

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 e 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 current monthly payment \$ _____

Date of Birth: _____ Social Security #: _____-_____-_____

Home Phone: (____) _____-_____ Alternate #: (____) _____-_____ 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 job title/position: _____

Other income source: _____ Income amount: \$ _____

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

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

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 current monthly payment \$ _____

Date of Birth: _____ Social Security #: _____-_____-_____

Home Phone: (____) _____-_____ Alternate #: (____) _____-_____ 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 job title/position: _____

Other income source: _____ Income amount: \$_____

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

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

Housing Information:

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

4. Are you pre-approved for a home mortgage loan? Yes No

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

6. How did you hear about this program? _____

7. What topics interest you? Credit Repair / Obtaining Credit Landlord Training
 Money Managements / 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 CPAN Spathies CCLT
City Mortgage Employer Assistance Housing
Home Options Tax Smart

Signature: _____

Date: _____

