



BACK to WORK INTAKE FORM

A. Client Information

Last Name	First Name	Middle Initial
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Street Address	City, State & Zip
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Best Phone Number(s) to Reach You	Email Address
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Currently Renting

How long at this address? _____

Own My Home

How many in the household? _____

How many dependents? _____

If mailing address is different than address listed above, please list here:

Street Address	City, State, Zip
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Co-Client Information

Last Name	First Name	Middle Initial
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Street Address (If different from above)	City, State Zip
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Best Phone Number(s) to Reach You	Email Address
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Currently Renting

How long at this address? _____

Own My Home

How many in the household? _____

How many dependents? _____

If mailing address is different from address listed above, please list here:

Street Address	City, State, Zip
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B. Demographic Information

Client Gender: Female Male

Co-Client Gender: Female Male

Client Date of Birth: _____

Co-Client Date of Birth: _____

Race/ Ethnicity

- African American
- Caucasian
- Asian American/ Pacific Islander
- Hispanic
- Native American

Race/ Ethnicity

- African American
- Caucasian
- Asian American/ Pacific Islander
- Hispanic
- Native American

Marital Status

- Single, never married
- Divorced
- Married
- Separated
- Widowed

Marital Status

- Single, never married
- Divorced
- Married
- Separated
- Widowed

Employment Status

- Full Time
- Part time
- Student

Employment Status

- Full Time
- Part time
- Student

Highest Level of Education Completed

- Less Than 12 Years
- High School Diploma/ GED
- Some College
- AA Degree/ Two Year
- Bachelor's Degree/Four Year
- Graduate Degree

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- Less Than 12 Years
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Check All That Apply:

- First Time Home Buyer
- Single, Head of Household
- Female Head of Household
- US Veteran
- Owned a home in the last 3 years

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- First Time Home Buyer
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- Owned a home in the last 3 years

C. Household Information

Adults in your home who are over **18** years old (other than client or co-client)

Please include copies of one of the following types of income documentation for each income reported here

Pay stub__ W-2 wages__ 1099 wages__ S.S. benefit letter__ Other__

_____	_____	_____	_____
Name	Relationship to You	Income	Age
_____	_____	_____	_____
Name	Relationship to You	Income	Age
_____	_____	_____	_____
Name	Relationship to You	Income	Age

Children in your home who are **17** and younger:

_____	_____	_____
Name	Relationship to You	Age
_____	_____	_____
Name	Relationship to You	Age
_____	_____	_____
Name	Relationship to You	Age
_____	_____	_____
Name	Relationship to You	Age
_____	_____	_____
Name	Relationship to You	Age

D. Client Income Information

Please include copies of one of the following types of income documentation for each income reported

Pay stub__ W-2 wages__ 1099 wages__ S.S. benefit letter Other__

Employer: _____

City/State _____

Start Date: _____

Gross pay amount: \$ _____

Pay Schedule: Weekly__ Bi-weekly__ Twice a month__ Monthly__

Other income you may receive:

2nd Job__ Alimony__ Child Support__ SSI/SSDI__ SNAP(food stamps)__ Other__

Amount: \$ _____

Do you have a checking account? **Y or N** Savings Account? **Y or N** Housing Voucher? **Y or N**

Co-Client Income Information

Employer: _____

City, State: _____

Start Date: _____

Gross pay amount: \$ _____

Pay Schedule: Weekly__ Bi-weekly__ Twice a month__ Monthly__

Other income you may receive:

2nd Job__ Alimony__ Child Support__ SSI/SSDI__ SNAP(food stamps)__ Other__

Amount: \$ _____

Do you have a checking account? **Y or N** Savings Account? **Y or N** Housing Voucher? **Y or N**

****Gross pay is the amount you earn before ANY deductions are taken from your income



Please indicate the monthly payment amounts for each of the categories listed. Expenses that are shared between the clients/ incomes listed above should only be accounted for **1** time below.

Rent/Mortgage	\$_____	Credit Card	\$_____
Electricity	\$_____	Credit Card	\$_____
Water & Sewer	\$_____	Credit Card	\$_____
Telephone	\$_____	Student Loan(s)	\$_____
Cable/Internet	\$_____	Student Loan(s)	\$_____
Car Payment(s)	\$_____	Student Loan(s)	\$_____
Childcare	\$_____	Savings	\$_____
Medical	\$_____	Other	\$_____
Child Support	\$_____	Other	\$_____
Total insurance cost (health/life/car/property)	\$_____	Other	\$_____
Total each column:	\$_____		\$_____

F. Credit Q & A

Have you checked your credit report within the last 12 months? **Y or N**

Are you currently flagged in the checks system for owing a debt to a bank? **Y or N**
 Financial Institution _____ amount you owe \$_____

Have you ever had a mortgage foreclosure? **Y or N** Date_____

Have you ever filed for bankruptcy? **Y or N** Chapter **7 or 13**_____ Date_____

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Disclosure & Authorization

New Level CDC provides Housing Counseling and Homebuyer Education. We also offer financial education, credit & budget counseling & coaching, mortgage loan information sessions, a matching savings program, and help finding affordable housing. As our client, you are not obligated to receive, purchase, or utilize any services offered by New Level CDC or our partners in order to receive housing counseling services.

With your signature below, you are authorizing New Level CDC to pull your credit report **if** you make the request. You understand that New Level CDC is required to share broad, collective data on each client with partner agencies for research purposes. We may also use anonymous case file information for the purpose of evaluating our services, gathering data research information and designing future programs. New Level CDC will not share your “non-public personal information” with any third parties without your consent/acknowledgement of the Privacy Policy and Release of Information as stated below.

Client Signature _____ Date _____

Client Signature _____ Date _____

Privacy Policy & Release of Information

New Level CDC is committed to ensuring the privacy of our clients. We realize the highly personal nature of the information you provide to us, and we assure you that all information you share both orally and in writing will be managed entirely within legal and ethical considerations. Your “non-public personal information” will be shared with others only with your signed consent below.

Your signature below acknowledges that you AGREE to allow New Level CDC to disclose/discuss your “non-public personal information” with third-parties on your behalf when it is 1) determined to be helpful to you for us to speak to realtors, lenders, other agencies on your behalf; 2) will aid us in counseling you; or 3) is a requirement of grant awards which make our services possible.

Client Signature _____ Date _____

Client Signature _____ Date _____



Housing Counseling Agreement

- 1) I acknowledge receipt of a copy of the Privacy Policy and Release of Information.
- 2) I understand that New Level CDC provides housing counseling in various capacities including rental counseling and home purchase. Within the scope of the housing need, New Level CDC will make recommendations for best practices to lead to successful housing stability; this may include financial planning and referrals to other agencies as appropriate.
- 3) I may be referred to other agencies as appropriate to address specific concerns that have been identified. I understand that I am not obligated to use any of the services or referrals offered to me.
- 4) A housing and financial education counselor may answer and provide information, but may not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
- 5) I understand that New Level CDC provides information and education on numerous loan products and housing programs. I further understand that the housing counseling I receive from this agency in no way obligates me to choose any of these products or services.
- 6) I understand that upon using New Level CDC home buyer education services **and** at the time I make a home purchase, New Level CDC will send a statement of invoice to my lender for the amount of \$225.00. This amount will be reflected on the final loan closing documents and due and payable upon closing the loan.

Client Signature

Date

Client Signature

Date

Please share with us how YOU learned about New Level CDC?
