



CLT Home Ownership Intake Form

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Applicant Information

NAME		GENDER	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER(S)	
CURRENT ADDRESS			
CITY		STATE	ZIPCODE
☐ Own ☐ Rent	MONTHLY PAYMENT OR RENT	HOW LONG?	CREDIT SCORE (IF KNOWN)
EMAIL ADDRESS			

Have you ever lived in the 78702 or 78721 postal zip code area? More specifically, do you live in, or have family living in, the area south of East 11th Street, east of Interstate 35, west of Route 183, and north of Town Lake? ☐ Yes ☐ No

If yes, how long? _____ Address _____

Race (check all that apply)

- | | | |
|---|---|---|
| ☐ White | ☐ African American/Black American | ☐ Multiple Race |
| ☐ Asian | ☐ Native Hawaiian/Pacific Islander | ☐ Other |
| ☐ Indian/Alaska Native | ☐ White-Hispanic | ☐ Decline to Respond |

Employment Status

- | | | |
|--|---|---------------------------------------|
| ☐ Self-Employed | ☐ Homemaker | ☐ Unemployed |
| ☐ Work full-time for employer | ☐ Full-time student | ☐ Retired |
| ☐ Work part-time for employer | ☐ Permanently unable to work | ☐ U.S. Veteran |

Education Attainment

- | | |
|--|---|
| ☐ Less than High School Diploma | ☐ Certification from a vocational/technical training program |
| ☐ High School Diploma or equivalent | ☐ Bachelor's Degree |
| ☐ Some post-secondary education | ☐ Master's or other Graduate Degree |
| ☐ Associate's Degree | ☐ Decline to Respond |

Marital Status

- | | | | |
|---------------------------------|---|-----------------------------------|--|
| ☐ Single | ☐ Married/Domestic Partnership | ☐ Divorced | ☐ Legally Separated |
|---------------------------------|---|-----------------------------------|--|



Applicant History

PREVIOUS ADDRESS

CITY	STATE	ZIPCODE
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Have you ever been evicted? ☐ Yes ☐ No

Have you ever been through the foreclosure process? ☐ Yes ☐ No

How many times have you been late with rent and/or bill payments in the last year? Please specify per payment type below.

Have you declared bankruptcy in the past 7 years? ☐ Yes ☐ No

Employment Information

CURRENT EMPLOYER	JOB TITLE
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EMPLOYER ADDRESS

CITY	STATE	ZIPCODE
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EMPLOYER PHONE NUMBER	EMPLOYER EMAIL ADDRESS	EMPLOYER FAX NUMBER
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☐ Hourly ☐ Salary	HOW LONG EMPLOYED?	GROSS MONTHLY INCOME	ANNUAL INCOME
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ADDITIONAL EMPLOYMENT AND OTHER SOURCES OF INCOME

Household Information

Please list yourself and each member of your household.

NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME



Please list the employment for each working household member.

NAME	EMPLOYER'S NAME			LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE	
NAME	EMPLOYER'S NAME			LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE	
NAME	EMPLOYER'S NAME			LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE	

Are there any handicapped members of your household? ☐ Yes ☐ No

Assets Information

TOTAL VALUE OF ALL ACCOUNTS \$	CHECKING ACCOUNT \$	SAVINGS ACCOUNT \$
INVESTMENTS \$	REAL ESTATE \$	RETIREMENT ACCOUNT \$
CHILD SUPPORT/ALIMONY \$	OTHER \$	

Debt Information

Auto

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
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Medical

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE

Credit Card(s)

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE

Student Loan(s)

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE

Other

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE



General Information

Are you or your spouse first time homebuyers? ☐ Yes ☐ No

What is your desired number of bedrooms and bathrooms? _____

What is the most important to you about the neighborhood where you purchase? (Select top 3)

- | | | |
|---------------------------------------|---|--|
| ☐ Schools | ☐ Proximity to work/school | ☐ Proximity to family/friends |
| ☐ Safety/Crime | ☐ Proximity to amenities | ☐ Location |
| ☐ Other _____ | | |

I declare that the statements and information given above are true and correct, and I hereby authorize verification of references given and will provide a copy of my credit report and criminal background check if needed. **I understand it is my responsibility to keep a copy of this application for my records and I understand that my application will be kept on file for five (5) years from the date received by GNDC, provided my telephone numbers are correct and working. I also understand that GNDC office will contact me only by telephone.**

Please include a copy of a recent credit report, or evidence of a recent credit report score, with your completed application.

Signature _____

Date _____

Signature _____

Date _____

