



**SCLT Office is Located in the Villa Nueva Community Building at
990 18th St NW 2nd floor, Albuquerque, NM 87104
Mailing Address: PO Box 25181, Albuquerque NM 87125-5181
Office: 505-764-0359 Fax: 505-243-6756 www.sawmillclt.org
CLIENT INTAKE FORM**

APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Mobile/Cell (____) _____ - _____ Fax: (____) _____ - _____

_____-_____-_____
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select “yes” or “no” for Hispanic Origin. You should select both a “Race” category and a “yes” or “no” for Hispanic origin:)

Hispanic: Yes ___ No ___

Immigrant Status (please select one):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents foreign born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes ___ No ___ if yes is it Physical ___ or Mental ___

Do you need Handicap Accessible accommodations in order to meet with us? Yes ___ No ___

Current Housing Arrangement (please circle):

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family member and not paying rent
- 5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
 Boyfriend Mother Father Other: _____

APPLICANT EMPLOYMENT — Last 2 Years *Please Print Clearly*

Primary Employer: _____

 Title Hire Date

 Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____
 Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

Previous Employer: _____

 Title Length of Employment

 Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

 Title Hire Date

 Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____
 Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

 Title Hire Date

 Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____
 Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

Previous Employer: _____

 Title Length of Employment

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

 Title Hire Date

Street City State Zip Code

Phone: (_____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly?

INCOME *Please Print Clearly*

<i>Type of Income</i>	<i>APPLICANT Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>	
<i>Can you document your child support/alimony income? If yes, how long will it continue?</i>	Yes No _____	Yes No _____	
<i>If your child or a family member receives SSI, how many more years will the payments continue?</i>	_____	_____	
<i>If you receive disability income, is it for a permanent disability?</i>	Yes No	Yes No	
<i>Regarding other employment, have you worked in this field for two years or more?</i>	Yes No	Yes No	



LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	APPLICANT		CO-APPLICANT	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Have your payments been made on time?</i>				
<i>Are you currently in Chapter 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	APPLICANT	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g. lump sum settlement, tax refunds, property sales, etc.)? (circle) Yes No
 If yes, how much? \$ _____ and what is the source? _____
 Can you provide supporting documentation? Yes ___ No ___

LIVING EXPENSES

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>APPLICANT</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	___ AM		___ PM	

AUTHORIZATION

I authorize the Sawmill Community Land Trust to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property; {Fee Required is \$20.00 individual, \$25.00 Couple (cash or money order only)}
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the Universal Loan Application, Good Faith Estimate; Truth and Lending Statement and Form 1008 during the application process and the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Applicant

Date

Co-Applicant

Date

