

(CHOEDC, INC.) Intake Application

Please identify the service in which you are most interested:
 Budget and Credit Counseling _____ Debt Management _____ Homeownership Counseling _____ Free Tax Preparation _____

Today's Date _____

Applicant

Name _____
 Address _____ City/State/Zip _____
 County _____ Phone _____
 How long at current address? _____ Previous address, if less than 2 years _____
 SS# _____ Race _____ Sex _____ Date of Birth _____
 Place of Birth _____ Marital Status _____ # of Dependents in Household _____
 Current Employer _____
 Address _____
 Phone _____ Position _____ Start Date _____
 Hrs. Per Week _____ Monthly Income _____
 Other source of Income _____ How much per month \$ _____

Co-Applicant

Name _____
 Address _____ City/State/Zip _____
 County _____ Phone _____
 How long at current address? _____ Previous address, if less than 2 years _____
 SS# _____ Race _____ Sex _____ Date of Birth _____
 Place of Birth _____ Marital Status _____ # of Dependents in Household _____
 Current Employer _____
 Address _____
 Phone _____ Position _____ Start Date _____
 Hrs. Per Week _____ Monthly Income _____
 Other source of Income _____ How much per month \$ _____

Expenses (Utilities/House)	Expenses (Insurance)	Total Net Income
\$ _____ Rent	\$ _____ Life	\$ _____ Applicant
\$ _____ Mortgage	\$ _____ Auto	\$ _____ Co-Applicant
\$ _____ Automobile	\$ _____ Home	\$ _____ Retirement
\$ _____ Gasoline/Oil	\$ _____ Medical	\$ _____ Social Security
\$ _____ Grocery	\$ _____ Medical Expenses	\$ _____ Child Support
\$ _____ Gas	\$ _____ Child Support	\$ _____ AFDC
\$ _____ Electric/Cable	\$ _____ Childcare/Daycare	\$ _____ Food Stamps
\$ _____ Water/Sewage	\$ _____ Misc./Charities	\$ _____ Total
\$ _____ Phone/Cellular		\$ _____ Less (subtract) Expenses
\$ _____ Credit Card		\$ _____ Estimated HCCS Min Payment
		\$ _____ Available balance
Total Monthly Expenses \$ _____		

Signed _____ Date _____

Signed _____ Date _____

Email: Info@homeownershipcentre-ed.org Website: www.homeownershipcentre-ed.org

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