

Rehab Lending Client Intake Application

1241 E. Routt Ave. Pueblo, CO 81004 Ph. 719-423-6271

APPLICANT:1

Last Name:		First Name:	:	MI:	
Address: City:			Zip:		
Live in Rural area: Yes or No		Primary La	nguage:	Active Military: Yes or No	
Preferred Phone#:	Email:			Gender: Male or Female	
Date of birth:		<u>J</u>	SSN:	JI	
Foreign Born: Yes or No			Veteran: Yes or No		
Marital status: single, married, separated, etc.		Head of household? Yes or No			
Completed Education: i.e	. Primary/Jui	nior High Sch	ool/High School/GED/C	College/Vocational	
How long at current addr	ess:		Monthly payment: \$		
Household # of size: Dependents	Age(s):	Name(s):		Relationship:	

APPLICANT INCOME:

Employer:		Phone number:		
Address:	City:	1	Zip:	
Job title:	Hire	Date:		
Monthly Gross Income: (before deductions)	Mont	Monthly Net Income: (after deductions)		
List other sources of income: i.e. child support/alimony/food stamps/TANF	Mont	thly gross:	Monthly net:	

APPLICANT DEMOGRAPHICS:

Hispani	ic: Yes or No	Disabled: Yes or No	Disabled Dependent: Yes or No	
0	American Indian/Alaskan Nativ	<i>ч</i> е о	Asian & White	
0	Asian	0	Black/African American & White	
0	Black/African American	0	American Indian/Alaskan Native & Black/African American	n
0	Native Hawaiian/Other Pacific	lslander o	American Indian/Alaskan Native & White	
0	White	0	Other	

BY SIGNING BELOW, I AUTHORIZE NEIGHBORWORKS® SOUTHERN COLORADO VERIFY THE INFORMATION PROVIDED HEREIN:



SOUTHERN COLORADO

Rehab Lending Client Intake Application

1241 E. Routt Ave. Pueblo, CO 81004 Ph. 719-423-6271

CO-APPLICANT/SPOUSE:

Last Name:	First Nai	ne:		N	11:
Address:	City:		Zip:		ip:
Live in Rural area: Yes or No	Primary	Langu			ctive Military: Yes or No
Preferred Phone#:	Email:		Gender: Male or Female		
Date of birth:		SSN:			
Foreign Born: Yes or No		Veter	Veteran: Yes or No		
Completed Education: i.e. Primar	ry/Junior High S	School/	High Scl	hool/GED/Coll	ege/Vocational
CO-APPLICANT/SPOUSE INCO	<mark>)ME</mark> :				
Employer:			Phone	number:	
Address:	City:				Zip:
Job title:		Η	ire Date:	:	
Monthly Gross Income: (before deductions) Mo			Monthly Net Income: (after deductions)		
	st other sources of income: i.e. child pport/alimony/food stamps/TANF		Monthly gross:		Monthly net:
CO-APPLICANT/SPOUSE DEM	<mark>IOGRAPHICS</mark> :	·			9
Hispanic: Yes or No	Disabled: Yes	or No		Disabled Dep	endent: Yes or No

0	American Indian/Alaskan Native	0	Asian & White
0	Asian	0	Black/African American & White
0	Black/African American	0	American Indian/Alaskan Native & Black/African American
0	Native Hawaiian/Other Pacific Islander	0	American Indian/Alaskan Native & White
0	White	0	Other

referred By:	□ STAFF	□ BANK/LENDER	□ REALTOR	U WALK-IN	
□ FAMILY/FRIEND		□ WEBSITE	□ OTHER		

By Signing Below, I Authorize NeighborWorks® Southern Colorado to Verify the information provided herein:

CO-APPLICANT SIGNATURE