

HOMEBUYER ASSISTANCE WORKSHOP REGISTRATION AND SERVICE AGREEMENT

PLEASE COMPLETE ALL PAGES OF THE REGISTRATION FORM.

RETURN THE COMPLETED FORM TO: JOSEPH MITCHELL
INSPECTIONS DEPT
301 NACOGDOCHES
CENTER, TX

I WILL ATTEND THE (2 DAY) FULL 8 HOUR HOMEBUYER EDUCATION WORKSHOP CONDUCTED BY THE CITY OF CENTER AND GARY R. TRAYLOR & ASSOCIATES.

WORKSHOPS ARE MONDAY, SEPTEMBER 12 @ 5:30 PM TO 9:30 PM AND TUESDAY, SEPTEMBER 13, 2011 @ 5:30 PM TO 9:30 PM.

LOCATION: CENTER CIVIC CENTER
146 EXPRESS BLVD
CENTER, TEXAS

REGISTRANT SIGNATURE

____/____/____
DATE

SPOUSE/CO-OWNER

HOW DID YOU HEAR ABOUT THE HOMEBUYER ASSISTANCE WORKSHOP?

- FRIEND RADIO NEWSPAPER BROCHURE/FLYER WEBSITE
 LENDER OTHER

PLEASE LET US KNOW WHICH NEWSPAPER, LENDER, WEBSITE, ETC. _____

Intake Form

Date Received: _____ Referred By: _____

Client Name: _____ Date of Birth: _____

Co-Owner/Spouse: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing
Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

General Information

Number of children (under 18): _____

Number of other family members in household: _____

Currently living in: _____ Apartment _____ Rent House _____ With Family
_____ Temporary Housing _____ Own home _____ Rent to Own _____ Other

Employment Status:

Client: _____ Employed FT _____ Employed PT _____ Unemployed _____ In School

Co-Owner: _____ Employed FT _____ Employed PT _____ Unemployed _____ In School

What resources are you using to pay your bills?

_____ Pay Check _____ Unemployment _____ Food Stamps _____ Voucher _____ Family
_____ Public Assistance _____ Credit Cards _____ Loans _____ Church _____ Section 8
_____ FEMA Assistance _____ Other: _____

Intake By: _____

Date added to spreadsheet: _____

Section (2) EMPLOYMENT & INCOME for **Customer (1)**

EMPLOYER: _____

Self-employed? Yes No Part-time Full-time

Position/Title _____

Dates of Employment / / to / /
Mm/dd/yy Mm/dd/yy

Gross Monthly Income: \$ _____
Gross Monthly Income is the amount *before taxes or any other deductions are taken out of your paycheck.*

If employed for **Less Than Two** years with current employer, please list previous employer below.

EMPLOYER: _____

Position/Title: _____

Dates of Employment: / / to / /
Mm/dd/yy Mm/dd/yy

OTHER INCOME INFORMATION:

Social Security/Retirement: Yes No
If yes, gross monthly amount? \$ _____

Disability/SSI: Yes No
If yes, gross monthly amount: \$ _____

Child support/Spousal support? Yes No
If yes, gross monthly amount: \$ _____

Other Income? \$ _____ per _____

Type & Source: _____

Do you receive Section 8 rental assistance? Yes No
If yes, through which housing authority?

Section (2) EMPLOYMENT & INCOME for **Customer (2)**

EMPLOYER: _____

Self-employed? Yes No Part-time Full-time

Position/Title _____

Dates of Employment / / to / /
Mm/dd/yy Mm/dd/yy

Gross Monthly Income: \$ _____
Gross Monthly Income is the amount *before taxes or any other deductions are taken out of your paycheck.*

If employed for **Less Than Two** years with current employer, please list previous employer below.

EMPLOYER: _____

Position/Title: _____

Dates of Employment: / / to / /
Mm/dd/yy Mm/dd/yy

OTHER INCOME INFORMATION:

Social Security/Retirement: Yes No
If yes, gross monthly amount? \$ _____

Disability/SSI: Yes No
If yes, gross monthly amount: \$ _____

Child support/Spousal support? Yes No
If yes, gross monthly amount: \$ _____

Other Income? \$ _____ per _____

Type & Source: _____

Do you receive Section 8 rental assistance? Yes No
If yes, through which housing authority?

Section (3) DEBTS & LIABILITIES

What is your total monthly debt?

(Include: *minimum* payments on credit cards, car loans, student loans, etc.)

Are you required to pay child support or spousal support?
If yes, list amount:

Customer (1)

\$ _____

Yes No

\$ _____

Customer (2)

\$ _____

Yes No

\$ _____

Section (4) ASSETS

Customer (1)

Customer (2)

Do you own property? If yes, is it a house or land?

Yes No
 House Land

Yes No
 House Land

Property's current value

\$ _____

\$ _____

Have you owned a home in the last 3 years?

Yes No

Yes No

Savings account balance:

\$ _____

\$ _____

Checking account balance:

\$ _____

\$ _____

Any bounced checks in the past 12 months?

Yes No

Yes No

Do you own stocks or bonds?

Yes No

Yes No

Value: \$ _____

Value: \$ _____

Retirement Accounts/Vested Interest:

Value: \$ _____

Value: \$ _____

Do you expect to use gift money?

Yes No

Yes No

If yes, how much

\$ _____

\$ _____

Money for closing cost and/or down payment?

\$ _____

\$ _____

From where?
