  **The African American Alliance for Homeownership**

###### **Short Intake/Triage Form**

Today’s Date: \_     \_

Homebuyer Class ❒ Foreclosure/Home Retention Counseling ❒ Pre-Purchase Counseling

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Male ❒ Female ❒ Other: \_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cellular:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Male ❒ Female ❒ Other: \_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cellular:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time at present Address:** \_\_\_\_\_\_\_\_Yrs/Months ❒ Rent (subsidized ❒Y or ❒N) ❒ Own ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:** ❒ Single ❒ Married ❒ Divorced ❒ Separated ❒ Widow **Head of Household:** ❒ Yes ❒ No

**Household Type:** ❒ Single ❒ Female Single Parent ❒ Male Single Parent ❒ Two Parent Family

❒ Couple with No children ❒ Two or more unrelated adults

**Are you a Veteran:** ❒ Yes ❒ No **Do you have a mental or physical disability:** ❒ Yes ❒ No

**Household Monthly Gross Income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Household size:**  \_\_\_\_\_\_\_\_

**For HUD demographic purposes, please answer the following as it applies to you.**

**Ethnicity:** ❒ Hispanic ❒ Non-Hispanic

**Race:** ❒ Black or African American ❒ American Indian/Alaska Native ❒ Native Hawaiian/Pacific Islander ❒ Asian ❒ African ❒ White ❒ Middle Eastern ❒ Slavic

**Multi-Race:** ❒ Black or African American and White ❒ American Indian or Alaska Native and Black or African American

❒ Asian and White ❒ Other Multiple Race

**How did you hear about our services?** ❒ Real estate Agent ❒ Lender ❒ Friend ❒ Phone Inquiry ❒ Housing Fair ❒ Flyer ❒ Walk-In ❒ Radio/TV/Newspaper ❒ Website ❒ Seminar/Class ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Appointment:*** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ Mail application ❒ Email application

**Homebuyer Class Disclaimer:** Class presenters are volunteers and are not employed by the African American Alliance for Homeownership (AAAH). Participating in the AAAH Homebuyer Class does NOT require you to use the services of any or all of the presenters. Using the professional services of any or all of AAAH’s class presenters is solely a choice of the person signing below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AAAH Intake\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Class Fees Paid: ❒ Yes ❒ No ❒ Cash ❒ Check $\_\_\_\_\_\_\_\_

Date entered into Service Point: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name/Initials: \_\_\_\_\_\_