



Parkview Services

Parkview Services

Housing Counseling Intake Form

Parkview Services is a non-profit corporation designed to facilitate homeownership for potential first-time home buyers with disabilities.

Parkview Services is an Equal Housing Opportunity Provider that is sanctioned by the U.S. Department of Housing & Urban Development (HUD) as a "Housing Counseling Agency". The purpose of this Application is to meet HUD reporting requirements as well as to determine whether you meet eligibility requirements for Parkview Services services and/or mortgage lending standards. Your information is confidential.

THIS APPLICATION IS 5 PAGES IN LENGTH. THE COVER PAGES ASSIST PARKVIEW SERVICES MEET HUD REPORTING REQUIREMENTS. IF YOU CHOOSE PARKVIEW SERVICES TO GUIDE YOU THROUGH THE HOME PROCESS, THE COVER PAGE WILL BE THE FIRST PAGE OF YOUR HOME LOAN AND/OR PRE-PURCHASE COUNSELING RECORD.

CLIENT ELIGIBILITY & PRE-PURCHASE INFO

COUNSELING CLIENT

Name: _____
Last First Middle
Phone number: _____

CO-COUNSELING CLIENT

Name: _____
Last First Middle
Phone number: _____

RACE / ETHNICITY

Ethnicity: Hispanic Non-Hispanic

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Single Race

▪ Multi-Race (Mark Below):

- American Indian or Alaska Native & White
- American Indian or Alaska Native & Black
- Asian & White
- Black or African American & White
- Other Multiple Races

I do not wish to furnish this information.

Ethnicity: Hispanic Non-Hispanic

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Single Race

▪ Multi-Race (Mark Below):

- American Indian or Alaska Native & White
- American Indian or Alaska Native & Black
- Asian & White
- Black or African American & White
- Other Multiple Races

I do not wish to furnish this information.

Household Income

Number of people in the household: _____

Total household income: _____

Gender

Male Female

Male Female

Citizenship

Were You Born an American Citizen?

Yes No

Yes No

If No, Country of Birth: _____

If No, Country of Birth: _____

Are you a veteran of the U.S. armed forces?

Yes No

Yes No

- -END OF COVER PAGE - -

COMPLETE REMAINING PAGES AT HOME & SUBMIT AT FINANCIAL ASSESSMENT

Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.





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CLIENT INFORMATION – CONTINUED FROM SURVEY APPLICATION PAGE

COUNSELING CLIENT

Name: _____
 Last First Middle
 S.S.#: _____ - _____ - _____ Education: _____
 Date of Birth: ____/____/____
 Status: Married Divorced
 Separated Single
 Home Address: _____
 City/State/Zip: _____
 E-Mail address: _____
 Home Phone#: () _____
 Housing: Own Rent (\$) _____
 Date of Move In: ____/____/____

CO-COUNSELING CLIENT

Name: _____
 Last First Middle
 S.S.#: _____ - _____ - _____ Education: _____
 Date of Birth: ____/____/____
 Status: Married Divorced
 Separated Single
 Home Address: _____
 City/State/Zip: _____
 E-Mail Address: _____
 Home Phone#: () _____
 Housing: Own Rent (\$) _____
 Date of Move In: ____/____/____

Former address, if less than 2 years at current residence:

Street: _____
 City/State/Zip: _____
 Housing: Own Rent (\$) _____
 _____ # Years at this Residence

Street: _____
 City/State/Zip: _____
 Housing: Own Rent (\$) _____
 _____ # Years at this Residence

LEGAL DEPENDENTS

(Family members and/or others who will be residing at the residence)

Name	Age	Gender	Relationship	Claim as Dependent on Taxes ("Yes" or "No")
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

SPECIAL NEEDS

- Interpretation/Translation Services Wheel Chair Access
 Language _____ Other (Please Describe) _____
 Someone in my household is a person with disabilities as defined by the Americans with Disabilities Act of 1990.
 Someone in my household is a person with developmental disabilities as defined by the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

EMPLOYMENT*

Employer: _____
 Address: _____
 City/State/Zip: _____
 Phone: () _____
 Title/Position: _____
 Employment Start Date: ____/____/____
 Years In Profession: _____
 Self-Employed? Yes No

Employer: _____
 Address: _____
 City/State/Zip: _____
 Phone: () _____
 Title/Position: _____
 Employment Start Date: ____/____/____
 Years In Profession: _____
 Self-Employed? Yes No

**If less than 2 years at current employment, OR current part-time employment, provide the following information:*

Employer: _____
 Address: _____
 City/State/Zip: _____
 Title/Position: _____
 Type of Business: _____
 Employed: From _____ To _____
 Month/Year Month/Year
 Years In Profession: _____
 Self-Employed? Yes No

Employer: _____
 Address: _____
 City/State/Zip: _____
 Title/Position: _____
 Type of Business: _____
 Employed: From _____ To _____
 Month/Year Month/Year
 Years In Profession: _____
 Self-Employed? Yes No

Continue on next page ⇨

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CREDIT & DEBT

COUNSELING CLIENT

CO-COUNSELING CLIENT

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Creditor _____
 Balance \$ _____ Per month: \$ _____

Alimony, Child Support, and/or Separate Payments:

Type	Monthly Payment
_____	\$ _____
_____	\$ _____

Type	Monthly Payment
_____	\$ _____
_____	\$ _____

TOTAL MONTHLY DEBT: (\$) _____

TOTAL MONTHLY DEBT: (\$) _____

**List Any Additional Names Under Which You have Received Credit in The Past:
 (Example with a nickname or a "Jr" or prior married name(s))**

COUNSELING CLIENT

CO-COUNSELING CLIENT

AGREEMENT:

By signing below, you represent and warrant that information provided is true and complete and Parkview Services may consider such information as continuing to be true and correct unless a written notice of change is given to Parkview Services by the Undersigned. If any information you provided on the *Application Cover Page* has changed since signing the *Cover Page*, you have updated that information on this *Application*. By signing below you also represent and warrant that you have provided Parkview Services with all documentation deemed applicable within this *Application* to determine your eligibility.

By signing below you authorize Parkview Services to make all inquiries and to obtain such information as Parkview Services deems necessary to verify the accuracy of the statements made in this *Application* to determine the Undersigned's eligibility. This *Application* and all requested documents will be retained by Parkview Services even if participation is not granted.

By signing below, you agree to attend and complete the Parkview Services First-Time Home Buyer Program (classes and counseling) prior to closing on any and all purchase assistance loan(s).

By signing below you agree to provide Parkview Services with a copy of your HUD 1 statement upon closing on your new home.

You certify and declare under penalty of perjury under the laws of the State of Washington that the statements and representations made herein are true and correct.

Parkview Services maintains an up-to-date Grievance Policy. If you feel that Parkview Services's Application and qualification processes have treated you unfairly or if you have any questions, you may contact the Executive Director of Parkview Services in order to request a copy of this Policy.

 Counseling Client Date

 Co-Counseling Client Date

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