

**Brunswick Housing Opportunities, Inc.
Service Intake Application**

SERVICE REQUEST

Financial Review Debt Management Homeownership Energy Audit /Healthy Home Review Home Rehab

HOW DID YOU HEAR ABOUT BRUNSWICK HOUSING OPPORTUNITIES, INC.?

Friend/ Family City Government Internet
 BHO Board Member County Government TV
 BHO Client HUD / Fannie Mae Newspaper
 Other _____ RHA Radio

For Office Use only

Client # _____
Assigned To: _____

APPLICANT

Please Print

CO-APPLICANT

Please Print

Name: _____
 Address: _____
 City, ST, Zip: _____
 Email: _____
 Tel: _____
 Are you a Veteran? Yes No
 At your current address: #of Yrs _____ # Mths _____
 Marital Status: Single Married Widow Other _____

Name: _____
 Address: _____
 City, ST, Zip: _____
 Email: _____
 Tel: _____
 Are you a Veteran? Yes No
 At your current address: # of Yrs _____ # Mths _____
 Marital Status: Single Married Widow Other _____

EMPLOYMENT

Current Employer _____
 Position: _____
 Address: _____
 Telephone: _____
 What was your stat date? ____/____/_____
 How long have you been employed here? _____
 How long have you been doing this type of work? _____
 How much? _____ Wkly Bi-wkly Mthly
 Other Income: _____ Amount: _____

Current Employer _____
 Position: _____
 Address: _____
 Telephone: _____
 What was your stat date? ____/____/_____
 How long have you been employed here? _____
 How long have you been doing this type of work? _____
 How much? _____ Wkly Bi-wkly Mthly
 Other Income: _____ Amount: _____

OTHERS IN HOUSEHOLD

Name: _____ Age: _____ Income: _____ Source: _____
 # of Children in College Full time _____ Part time _____
 Children under 18: Male # _____ Ages _____ Female# _____ Ages _____
 Child Care Paid \$ _____ Mth Wk

MONTHLY PAYMENTS

Income	Amount	Expense	Amount
Wages		Medical/Life Insurance	
Child Support/Other Income		Child Care	
Total Income		Car Insurance	
Rent/Mortgage		Tranportation/Gas	
Food – Grocery Store		Car Loan payment	
Gas/Lights		Other Loan payment	
Tephone/Cell		Credit card	
Cable/Internet		Credit card	
Medicines/Medical Copays		Other	
Personal Care(hair/nails etc.)		Grand Total	

OWNERSHIP OF PROPERTY	TYPE OF HOME
<input type="checkbox"/> Rent <input type="checkbox"/> Section 8/ Public Housing <input type="checkbox"/> Rent from Family <input type="checkbox"/> Homeless <input type="checkbox"/> Homeowner W/ Mortgage <input type="checkbox"/> Homeowner Mortgage <input type="checkbox"/> Family/Heirs Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Wide MFH <input type="checkbox"/> Double Wide MFH <input type="checkbox"/> Modular <input type="checkbox"/> Stick Built <input type="checkbox"/> Cinder Block <input type="checkbox"/> Triple Wide Age of Home _____ Last Repairs _____ <div style="text-align: right; font-size: small;">Mth/YR</div>

The following information is required by the Federal Government for certain types of service and loan applications related to a dwelling, in order to monitor compliance with equal housing, credit opportunity and fair housing. You are not required to furnish this information but are encouraged to do so.

DEMOGRAPHIC			
<input type="checkbox"/> Male <input type="checkbox"/> Hispanic/Latino	Female <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Male <input type="checkbox"/> Hispanic/Latino	Female <input type="checkbox"/> Not Hispanic/Latino
<input type="checkbox"/> 8-12 Grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree/Doctorate <input type="checkbox"/> Physically Challenged <input type="checkbox"/> Disabled <input type="checkbox"/> Primary language Spoken _____	<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Mexican, Puerto Rican Cuban, Central or South American or other Hispanic/Latino/Spanish culture <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> 8-12 Grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree/Doctorate <input type="checkbox"/> Physically Challenged <input type="checkbox"/> Disabled <input type="checkbox"/> Primary language Spoken _____	<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Mexican, Puerto Rican Cuban, Central or South American or other Hispanic/Latino/Spanish culture <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White

Your signature indicates you are certifying that the information given is true to the best of your knowledge.

Date: _____

Applicant: _____ Co-applicant _____

Intake Officer: _____ Census Track Verification ____-____-_____

Brunswick Housing Opportunities, Inc.

The first step to achieving your housing goals is gathering your documents. The list of information below is required for your Housing Coach to assist you in building an Action Plan.

Please include information for each person signing the application.

If you bring your documents to the office we will copy and return them to you.

CUSTOMER DOCUMENTS		
Documents required for all housing services.		
<input type="checkbox"/>	Copy of SS Card.	
<input type="checkbox"/>	Copy of NCDL or State ID.	
<input type="checkbox"/>	30 days of paycheck stubs or proof of income for borrower and co-borrower.	
<input type="checkbox"/>	Two Months statements for bank, credit union and investment accounts.	
<input type="checkbox"/>	2011 and 2012 of tax returns – Include all pages of Federal Tax return. (If not required to file, See Housing Counselor)	
<input type="checkbox"/>	List of Monthly Expenses and Debts include the company name, account #'s, minimum payment amount, current balance, due dates and a copy of the most recent statement.	
Additional documents required to purchase a home or refinance.		
<input type="checkbox"/>	Employer Address, Telephone#, Fax# and contact person to verify employment.	
<input type="checkbox"/>	Current and previous Landlord's address and telephone #.	
<input type="checkbox"/>	Court Ordered Child Support Payment History (Print out of payments or amount received for the past 12 months.).	
<input type="checkbox"/>	Divorce Decrees and Legal Separation Documents if within 2 years.	
<input type="checkbox"/>	If self-employed, include business references and Profit and Loss Statements.	
<input type="checkbox"/>	IRA, 401 K, annuity, or retirement Information	
<input type="checkbox"/>	Equifax or Experian Credit Report - Current, less than 90 days old. You can obtain a free credit report from www.annualcreditreport.com	
Additional documents required for assistance or services with mortgage DEFAULT/DELINQUENCY/FORECLOSURE		
<input type="checkbox"/>	Any letters from your lender concerning Foreclosure and/or Delinquency.	
<input type="checkbox"/>	Current mortgage statement and original loan documents.	

**Now, you are ready to call and set your appointment.
We have appointments day and evening and weekends.**

Call (910) 253-0699.

Let's Get Started!