

I hereby authorize and instruct Spanish Coalition for Housing (hereinafter SCH) to obtain and review my credit report by signing this form and giving you my information. My credit report will be obtained from a credit-reporting agency chosen by SCH. I understand and agree that SCH intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

SCH RUNNING YOUR CREDIT REPORT WILL NOT AFFECT YOUR CREDIT SCORES!

Personal Information:

In order to process your form items 1- 7 must be complete. Please print legibly in ink.

1. First Name: _____ Last Name: _____

Address: _____

Number or P.O. Box – Street – Apt. No. City - State - Zip Code

How long have you lived at this address: _____ yrs. _____ months Are you a homeowner: Yes No

What is your currently monthly payment: \$ _____

Date of Birth: _____ Social Security # _____

Home Phone: _____ Alternate Phone: _____ Cell# _____

Email Address: _____

Gender: Female Male Race / Ethnicity: _____

Marital Status: Single Married Divorced Widowed Domestic Partnership

Family Size: Adults: _____ Children: _____

Are you employed? Yes No If yes; Full-time Part-time Seasonally

How long have you been with this employer: _____ yrs _____ months

Employer Name: _____

Employer Address: _____

Employer Phone# _____ Yearly Salary: _____

Your Title/position: _____

Other income source: _____ \$ _____

Checking Account (Name of Institution): _____ Amount in account: _____

Savings Account (Name of Institution): _____ Amount in account: _____

2. Co-head of Household: _____

Address: _____

Number or P.O. Box - Street - Apt. No. City - State - Zip Code

How long have you lived at this address: _____ yrs. _____ months Are you a homeowner: Yes No

What is your currently monthly payment: \$ _____

Date of Birth: _____ Social Security # _____

Home Phone: _____ Alternate Phone: _____ Cell# _____

Email Address: _____

Gender: Female Male Race / Ethnicity: _____

Marital Status: Single Married Divorced Widowed Domestic Partnership

Family Size: Adults: _____ Children: _____

Are you employed? Yes No If yes; Full-time Part-time Seasonally

How long have you been with this employer: _____ yrs _____ months

Employer Name: _____

Employer Address: _____

Employer Phone# _____ Yearly Salary: _____

Your Title/position: _____

Other income source: _____ \$ _____

Checking Account (Name of Institution): _____ Amount in account: _____

Savings Account (Name of Institution): _____ Amount in account: _____

Housing Information:

3. Do you plan to buy a house in: ___ 3 months ___ 6 months ___ 1 year

4. Are you pre-approved for a home mortgage loan? ___ Yes ___ No If yes, how much: \$ _____

5. What is your biggest obstacle(s) in purchasing a home? _____

6. How did you hear about the program? _____

7. What topics interest you?

___ Credit Repair / Obtaining Credit

___ Landlord Training

___ Money Management / Establishing a Budget

___ Foreclosure Prevention

___ Homeownership Counseling

(How much can you afford, Types of Mortgages, Down payments & Closing Cost)

___ Other: _____

(Optional) for Statistical Purposes Only:

8. Are you a Section 8 Voucher holder? ___ Yes ___ No

9. Are you part of any of the following programs? ___ HPRA ___ CPS ___ Spathis ___ New Homes for Chicago.

___ Employer Assisted Housing

10. What is the best time to schedule you for an appointment:

Monday, Thursday & Friday: 9AM 11AM 130PM 3PM

Tuesday & Wednesday: 230PM 4PM 530PM 7PM

Signature: _____ Date: _____

Please return form to the location nearest you:

Spanish Coalition for Housing

Homeownership Center

4035 W. North Avenue

Chicago, IL 60639

(773) 342-7575

Or fax form to (773) 342-8528

Spanish Coalition for Housing

Homeownership Center

1132 W. 18th St.

Chicago, IL 60608

(312) 850-2660

(312) 850-2899 fax

Spanish Coalition for Housing

Homeownership Center

9117 S. Brandon

Chicago, IL 60617

(773) 933-7575

(773) 933-7578 fax