



- For Office Use Only:**  
 Homebuyer Education  
 eHome America  
 Budget Counseling  
 Financial Fitness  
 Foreclosure Intervention

2750 Colony Park Dr. Memphis, Tennessee 38118  
 Phone (901) 272-1122 Fax (901) 272-1181  
[www.uhinc.org](http://www.uhinc.org)

Date \_\_\_\_\_  
 Customer Number \_\_\_\_\_  
 Census Tract Number \_\_\_\_\_

**CUSTOMER** *Please Print Clearly*

Name: \_\_\_\_\_  
First Middle Last

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Number of yrs. \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail: \_\_\_\_\_ Annual Family or Household Income: \$ \_\_\_\_\_

*Race (Please Circle):*

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other \_\_\_\_\_ I do not wish to provide this information.

*Ethnicity—Hispanic:* Yes No *Are you Foreign-Born?:* Yes No

*Marital Status (Please Circle):*

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widowed

*Gender (Please Circle):* Male Female *Handicapped?:* Yes No

*Current Housing Arrangement (Please Circle):*

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family and not paying rent
- 5. Homeowner with mortgage paid off

*Are you a first-time homebuyer?* Yes No

*Household Type (Please Circle):* 1. Female-headed single parent household 2. Male-headed single parent household  
 3. Single Adult 4. Two or more unrelated adults 5. Married with children 6. Married without children

*Household Size:* \_\_\_\_\_ *How many dependents (Other than those listed by any co-applicant)?* \_\_\_\_\_

*What ages are they?* \_\_\_\_\_

*Are there non-dependents who will be living in the home?* Yes No

*If yes, list below:*

Relationship	Age	Relationship	Age
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Education (Please Circle One):

- 1. Below high school diploma
- 2. High school diploma or equivalent
- 3. Two-year college
- 4. Bachelor's Degree
- 5. Masters Degree
- 6. Above Masters Degree

How did you hear about United Housing, Inc.? (Mark those that Apply):

- 1. Print Advertisement
- 2. Bank
- 3. Government
- 4. Television
- 5. Realtor
- 6. Nonprofit
- 7. Staff/Board Member
- 8. Walk-in
- 9. Friend
- 10. Radio
- 11. Other \_\_\_\_\_

Are you currently working with a lender? Yes No  
 Lender Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Are you currently working with a real estate agent? Yes No  
 Agent Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**EMPLOYMENT — LAST TWO YEARS** *Please Print Clearly*

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date Phone  
 Address City State Zip Code

(Please Circle): Part-Time o Full-Time  
 Gross Income (Before Taxes): \$ \_\_\_\_\_  
 Is this amount paid: \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date Phone  
 Address City State Zip Code

(Please Circle): Part-Time o Full-Time  
 Gross Income (Before Taxes): \$ \_\_\_\_\_  
 Is this amount paid: \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly

\*\*\*If you have been employed by the primary employer for less than two years, please complete and list additional previous employers on the back of this form.\*\*\*

Previous Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date Phone  
 Address City State Zip Code

(Please Circle): Part-Time o Full-Time

**INCOME**

*Please Print Clearly*

Type of Income	Customer Monthly Amount	Co-Applicant Monthly Amount
Salary		
Alimony/Child Support		
Other Employment		
Social Security		
Pension Income		
Public Assistance		
Self-Employment Income		
Dependent SSI Income		
Disability Income		
<b>TOTAL INCOME</b>		

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Can you document your child support/alimony income?	Yes	No	Yes	No
If yes, how long will it continue?	_____		_____	
If your child or a family member receives SSI, how many more years will the payments continue?	_____		_____	
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

**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..*

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt?</i> C=Customer A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Have your payments been on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin?	_____			
If yes, when will it be paid out?	_____			
If yes, how much is the payment?	_____			
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged?	_____			

**LIQUID FUNDS/SAVINGS/INVESTMENTS***Please Print Clearly*

Please list the approximate value of the following:

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Checking Account		
Savings Account		
Cash		
Securities (Stocks, Bonds, CDs, etc.)		
Retirement Account		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? *(Please Circle)*

Yes                  No    If yes, how much? \$\_\_\_\_\_

**LIVING EXPENSES**

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone/Cellular/Pager		
Food		
Cable/Satellite TV		
Other Living Expenses		

**ADDITIONAL INFORMATION**

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
Have you owned a home in the last three years?	Yes	No	Yes	No
Are you a veteran?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		
What is the most convenient time for an individual appointment?			_____ AM	_____ PM
Who referred you to United Housing, Inc.?	_____			

**CO-APPLICANT***Please Print Clearly*Name: \_\_\_\_\_  
First Middle Last

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail: \_\_\_\_\_

*Race (Please Circle):*

- |                    |  |   |
|--------------------|--|---|
| 1. White           | 2. Black or African American                     | 3. American Indian/Alaskan Native           |
| 4. Asian           | 5. Native Hawaiian/Other Pacific Islander        | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White              | 9. American Indian/Alaskan Native and Black |
| 10. Other          | _____ I do not wish to provide this information. |   |

Ethnicity—Hispanic: Yes No Are you Foreign-Born?: Yes No

*Marital Status (Please Circle):*

1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (Please Circle): Male Female Handicapped?: Yes No

*Current Housing Arrangement (Please Circle):*

- |                                     |   |
|-------------------------------------|---|
| 1. Rent                             | 2. Homeless                               |
| 3. Homeowner with mortgage          | 4. Living with family and not paying rent |
| 4. Homeowner with mortgage paid off |   |

Are you a first-time homebuyer? Yes No

Relationship to Customer (Please Circle):: Spouse Child Sibling Significant Other Parent

**EMPLOYMENT — LAST TWO YEARS***Please Print Clearly*

Primary Employer: \_\_\_\_\_

_____	_____	_____
<i>Title</i>	<i>Hire Date</i>	<i>Phone</i>

_____	_____	_____	_____
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

(Please Circle): Part-Time o Full-Time

Gross Income (Before Taxes): \$ \_\_\_\_\_

Is this amount paid: \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly

\*\*\*If you have been employed by the primary employer for less than two years or hold a secondary job, please list additional employers on the back of this form.\*\*\*

## AUTHORIZATION

I authorize United Housing, Inc. to:

- (a) Pull my/our credit report to review for housing counseling, lending procedures, or informational inquiry purposes;
- (b) Discuss personal information related to the homebuying process with other counselors, lenders, or real estate agents;
- (a) Release and/or receive credit, financial, employment, and other information to or from other agencies or firms as may be essential for improving my housing situation;
- (b) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) from the lender and/or the title company when I purchase a home.

I understand that participating in the homebuyer education program and completing this questionnaire does not guarantee that I am approved automatically for a loan or grant from United Housing, Inc. Also, I understand that I do not have to use any of the loan products or services of United Housing, Inc. or work with its partners.

Any intentional misrepresentation of the information on this form can result in civil or criminal charges under the provisions of Title 18, United States Code, Section 1001. All of the information provided on this form will be handled in a confidential manner. The law provides that a Lender/Agency may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this Lender/Agency is required to note race and gender on the basis of visual observation or surname.

The Fair Housing Act prohibits discrimination in housing because of, race, color, national origin, religion, sex, familial status, or handicap (disability). I have received a copy of the "Fair Housing, It's Your Right" pamphlet.

I have read and understood all of the information and certify that I have been truthful in completing this questionnaire.

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Date*

