PRE-PURCHASE COUNSELING INTAKE FORM CHECKLIST



DIRECTIONS:

You must submit your completed intake forms prior to scheduling your appointment. Supporting documents are required to be submitted for each adult in the household, 18+.

We will review your documents within three business days and contact you to schedule an appointment.

1	INTAKE FORMS Fill out the attached intake forms
	Attach supporting documents (see step 2)
2	SUPPORTING DOCUMENTS (PROVIDE ALL THAT APPLY) Completed budget template (attached) for entire household
	Copy of credit report pulled within the last 30 days. This credit report is considered a "soft pull" and will not affect your credit score. CPAH Can assist you with pulling a free report from Credit Karma or we can obtain through our service for \$25.
	30 days of proof of income Please include all sources of income for each adult including pay stubs, pension statements, social security award letters, proof of court-ordered child support, etc.
	Most recent federal tax return or all applicable W2's, 1099's etc. If self-employed: include the last 2 years of business federal returns.
	Most recent bank statements for all open accounts Please include all pages, even if some are blank.
	Copy of your Loan Estimate (if applicable)
3	SUBMISSION

Submit by mail or drop off to the address listed above, email to rshakya@cpahousing.org, or fax to 847-796-8060



If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please contact us about arranging alternative accommodations.

Pre-Purchase Counseling Intake Form

Applicant Name:			Co-Applicant Name:			
Address:			Address:			
City:	_ State:	Zip Code:	City:	State:	Zip Code:	
Cell Phone:	_Other Phor	ne:	Cell Phone:	Other Phone	:	
Email:			Email:			
Social Security #	D.	D.B:	Social Security #	D.0.	B:	
Have you had a judgement entered against you?: Yes No Have you been a Co-Signer on a Mortgage: Yes No Have you filed for bankruptcy?: Yes No Release/Discharge Date:			Have you had a judgement entered against you?: Yes No Have you been a Co-Signer on a Mortgage: Yes No Have you filed for bankruptcy?: Yes No Release/Discharge Date:			
Number of people in current household: Ages: What is the number of people anticipated in your future household: Ages: Does anyone in your household reside with you less than full time: TYes No If yes, please explain:						
Do you currently: 🗖 Rent 🗖 Own	Has	anyone in the household own	ned a house in the last 3 yea	ars? 🗖 Yes 🗖 No		
Desired Monthly Payment: \$	Но	w were you referred to CPAH	<u></u>			
Have you taken a Homebuyer Educa	ation class?	Yes 🔲 No If yes, please li	st date & which agency:			
Have you attended a CLT Info Sessio	on? 🗖 Yes 🕻	☐ No If yes, please indicate c	late:			
DEMOGRAPHIC INFORMATIO	DN .		CO-APPLICANT DEMO	OGRAPHIC INFORM	ATION	
Ethnicity: 🗖 Hispanic/Latino 🗍 N	ot Hispanic/	Latino	Ethnicity: 🗖 Hispanic/La	tino 🔲 Not Hispanic/I	Latino	
Race: American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Multiple Races Choose not to Respond			Race: American Indian/Alaskan Native Asian Asian & White Black or African American Native Hawaiian or Other Pacific Islander White Multiple Races Choose not to Respond			
Head of Household: Single N Widowed Other:	Narried 🗖 Se	eparated	Head of Household: Sin Widowed Other:	•	oarated Divorced Prefer not to say	

Gender Identity/preferred pronouns:	Gender Identity/preferred pronouns:					
U.S. Citizen: 🗋 Yes 🗋 No 🛛 Permanent Res. Alien: 🗋 Yes 🗖 No	U.S. Citizen: 🗌 Yes 🗌 No 🛛 Permanent Res. Alien: 🔲 Yes 🔲 No					
Military Status: 🗖 Active Duty 🗖 Veteran	Military Status: 🗖 Active Duty 🗖 Veteran					
Primary Language Spoken in Household:	Primary Language Spoken in Household:					
Highest Education Level: High School Some College Degree	e Highest Education Level: 🔲 High School 🗖 Some College 🗖 Degree					
EMPLOYMENT	CO-APPLICANT EMPLOYMENT					
Are you self-employed? 🗖 Yes 🗖 No	Are you self-employed? 🗖 Yes 🗖 No					
Employer:	Employer:					
City: State: Zip Code:	City: State: Zip Code:					
Years at Current Employer:	Years at Current Employer:					
Do you have two continuous years in the same line of work? \Box Yes	\Box No Do you have two continuous years in the same line of work? \Box Yes \Box No					
Current Gross Monthly Income \$ (Income BEFOR Do you receive any of the following: Bonuses, commission, child supp	E Taxes) Current Gross Monthly Income \$ (Income BEFORE Taxes) port, SS/SSDI, unemployment, etc.?					
Overtime \$	Overtime \$					
TOTAL \$	TOTAL \$					
In addition to the applicants, will there be additional household men	nbers receiving income? 🗖 Yes 🗖 No					
HOUSEHOLD ASSETS (combination of applicant, co-app	licant, and other household members)					
Checking \$	Stocks/Mutual Funds \$					
Savings \$	Gifts \$					
401 (k), IRA, Pension \$	Other \$					
I/We authorize Community Partners for Affordable Housing (CPAH) programs. I/We certify that all information contained in this applica	to obtain and/or review my/our credit report(s) to determine our eligibility for CPAH ation is true and correct, to the best of my knowledge.					
I/We agree to allow CPAH to obtain and/or review my/our credit report I/We do not agree to allow CPAH to obtain and/or review my/our credit report						

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Applicant Signature

Date

Co-Applicant Signature

Date

Expense Category Expense Description Monthly Amount Owed Housing Rental Insurance	MONTHLY EXPENSES AND DEBTS							
Expense Category Expense Description Monthly Amount Owed Housing Rental Insurance	Name:	Date:	Household Size:					
Rental Insurance Maintenance/Supplies Improvements Utilities Phone (Land Line) Cell Phone Gas Electric Cable Water/Garbage/Sewer Transportation Gasoline Vater/Garbage/Sewer Transportation Gasoline Repairs & Maintenance IPASS / Tolls / Parking Public Transportation Household Expenses Groceries Non-Food Supplies Personal Care Clothing Education Insurance Life Dental Destallity Medical Dental Other Child Care Sports Cash / Entertainment Spending Money Streaming services (Netflix, Disney+, etc.) Vacation Gifts Dues Miscellaneous / Other Cash / Entertainment Spending Money Streaming se	Expense Category	Expense Description	Monthly Amount	Total Amount Owed				
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		Car Loan 2						
		Installment Loan 1						
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Credit Card 2		Credit Card 2						
Student Loan 1		Student Loan 1						
Student Loan 2								
Other		Other						
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Total Income \$ -	Total Income		\$ -					
Difference + (-) \$ -	Difference + (-)		\$ -					