# THDA Homebuyer Education Initiative
## Client Intake Form

### Primary Applicant
- **Last Name:**
- **First Name:**
- **Middle:**
- **Date of Birth:**
- **SSN:**
- **Gender:**
- **Marital Status:**
  - (Married, Divorced, Single)

### Co Applicant
- **Last Name:**
- **First Name:**
- **Middle:**
- **Date of Birth:**
- **SSN:**
- **Gender:**
- **Marital Status:**
  - (Married, Divorced, Single)

### CONTACT
- **Home Phone:**
- **Work Phone:**
- **Cell Phone:**
- **Email:**
- **Street Address:**
- **City:**
- **State:**
- **Zip:**
- **County:**
- **Residency Status:**
  - (Rent, Own, Other)
- **Length of Occupancy:**

### HOUSEHOLD
- **How many people live in your household?**
- **Number of Dependents**
- **Monthly Income**

<table>
<thead>
<tr>
<th>Race</th>
<th>Applicant</th>
<th>Co App</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
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</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
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</tbody>
</table>

- **Ethnicity:**
  - Hispanic or Latino
  - Not Hispanic or Latino
  
- **Check all that apply to your household:**
  - Female Head of Household
  - First time homebuyer
  - US Veteran
  - Owned home in last 3 years

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<table>
<thead>
<tr>
<th>Case #:</th>
<th>Trainer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Organization:</td>
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</tbody>
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