

THDA Homebuyer Education Initiative Client Intake Form

Primary Applicant

Co Applicant

Last Name: _____
 First Name: _____
 Middle: _____
 Date of Birth: _____
 SSN: _____
 Gender: _____
 Marital Status: _____
 (Married, Divorced, Single)

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CONTACT

Home Phone: _____ How do you prefer we contact you: _____
 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 _____

Race:	Applicant	Co App
American Indian or Alaskan Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or Pacific Islander	_____	_____
White	_____	_____
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

Case #:	Trainer:
Date:	Organization: