

PERSONAL PROFILE INTAKE FORM (This is not an application for a loan.)

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street or PO Box _____ APT

City State Zip Code
Home: (____) _____-____ Work: (____) _____-____ Email: _____

Mobile/Cell (____) _____-____ Pager: (____) _____-____ Fax: (____) _____-____

_____-_____-_____
Social Security Number Birth Date

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against consumers seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating you or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual customer(s) on the basis of visual observation or surname."

Race: (select one)

- | | | |
|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian and White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Other | | |

Ethnicity: Hispanic: Yes No **Gender:** Male Female

Do you have a disability? Yes No

Immigrant Status (please select one):

- | | |
|---|--|
| <input type="checkbox"/> You are U.S. born and 1 or both of your parents are foreign born | <input type="checkbox"/> You are U.S. born but 1 or both grandparents foreign born |
| | <input type="checkbox"/> You are foreign born |
| | <input type="checkbox"/> You, your parents and grandparents are all U.S. born |

Marital Status): Single Married Divorced Separated Widowed

Current Housing Arrangement:

- | | |
|---|--|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Homeowner with mortgage | <input type="checkbox"/> Not paying rent |
| <input type="checkbox"/> Homeowner with mortgage paid off | |

Are you a first time buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

- Female headed single parent household Male headed single parent household Single adult

You are foreign born You, your parents and grandparents are all U.S. born
Marital Status: Single Married Divorced Separated Widowed

Education (please circle one):

Below High School Diploma High School Diploma or Equivalent
 Two-Year College Bachelors Degree
 Masters Degree Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend Boyfriend Mother
 Father Other: _____

WHT uses the following information to assist you find appropriate loan products

CUSTOMER EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time

Gross Income (before taxes): \$ _____

Is this amount paid hourly weekly every two weeks twice a month monthly?

CO-CUSTOMER EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____ Part-Time or Full-Time

Gross Income (before taxes): \$ _____
Is this amount paid hourly weekly every two weeks twice a month monthly?
Previous Employer: _____

Title _____ Length of Employment _____

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____
 Part-Time or Full-Time

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____
Phone: (_____) _____ - _____
 Part-Time or Full-Time

Gross Income (before taxes): \$ _____
Is this amount paid hourly weekly every two weeks twice a month monthly?

ADDITIONAL INFORMATION

	CUSTOMER		CO-CUSTOMER	
Are you a Veteran?	Yes	No	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		
Most convenient time for an individual appointment?	<input type="checkbox"/> AM	<input type="checkbox"/> PM		

AUTHORIZATION

I authorize the Windham Housing Trust HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

Co-Customer

Date



Windham Housing Trust

A Partner of the NeighborWorks® Homeownership Center of Southeast Vermont

68 Birge Street

Brattleboro, Vermont 05301

802-254-4604

AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

Name(s) of Person(s) applying for technical or financial assistance:

_____ Social Security Number: _____

_____ Social Security Number: _____

_____ Social Security Number: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

My signature below authorizes the release of financial information to the WHT HomeOwnership Center from and to VHFA, any credit reporting agency or any mortgage lender. It also authorizes the WHT HomeOwnership Center to share information with VHFA and NeighborWorks® for the purpose of evaluating the success of the HomeOwnership program. This information includes, but is not limited to: income, credit, debts, or information on the property I wish to purchase or which I already own. Authorization is further granted to the credit reporting agency or mortgage lender to use a photostatic reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

I hereby authorize my mortgage lender to release to the WHT HomeOwnership Center a copy of my HUD 1 settlement statement to help the center meet its reporting and statistical requirements.

As a client of the WHT HomeOwnership Center, I understand that, should I have difficulty in paying my mortgage, I have the option of contacting the HomeOwnership Center for assistance in working with my lender to prevent the loss of my home. I am also aware that if I fail to make my monthly mortgage payment within 16 days of the payment due date, the servicer of my mortgage loan may refer me to the WHT HomeOwnership Center for help. I hereby authorize the loan servicer(s) or assigned attorney to release any information on my loan and financial situation to the Windham Housing Trust for purposes of saving my home or resolving a problem related to my loan.

I authorized **Windham Housing Trust** to release and discuss my financial information and any and all information related to my mortgage loan(s), including any past, present, or pending mortgage loans, with the Vermont Department of Banking, Insurance, Securities, and Health Care Administration ("BISHCA"). I further authorized BISHCA to release and discuss my financial information and any and all information related to my mortgage loan(s), including any past, present, or pending mortgage loans, with the **Windham Housing Trust**. I further authorize and request that BISHCA and **Windham Housing Trust** discuss my financial information and mortgage loans with any lender, mortgage broker, loan servicer, or similar person or entity that may have any knowledge about or involvement with any past, present, or pending mortgage loan.

BORROWER SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____

BORROWER SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____