

COMMUNITY SOLUTIONS 360

Personal Profile Intake Form

Applicant Information		Please Print Clearly	
Name: (Last, First, MI)			
Street Address:			
City, State, Zip Code:			
Telephone: (Home)		(Cell)	(Work)
Social Security No:		Date of Birth:	
E-Mail Address: (optional)			
Gender: (please circle)		Male	Female
Marital Status: (please circle)		Single	Married
		Divorced	Separated
		Widow(er)	
Ethnicity: (please circle Yes or No for Hispanic Origin)		Yes	No
Race: (please circle)		White	Black or African American
		Asian	Mixed Race/Other
If mixed race or other: please identify.			
Do you have a disability? (please circle)		Yes	No
Are you a U.S. Veteran? (please circle)		Yes	No
Current Living Arrangement: (please circle)		Rent	Homeless/Living in shelter
Living with family member/roommate		Homeowner with Mortgage	
Homeowner with mortgage paid off		Other	
If other, please identify.			
Are you a first-time buyer? (You do not currently own a home or have owned a home in the past three years.)		Yes	No
Household Type: (please select the most accurate)		Female-headed single parent	
Male-headed single parent		Single adult	
Married with children		Married without children	
If other: please identify.		Other	
Family size:		How many dependents?	
Ages of household members:			
Are their non-dependents who will be living in the home?		Yes	No
If yes, please list relationship and age.			
Annual Family or Household Income:			

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Education: (please circle)	Below high school diploma	
High school diploma or equivalent	Two year college	Bachelor's Degree
Master's Degree	Above Master's Degree	
Referred to HomeOwnership Center by: (please circle all that apply)		
Print Advertisement	Bank	Government
Staff/board member	Walk-in	Friend
Radio/TV		
If you were referred by a bank, which one:		

Customer Employment – Last 2 years	Please Print Clearly
Primary Employer:	
Street Address:	
City, State, Zip:	
Telephone:	Hire Date:
Employment Status: (please circle)	Full-time Part-time
If part-time, number of hours per week:	
Gross Income (before taxes): \$	
Is this amount paid: (please circle one)	hourly weekly every two weeks
twice a month monthly	

Household Income		Please Print Clearly
Type of Income	Applicant <i>Monthly Amount</i>	Co-Applicant <i>Monthly Amount</i>
Salary/Wages		
Alimony/Child Support		
Pension Income		
Social Security Retirement Benefits		
Public Assistance		
Self-Employment		
Dependent SSI Income		
Social Security Disability Benefits		
Other: (please identify)		
Can you document court-ordered child support and/or alimony income?		
Yes No		
If yes, how long will it continue?		
If your child or a family member receives SSI, for how many more years will the payments continue?		
If you receive disability income, is it for a permanent disability? Yes No		

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Liabilities/Debt

Please Print Clearly

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

Paid To	Current Balance	Monthly Payment	Who's Debt? A = Applicant C = Co-Applicant N = Both	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Have your payments been made on time?			Yes	No
Are you currently in Chapter 13 bankruptcy? (Repayment)			Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much are the monthly payments? _____				
Have you had a Chapter 7 bankruptcy? (Dissolution)			Yes	No
If yes, when was it discharged? _____				

Liquid Funds/Savings/Investments

Please Print Clearly

Please list the approximate value of each	Applicant	Co-Applicant
Checking account – Bank:		
Savings account – Bank:		
Cash on hand		
Certificates of Deposits (CD's)		
Securities (stocks, bonds, etc.)		
Retirement accounts (IRA's/401(k)/Pension		
Can you document 12 months of rental history? (canceled checks, money orders, cash		

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receipt from landlord?) Yes No		
Do you anticipate receiving any additional income within the next few months? Yes No If yes, please specify:		
Do you utilize the Earned Income Tax Credit (EITC)? Yes No		

Living Expenses **Please Print Clearly**

Description	Applicant	Co-Applicant
Current monthly rent or mortgage		
Electric		
Water/Solid Waste		
Telephone		
Cable/Satellite TV		
Food		
Gas		
Auto Insurance		
Day Care/After School		
Other		
Other		
Other		

Additional Information **Please Print Clearly**

Have you attended a First-time HomeBuyer's Education Class?	Yes	No
Do you have a contract on a house at this time?	Yes	No
Are you currently working with a real estate agent?	Yes	No

Other Information you feel is relevant to your situation:

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Authorization to release Information

I/We hereby authorize Community Solutions 360 to obtain a credit report (for a fee) and all necessary information (job, rent, financial, etc.) to assist me/us in an evaluation of my/our capacity to successfully accomplish homeownership. I/We understand that the information may be shared with other housing counselors and lenders in an effort to determine eligibility for mortgage financing and/or develop a plan to correct qualification deficiencies in the pursuit of a mortgage approval.

I/We hereby acknowledge the above information to be true and accurate to the best of my/our knowledge. Community Solutions 360 contracts with Sarasota County, Manatee County and the U. S. Department of Housing and Urban Development to provide services to potential homebuyers. I/We agree that Community Solutions 360 may release information to the property city/count/state/federal officials, in compliance with the contract and down payment assistance.

Applicant Signature

Date

Co-Applicant Signature

Date

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Co-Applicant

Please Print Clearly

Name: (Last, First, MI)				
Street Address:				
City, State, Zip Code:				
Telephone: (Home)		(Cell)	(Work)	
Social Security No:			Date of Birth:	
E-Mail Address: (optional)				
Gender: (please circle)		Male	Female	
Marital Status: (please circle) Single Married Divorced Separated Widow(er)				
Ethnicity: (please circle Yes or No for Hispanic Origin)			Yes	No
Race: (please circle) White Black or African American Asian Mixed Race/Other If mixed race or other: please identify.				
Do you have a disability? (please circle)			Yes	No
Are you a U.S. Veteran? (please circle)			Yes	No
Relationship to Applicant? (please circle) Spouse Daughter Son Father Brother Girlfriend Boyfriend Mother Sister Other If other, please identify.				
Education: (please circle) Below high school diploma High school diploma or equivalent Two year college Bachelor's Degree Master's Degree Above Master's Degree				

Co-Applicant Employment - Last 2 years

Please Print Clearly

Primary Employer:				
Street Address:				
City, State, Zip:				
Telephone:		Hire Date:		
Employment Status: (please circle)		Full-time	Part-time	
If part-time, number of hours per week:				
Gross Income (before taxes): \$				
Is this amount paid: (please circle one) hourly weekly every two weeks twice a month monthly				