

# PRE-PURCHASE COUNSELING

# INTAKE FORM

# CHECKLIST



## DIRECTIONS:

**You must submit your completed intake forms prior to scheduling your appointment. Supporting documents are required to be submitted for each adult in the household, 18+.**

We will review your documents within three business days and contact you to schedule an appointment.

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## INTAKE FORMS

- ☐ Fill out the attached intake forms
- ☐ Attach supporting documents (see step 2)

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## SUPPORTING DOCUMENTS (PROVIDE ALL THAT APPLY)

- ☐ Completed budget template (attached) for entire household
- ☐ Copy of credit report pulled within the last 30 days.  
This credit report is considered a "soft pull" and will not affect your credit score. CPAH Can assist you with pulling a free report from Credit Karma or we can obtain through our service for \$25.
- ☐ 30 days of proof of income  
Please include all sources of income for each adult including pay stubs, pension statements, social security award letters, proof of court-ordered child support, etc.
- ☐ Most recent federal tax return or all applicable W2's, 1099's etc.  
If self-employed: include the last 2 years of business federal returns.
- ☐ Most recent bank statements for all open accounts  
Please include all pages, even if some are blank.
- ☐ Copy of your Loan Estimate (if applicable)

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## SUBMISSION

- ☐ Submit by mail or drop off to the address listed above, email to [rsbakya@cpahousing.org](mailto:rsbakya@cpahousing.org), or fax to 847-796-8060

*If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please contact us about arranging alternative accommodations.*

## Pre-Purchase Counseling Intake Form

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Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

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

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

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

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

Have you ever legally used any other name(s)? If yes, please list them here: \_\_\_\_\_.

Have you ever legally used any other name(s)? If yes, please list them here: \_\_\_\_\_.

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ D.O.B: \_\_\_\_\_

Social Security # \_\_\_\_\_ D.O.B: \_\_\_\_\_

Have you had a judgement entered against you?: ☐ Yes ☐ No

Have you had a judgement entered against you?: ☐ Yes ☐ No

Have you been a Co-Signer on a Mortgage: ☐ Yes ☐ No

Have you been a Co-Signer on a Mortgage: ☐ Yes ☐ No

Have you filed for bankruptcy?:

Have you filed for bankruptcy?:

☐ Yes ☐ No Release/Discharge Date: \_\_\_\_\_

☐ Yes ☐ No Release/Discharge Date: \_\_\_\_\_

Number of people in current household: \_\_\_\_\_ Ages: \_\_\_\_\_

What is the number of people anticipated in your future household: \_\_\_\_\_ Ages: \_\_\_\_\_

Does anyone in your household reside with you less than full time: ☐ Yes ☐ No If yes, please explain:

Do you currently: ☐ Rent ☐ Own

Has anyone in the household owned a house in the last 3 years? ☐ Yes ☐ No

Desired Monthly Payment: \$ \_\_\_\_\_ How were you referred to CPAH: \_\_\_\_\_

Have you taken a Homebuyer Education class? ☐ Yes ☐ No If yes, please list date & which agency: \_\_\_\_\_

Have you attended a CLT Info Session? ☐ Yes ☐ No If yes, please indicate date: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/LatinoRace: ☐ American Indian/Alaskan Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander  
☐ White ☐ Multiple Races ☐ Choose not to RespondHead of Household: ☐ Single ☐ Married ☐ Separated ☐ Divorced  
☐ Widowed ☐ Other: \_\_\_\_\_ ☐ Prefer not to say

Gender Identity/preferred pronouns: \_\_\_\_\_

U.S. Citizen: ☐ Yes ☐ No Permanent Res. Alien: ☐ Yes ☐ NoMilitary Status: ☐ Active Duty ☐ Veteran

Primary Language Spoken in Household: \_\_\_\_\_

Highest Education Level: ☐ High School ☐ Some College ☐ Degree  
☐ Prefer not to say**CO-APPLICANT DEMOGRAPHIC INFORMATION**Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/LatinoRace: ☐ American Indian/Alaskan Native ☐ Asian ☐ Asian & White  
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander  
☐ White ☐ Multiple Races ☐ Choose not to RespondHead of Household: ☐ Single ☐ Married ☐ Separated ☐ Divorced  
☐ Widowed ☐ Other: \_\_\_\_\_ ☐ Prefer not to say

Gender Identity/preferred pronouns: \_\_\_\_\_

U.S. Citizen: ☐ Yes ☐ No Permanent Res. Alien: ☐ Yes ☐ NoMilitary Status: ☐ Active Duty ☐ Veteran

Primary Language Spoken in Household: \_\_\_\_\_

Highest Education Level: ☐ High School ☐ Some College ☐ Degree  
☐ Prefer not to say**EMPLOYMENT**Are you self-employed? ☐ Yes ☐ No

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

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

Years at Current Employer: \_\_\_\_\_

Do you have two continuous years in the same line of work? ☐ Yes ☐ No

Current Gross Monthly Income \$ \_\_\_\_\_ (Income BEFORE Taxes)

Do you receive any of the following: Bonuses, commission, child support, SS/SSDI, unemployment, etc.? \_\_\_\_\_

Overtime \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

In addition to the applicants, will there be additional household members receiving income? ☐ Yes ☐ No**CO-APPLICANT EMPLOYMENT**Are you self-employed? ☐ Yes ☐ No

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

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

Years at Current Employer: \_\_\_\_\_

Do you have two continuous years in the same line of work? ☐ Yes ☐ No

Current Gross Monthly Income \$ \_\_\_\_\_ (Income BEFORE Taxes)

Do you receive any of the following: Bonuses, commission, child support, SS/SSDI, unemployment, etc.? \_\_\_\_\_

Overtime \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**HOUSEHOLD ASSETS (combination of applicant, co-applicant, and other household members)**

Checking \$ \_\_\_\_\_

Stocks/Mutual Funds \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Gifts \$ \_\_\_\_\_

401 (k), IRA, Pension \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**I/We authorize Community Partners for Affordable Housing (CPAH) to obtain and/or review my/our credit report(s). I/We certify that all information contained in this application is true and correct, to the best of my knowledge.**☐☐

Applicant Signature

Date

Co-Applicant Signature

Date

MONTHLY EXPENSES AND DEBTS			
Name:		Date:	Household Size:
Expense Category	Expense Description	Monthly Amount	Total Amount Owed
Housing	Rent/Mortgage/Other		
	Rental Insurance		
	Maintenance/Supplies		
	Improvements		
Utilities	Phone (Land Line)		
	Cell Phone		
	Gas		
	Electric		
	Cable		
	Water/Garbage/Sewer		
Transportation	Gasoline		
	Car Insurance		
	Repairs & Maintenance		
	IPASS / Tolls / Parking		
	Public Transportation		
Household Expenses	Groceries		
	Non-Food Supplies		
	Personal Care		
	Clothing		
Education	Education		
Insurance	Life		
	Medical		
	Dental		
	Disability		
Medical	Doctor Visits		
	Medication		
	Other		
Child Care	Child Care		
	Sports		
Cash / Entertainment	Spending Money		
	Streaming services (Netflix, Disney+, etc.)		
	Vacation		
	Gifts		
Dues / Donations	Church / Charity		
	Dues		
Miscellaneous / Other	Savings		
	Other		
Loans / Credit	Car Loan 1		
	Car Loan 2		
	Installment Loan 1		
	Installment Loan 2		
	Credit Card 1		
	Credit Card 2		
	Student Loan 1		
	Student Loan 2		
	Other		
<b>Total Expenses</b>		\$ -	\$ -
<b>Total Income</b>		\$ -	
<b>Difference + (-)</b>		\$ -	