



PERSONAL PROFILE INTAKE

DAKOTA HOME RESOURCES

APPLICANT

Name (First, Middle, Last, Suffix) \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Type Requested:

Homebuyer Education \_\_\_\_ Home Purchase \_\_\_\_ Home Owner Services \_\_\_\_ Foreclosure Prevention \_\_\_\_

How did you hear about us (Be Specific): \_\_\_\_\_

Current Address

Street \_\_\_\_\_ Unit # \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

How Long at Current Address? Years \_\_\_\_ Months \_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ (\$ \_\_\_\_/monthly payment)

Prior Address (If at current address for less than 2 years)

Street \_\_\_\_\_ Unit # \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

How Long at Current Address? Years \_\_\_\_ Months \_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ (\$ \_\_\_\_/monthly payment)

Mailing Address (If different from current address)

Street \_\_\_\_\_ Unit # \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Information

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

Marital Status

Married \_\_\_\_ Separated \_\_\_\_ Unmarried \_\_\_\_ (Single, Divorced, Widowed, Civil Union, Domestic Partnership)

Dependents (Not Listed by another applicant) Number \_\_\_\_ Age & Gender \_\_\_\_\_

Demographic Information of Applicant:

Ethnicity Hispanic or Latino \_\_\_\_ Mexican \_\_\_\_ Puerto Rican \_\_\_\_ Cuban \_\_\_\_ Other Hispanic or Latino

Not Hispanic or Latino \_\_\_\_ I do not wish to provide this information \_\_\_\_

Race American Indian or Alaska Native – Enter name of enrolled or principal tribe: \_\_\_\_\_

Asian \_\_\_\_ Asian Indian \_\_\_\_ Chinese Filipino \_\_\_\_ Japanese \_\_\_\_ Korean \_\_\_\_ Vietnamese \_\_\_\_ Other Asian \_\_\_\_

Black or African American \_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ Native Hawaiian \_\_\_\_ Guamanian or

Chamorro \_\_\_\_ Samoan \_\_\_\_ Other Pacific Islander \_\_\_\_ White \_\_\_\_ I do not wish to provide this information \_\_\_\_

Sex Female \_\_\_\_ Male \_\_\_\_ I do not wish to provide this information \_\_\_\_

Veteran \_\_\_\_ Disabled \_\_\_\_

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CO-APPLICANT

Name (First, Middle, Last, Suffix) \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Type Requested:

Homebuyer Education \_\_\_\_ Home Purchase \_\_\_\_ Home Owner Services \_\_\_\_ Foreclosure Prevention \_\_\_\_

How did you hear about us (Be Specific): \_\_\_\_\_

Current Address

Street \_\_\_\_\_ Unit # \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Information

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Email Address \_\_\_\_\_

Marital Status

Married \_\_\_\_ Separated \_\_\_\_ Unmarried \_\_\_\_ (Single, Divorced, Widowed, Civil Union, Domestic Partnership)

Dependents (Not Listed by another applicant) Number \_\_\_\_ Age & Gender \_\_\_\_\_

Demographic Information of Applicant:

Ethnicity Hispanic or Latino \_\_\_\_ Mexican \_\_\_\_ Puerto Rican \_\_\_\_ Cuban \_\_\_\_ Other Hispanic or Latino

Not Hispanic or Latino \_\_\_\_ I do not wish to provide this information \_\_\_\_

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Chamorro \_\_\_\_ Samoan \_\_\_\_ Other Pacific Islander \_\_\_\_ White \_\_\_\_ I do not wish to provide this information \_\_\_\_

Sex Female \_\_\_\_ Male \_\_\_\_ I do not wish to provide this information \_\_\_\_

Veteran \_\_\_\_ Disabled \_\_\_\_

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Financial Information:

Annual Household Income: \$ \_\_\_\_\_

Please provide your most recent 2 years employment history

Applicant:

Employer or Business Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Position or Title \_\_\_\_\_ Self Employed? Y\_\_\_ N\_\_\_ Retired? Y\_\_\_ N\_\_\_ Disabled? Y\_\_\_ N\_\_\_
Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy) How long in this line of work? Years \_\_\_\_ Months \_\_\_\_
Gross Monthly Income: \$ \_\_\_\_\_

Co-Applicant:

Employer or Business Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Position or Title \_\_\_\_\_ Self Employed? Y\_\_\_ N\_\_\_ Retired? Y\_\_\_ N\_\_\_ Disabled? Y\_\_\_ N\_\_\_
Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy) How long in this line of work? Years \_\_\_\_ Months \_\_\_\_
Gross Monthly Income: \$ \_\_\_\_\_

Other Income:

Monthly \$ \_\_\_\_\_ Source: \_\_\_\_\_
Monthly \$ \_\_\_\_\_ Source: \_\_\_\_\_
Monthly \$ \_\_\_\_\_ Source: \_\_\_\_\_
Monthly \$ \_\_\_\_\_ Source: \_\_\_\_\_
Monthly \$ \_\_\_\_\_ Source: \_\_\_\_\_

Include income from other sources below:

- Alimony • Child Support • Interest and Dividends • Mortgage Differential • Royalty Payments • Unemployment • Automobile Allowance • Disability • Notes Receivable Payments • Separate Maintenance Benefits • Boarder Income • Foster Care • Public Assistance • Retirement • Social Security • VA Compensation • Capital Gains • Housing or Parsonage • Mortgage Credit Certificate (e.g., Pension, IRA) • Trust • Other

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Assets – (Bank Accounts, Retirement, and Other Accounts You Have)

Include all accounts below:

Under Account Type, choose from the account types listed here:

- Checking • Certificate of Deposit • Stock Options • Bridge Loan Proceeds • Trust Account • Savings • Mutual Fund • Bonds • Individual Development • Cash Value of Life Insurance • Money Market • Stocks • Retirement (e.g., 401k, IRA) Account (used for the transaction)

Financial Institution: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance/Value: \$ \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance/Value: \$ \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance/Value: \$ \_\_\_\_\_

Liabilities – (Credit Cards, Other Debts, and Leases that You Owe)

List all liabilities below (except real estate):

Under Account Type, choose from the types listed here: • Revolving (e.g., credit cards) • Installment (e.g., car, student, personal loans) • Open 30-Day (balance paid monthly) • Alimony • Child Support • Other

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

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Real Estate (This section asks you to list all properties you currently own and what you owe on them)

Property Address

Street \_\_\_\_\_ Unit # \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
Property Value \$ \_\_\_\_\_ Tax Assessed Value \$ \_\_\_\_\_
Annual Property Taxes \$ \_\_\_\_\_ Annual Insurance \$ \_\_\_\_\_ HO Association Dues \$ \_\_\_\_\_ MIP \$ \_\_\_\_\_

Mortgage Loans on this Property:

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Loan Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_ Loan Type: \_\_\_\_\_

Property Address

Street \_\_\_\_\_ Unit # \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
Property Value \$ \_\_\_\_\_ Tax Assessed Value \$ \_\_\_\_\_
Annual Property Taxes \$ \_\_\_\_\_ Annual Insurance \$ \_\_\_\_\_ HO Association Dues \$ \_\_\_\_\_ MIP \$ \_\_\_\_\_

Mortgage Loans on this Property:

Company Name: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
Loan Number: \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_ Loan Type: \_\_\_\_\_

Monthly Living Expenses:

Rent or Mortgage \$ \_\_\_\_\_ Health Insurance \$ \_\_\_\_\_
Gasoline \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_
Gas or Propane \$ \_\_\_\_\_ Water, Sewer, Trash \$ \_\_\_\_\_
Cable, Internet, Phone \$ \_\_\_\_\_ Satellite \$ \_\_\_\_\_
Cellular Phone \$ \_\_\_\_\_ Medical Expenses \$ \_\_\_\_\_
Other \_\_\_\_\_ \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_
Other \_\_\_\_\_ \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

About Your Finances: (Please mark YES or NO)

Are there any outstanding judgments against you? Yes \_\_\_ No \_\_\_
Are you currently delinquent or in default on any debt? Yes \_\_\_ No \_\_\_
Are you a party to a lawsuit in which you potentially have any personal financial liability? Yes \_\_\_ No \_\_\_
Have you had property foreclosed upon in the last 7 years? Yes \_\_\_ No \_\_\_
Have you conveyed title to any property in lieu of foreclosure in the past 7 years? \_\_\_ Yes \_\_\_ No \_\_\_
Have you declared bankruptcy within the past 7 years? If YES, identify the type(s) of bankruptcy:
Chapter 7 \_\_\_ Chapter 11 \_\_\_ Chapter 12 \_\_\_ Chapter 13 \_\_\_ Date of Discharge \_\_\_/\_\_\_/\_\_\_\_\_

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**DAKOTA HOME RESOURCES**

Authorizations and Disclosures

**Applicants Name** (First, Middle, Last, Suffix) \_\_\_\_\_

**Co- Applicants Name** (First, Middle, Last, Suffix) \_\_\_\_\_

By signing below, I (We) agree to, acknowledge, and represent the following statements:

I (We) authorize NWDHR to pull my (our) credit report to review my (our) our credit file for the purpose of financial counseling

I (We) authorize NWDHR to pull my/our credit report and review my (our) credit file for the purpose of applying for a loan to purchase real property.

I (We) authorize NWDHR to pull my/our credit report and review my (our) credit file for the purpose of applying for a loan to rehabilitate real property that I already own.

I (We) authorize NWDHR obtain a copy of a Settlement Statement, Appraisal, and Real Estate Note(s) when I (we) purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I (We) further understand that NeighborWorks® Dakota Home Resources will be held harmless for information received in this credit report.

I (We) understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Applicant Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Non-Discrimination Statement In accordance with the Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, family status, sexual orientation and reprisal. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination write USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington D.C. 20259-9410 or call (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

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