

HOME BUYER EDUCATION INTAKE FORM

Class Date: _____ Language: _____

PART 1: PLEASE FILL OUT FIRST SECTION ONLY FOR REGISTRATION

HEAD OF HOUSEHOLD REGISTRATION	
Name: _____	Phone: _____
Address: _____	
Email: _____@_____	
YOU WILL NEED TO PROVIDE PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS FOR THE LAST 30 DAYS OR MOST RECENT TAXES	
I/we am/are intending to seek Home Buyer assistance from the City of Porterville by attending the required Home Buyer Education Class. I/we certify that this information is true to the best of my/our knowledge. I/we am/are also aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State Assistance. Penalties for falsifying information may include repayment of all assistance if received or prosecution under the law.	
_____ Head of Household Signature	_____ Date

CO-BUYER REGISTRATION	
Name: _____	Phone: _____
Address: _____	
Email: _____@_____	
_____ Co-Buyer Signature	
_____ Date	



PART 2: STOP HERE! FILL OUT REMAINING SECTIONS ON THE DAY OF CLASS



HEAD OF HOUSEHOLD INFORMATION		
Time at above address: _____		
If less than 2 yrs, previous address: _____		
SSN: _____	DOB: _____	
EMPLOYMENT INFORMATION		
Name of Employer: _____		
Employer Address: _____		
Position/Title: _____	Hire Date: _____	
Hours worked per week: _____	Salary: \$ _____ per hour	
Gross Monthly Income: \$ _____	Monthly Expenses: \$ _____	
MARRIED STATUS	RACE	ETHNICITY
<input type="checkbox"/> Single	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Married	<input type="checkbox"/> Black	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Divorced	<input type="checkbox"/> Multiracial	
<input type="checkbox"/> Separated	<input type="checkbox"/> Am-Indian	
<input type="checkbox"/> Widowed	<input type="checkbox"/> Asian or Pacific Islander	
	<input type="checkbox"/> Other:	
ARE YOU?	GENDER	DISABLED
<input type="checkbox"/> Citizen	<input type="checkbox"/> Male	<input type="checkbox"/> Yes
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Female	<input type="checkbox"/> No
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
ARE YOU?	EDUCATION LEVEL	
<input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Some High School	
<input type="checkbox"/> First Time Homebuyer	<input type="checkbox"/> High School Diploma	
<input type="checkbox"/> Current Homeowner	<input type="checkbox"/> Some College	
	<input type="checkbox"/> Bachelors or Masters	
	<input type="checkbox"/> Other:	

CO-BUYER INFORMATION		
Time at above address: _____		
If less than 2 years, previous address: _____		
SSN: _____	DOB: _____	
EMPLOYMENT INFORMATION		
Name of Employer: _____		
Employer Address: _____		
Position/Title: _____	Hire Date: _____	
Hours worked per week: _____	Salary: \$ _____ per hour	
Gross Monthly Income: \$ _____	Monthly Expenses: \$ _____	
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<input type="checkbox"/> Married	<input type="checkbox"/> Black	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Divorced	<input type="checkbox"/> Multiracial	
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<input type="checkbox"/> Widowed	<input type="checkbox"/> Asian or Pacific Islander	
	<input type="checkbox"/> Other:	
ARE YOU?	GENDER	DISABLED
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<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
ARE YOU?	EDUCATION LEVEL	
<input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Some High School	
<input type="checkbox"/> First Time Homebuyer	<input type="checkbox"/> High School Diploma	
<input type="checkbox"/> Current Homeowner	<input type="checkbox"/> Some College	
	<input type="checkbox"/> Bachelors or Masters	
	<input type="checkbox"/> Other:	

HOUSEHOLD INFORMATION			
Household Income Level:	<input type="checkbox"/> \$36,300 <input type="checkbox"/> \$41,500 <input type="checkbox"/> \$46,700 <input type="checkbox"/> \$51,850 <input type="checkbox"/> \$56,000 <input type="checkbox"/> \$60,150 <input type="checkbox"/> \$64,300 <input type="checkbox"/> \$68,450		
Household Type:	<input type="checkbox"/> Single Adult <input type="checkbox"/> Married without Children <input type="checkbox"/> Married with Children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other: _____		
HOUSEHOLD MEMBERS			
NAME	AGE	RELATIONSHIP	SEX
1. Buyer:		SELF	
2. Co-Buyer			
3.			
4.			
5.			
6.			
7.			
8.			
Total Household Size:			

FOR OFFICE USE ONLY:	Registration Date: _____	Attended class: YES / NO	Rescheduled: _____
	Actual Income: _____	Ratio: _____	Staff Initial: _____