

Date _____
 Case# _____
 (Trainer completes)

Trainer _____
 Organization _____
 County _____
 (Trainer completes)

THDA Homebuyer Education Initiative Customer Intake Form

Please provide information about yourself for customer tracking purposes. Thank you.

First Name: _____ MI: _____ Last Name: _____
(Primary Applicant)

First Name: _____ MI: _____ Last Name: _____
(Co-Applicant)

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone _____

Applicant

Co-Applicant

Work Phone: _____

Cell Phone: _____

Birth Date: _____

SS Number: _____

Email Address: _____

Ethnicity

Applicant

Co-Applicant

- a. Hispanic
- b. Non-Hispanic

Race

Single Race

- a. American Indian/Alaskan native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White

Multi-Race

- f. American Indian or Alaskan Native and White
- g. Asian and White
- h. Black or African American and White
- i. American Indian or Alaskan Native and Black or African American
- j. Other multiple race

Gender of Applicant(s)

k. Male _____

l. Female _____

Marital Status of Applicant(s)

Single _____

Married _____

Divorced _____

Separated _____

Widowed _____

Female head of household _____

First time home buyer _____

Disabled _____

Senior (age 62 or older) _____

Owned home within past three years? _____

Veteran _____

Family Size _____

Annual gross income (before taxes)

Applicant _____

Co-applicant _____

Total _____

Monthly gross income

Current Rent or Mortgage payment _____

How did you hear about our homebuyer counseling or homebuyer education classes?

Newspaper

Bank

Government

Walk-in

Staff member

Homebuyer fair

Previous customer

Friend/relative

Realtor

Flyer

TV/radio

Other

THDA LOAN APPLICANT

Approved: Great Choice Plus (Down Payment Assistance) Loan

Approved: Great Choice

Closing Scheduled: _____ (Date)

Not Yet Approved

Lender: _____

Loan Officer: _____ Phone: _____

CUSTOMER SIGNATURE _____

**Required Documents,
Contact and Results Form
(For Trainer Use Only)**

Customer # _____ - _____ - _____
Census Tract _____
County of Residence _____

Note: When two or more customers are purchasing a home together, they are considered one client for the purposes of training and reimbursement.

Household Income Level (As a percentage of area median income. Use Income Limits Chart.)

- < 50% of Area Median Income (AMI)
- 50% - 80% of AMI
- 80% - 100% of AMI
- >100% of AMI

Statement About How This Person Qualifies As A Client:

Required Documents In Client's File:

- 1. **Written, signed and dated Counseling Plan** _____ **Yes** _____ **No**
- 2. **Credit Authorization Release Form** _____ **Yes** _____ **No**
- 3. **Credit Report** _____ **Yes** _____ **No**
- 4. **Budget** _____ **Yes** _____ **No**

Record of Contact

Date	Number of Hours and Trainer Initials	Group Education <i>Show start and end time of session.</i>		One-on-One Counseling <i>Show start and end time of session.</i>		Other Services
		Pre-purchase	Post-purchase	Pre-purchase	Post-purchase	

TERMINATION DATE: _____

REASON FOR TERMINATION:

Results
(Trainer Completes)

Education/Outreach Service Received

- Completed homebuyer education workshop
- Completed post-purchase homeowner workshop
- Sought help with fair housing issue
- Sought help with or attended workshop on predatory lending

Training Results

Individual Counseling Results

Group Training Results

For clients seeking pre-purchase homebuyer counseling:

- | | |
|--|--------------------------|
| <input type="checkbox"/> Purchased housing | <input type="checkbox"/> |
| <input type="checkbox"/> Client will be mortgage ready within 90 days | <input type="checkbox"/> |
| <input type="checkbox"/> Client will be mortgage ready after 90 days;
receiving long-term pre-purchase counseling | <input type="checkbox"/> |
| <input type="checkbox"/> Entered lease-purchase program | <input type="checkbox"/> |
| <input type="checkbox"/> Decided not to purchase housing; no further effort to prepare needed | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> |

For clients seeking help with resolving or preventing mortgage delinquency:

- | | |
|--|--------------------------|
| <input type="checkbox"/> Brought mortgage current | <input type="checkbox"/> |
| <input type="checkbox"/> Mortgage refinanced | <input type="checkbox"/> |
| <input type="checkbox"/> Mortgage modified | <input type="checkbox"/> |
| <input type="checkbox"/> Received second mortgage | <input type="checkbox"/> |
| <input type="checkbox"/> Initiated forbearance agreement/repayment plan | <input type="checkbox"/> |
| <input type="checkbox"/> Executed a deed-in-lieu | <input type="checkbox"/> |
| <input type="checkbox"/> Sold property/pre-foreclosure sale, chose alternative
housing solution | <input type="checkbox"/> |
| <input type="checkbox"/> Mortgage foreclosed | <input type="checkbox"/> |
| <input type="checkbox"/> Currently receiving foreclosure prevention/budget counseling | <input type="checkbox"/> |
| <input type="checkbox"/> Partial claim | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> |

Individual Counseling Results

Group Training Results

For clients seeking help converting home equity into cash or seeking better mortgage loan terms:

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Obtained a Home Equity Conversion Mortgage (HECM) | <input type="checkbox"/> |
| <input type="checkbox"/> | Received home equity or home improvement loan | <input type="checkbox"/> |
| <input type="checkbox"/> | Received consumer loan (unsecured) | <input type="checkbox"/> |
| <input type="checkbox"/> | Mortgage refinanced | <input type="checkbox"/> |
| <input type="checkbox"/> | Referred to other social service agency | <input type="checkbox"/> |
| <input type="checkbox"/> | Sold house, chose alternative housing solution | <input type="checkbox"/> |
| <input type="checkbox"/> | Counseled on HECM; decided not to obtain mortgage | <input type="checkbox"/> |
| <input type="checkbox"/> | Currently receiving counseling | <input type="checkbox"/> |
| <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

For clients seeking help in locating, securing, or maintaining residence in rental housing:

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Received housing search assistance | <input type="checkbox"/> |
| <input type="checkbox"/> | Obtained temporary rental relief | <input type="checkbox"/> |
| <input type="checkbox"/> | Referred to agency with rental assistance program | <input type="checkbox"/> |
| <input type="checkbox"/> | Advised on re-certification for HUD/other subsidy program | <input type="checkbox"/> |
| <input type="checkbox"/> | Referred to other social service agency | <input type="checkbox"/> |
| <input type="checkbox"/> | Counseled or referred to legal aid agency for eviction or other fair housing assistance | <input type="checkbox"/> |
| <input type="checkbox"/> | Found alternative rental housing | <input type="checkbox"/> |
| <input type="checkbox"/> | Decided to remain in current housing situation | <input type="checkbox"/> |
| <input type="checkbox"/> | Entered debt management/repayment plan | <input type="checkbox"/> |
| <input type="checkbox"/> | Currently receiving counseling | <input type="checkbox"/> |
| <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

For clients seeking shelter or service for the homeless:

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Occupied emergency shelter | <input type="checkbox"/> |
| <input type="checkbox"/> | Occupied transitional housing | <input type="checkbox"/> |
| <input type="checkbox"/> | Occupied permanent housing with rental assistance | <input type="checkbox"/> |
| <input type="checkbox"/> | Occupied permanent housing without rental assistance | <input type="checkbox"/> |
| <input type="checkbox"/> | Referred to other social service agency | <input type="checkbox"/> |
| <input type="checkbox"/> | Remained homeless | <input type="checkbox"/> |
| <input type="checkbox"/> | Currently receiving counseling | <input type="checkbox"/> |
| <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Other results:

- Home purchased*
- Address of home purchased _____

- Type of loan _____
- Amount of loan _____
- Loan interest rate _____
- Down payment assistance? _____Yes _____No
- Lender used (Firm) _____
- Loan Officer _____ Phone: _____
- Closing date _____

- Client referred to* _____
- Real estate agent _____
- Lender _____
- Non profit _____

Reason _____

Notes or comments _____

