



Intake Form



PRIMARY APPLICANT		Please Print Clearly	
Last Name:		First Name:	
Street :		MI:	
Apt/Unit#:	City:	State:	Zip Code:
How long have you lived at this address? ____ Years & ____ Months (If you've lived at this address less than 2 years, please attach another page to complete)			
Home: (____) ____ - ____		Mobile/Cell: (____) ____ - ____	
Email:		FAX: (____) ____ - ____	
1. Date of Birth:		2. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
3. Race (Check only one)			
<input type="checkbox"/> White/Non- Hispanic <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Hispanic			
4. Family Household Size: <input style="width: 30px;" type="text"/>		5. Age of each adult and child: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
6. Household Type (Please check one)			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Include single, divorced, widowed, domestic partners)			
7. Housing Arrangement: (Please check one)		8. Monthly mortgage /rental payment: <input style="width: 150px;" type="text"/>	
<input type="checkbox"/> Renter <input type="checkbox"/> Rent Free <input type="checkbox"/> Homeowner			
9. Highest level of education attained:			
<input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Masters <input type="checkbox"/> Elementary <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Doctoral			
10. Are you currently working?			
<input type="checkbox"/> Yes – Full time <input type="checkbox"/> Yes - Part time <input type="checkbox"/> No – Not receiving Unemployment <input type="checkbox"/> No- receiving Unemployment			
11. Are you active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you owned a home in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: <input type="checkbox"/> Sold <input type="checkbox"/> Short Sale <input type="checkbox"/> Foreclosure Year of Sale /Short Sale / Foreclosure: <input style="width: 100px;" type="text"/>			
14. Are you a first time home buyer? (or have not owned home in the past 3 years): <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. How much in liquid assets do you have to meet your goals?			
Checking: <input style="width: 150px;" type="text"/>		Savings: <input style="width: 150px;" type="text"/>	
		Other: <input style="width: 150px;" type="text"/>	

1100 South Powerline Road, Suite 101, Deerfield Beach, FL 33442
 Tel: 866-724-3328 Fax: 954-208-1213 housing@dmconline.org

PRIMARY APPLICANT EMPLOYMENT - Provide us with current employment information.

Primary Employer (Current):

Title:		Hire Date :	
Street:	City:	State:	Zip Code:
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		Phone: (____) ____ -- ____	
Annual Gross Income (before taxes):		Credit Score:	

CO- APPLICANT

Last Name:		First Name:		MI:
Street:	City:	State:	Zip Code:	
Home: (____) ____ -- ____		Mobile/Cell: (____) ____ -- ____		
Email:		FAX: (____) ____ - ____		
1. Date of Birth:		2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
3. Race (Check only one):				
<input type="checkbox"/> White / Non Hispanic <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Hispanic				
4. Relationship to Primary Applicant:				
<input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Relative by Marriage				
5. Household Type (Please check one)				
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Include single, divorced, widowed, domestic partners)				

CO-APPLICANT EMPLOYMENT - Provide us with current employment information.

Primary Employer (Current):

Title:		Hire Date:	
Street:	City:	State:	Zip Code:
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		Phone: (____) ____ -- ____	
Annual Gross Income (before taxes):		Credit Score:	

REAL-ESTATE AGENT INFORMATION

Are you currently working with a real-estate agent ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, with whom are you working? Name:	Phone: (____) ____ -- ____

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