox"/> Female head of HH <input type="checkbox"/> Male head of HH <input type="checkbox"/> Other <input type="checkbox"/> Two or more unrelated adults	<b>Monthly Mortgage:</b> \$ Does your mortgage include Taxes and Insurance? Yes No	<b>How many months is the mortgage late?</b> _____
<b>Family/Household Size (including dependents):</b>	<b>Age(s) of Dependent(s):</b> _____ _____	<b>First Time Home Buyer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education:</b> <input type="checkbox"/> Below high school diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> 2 years college <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Greater than Masters Degree		
<b>Annual Household Income</b> _____		

**Employment Information - Borrower #1**

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ **Salary/Hr rate** \_\_\_\_\_

*If employed in current position for less than two years or if currently employed in more than one position, please complete the following:*

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ **Salary/Hr rate** \_\_\_\_\_

**Employment Information – Borrower #2**

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ **Salary/Hr rate** \_\_\_\_\_

*If employed in current position for less than two years or if currently employed in more than one position, please complete the following:*

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ **Salary/Hr rate** \_\_\_\_\_

**VERIFICATION**

I/we hereby verify this information to be true and accurate to the best of my knowledge, and if asked can prove accuracy of the information. I understand the fee I am paying is *non-refundable*, and covers services offered by e NHSSV. I/we also acknowledge receipt NHSSV Policy and understand the privacy options.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_