Homebuyer Pre-Purchase Coaching & Credit Building Intake -Supplemental Pages

*Please complete and return *Supplement Pages* along with copies of: □ bank statements (all accounts) for the last 2 months, □ most recent credit card statements (if applicable), □ proof of income (all sources) for a month (if not already provided).

of income (all sources) for a month (if not already provided). Return all documents requested at least 4 business days prior to your appointment.	
CLIENT INFORMATION	CO-CLIENT INFORMATION
NameFirst Middle Last	NameFirst Middle Last
Last 4 #'s of SSN: xxx-xx- OPTIONAL DEMOGRAPHIC INFO: Gender:	Last 4 #'s of SSN: xxx-xx- OPTIONAL DEMOGRAPHIC INFO: Gender:
 ◆ Do you have a current situation which causes you to need assistance in completing this intake application and/or other expected aspects of this process? □ No □ Yes,	
I [We] certify that al I the information I have provided is complete, correct and information my result in the rejection of my intake packet. I understand that to fhome loan option pursued. I also understand that the completion of this integrate one. I pledge to fully participate in meetings with my housing counselor and take at that it is my responsibility to schedule meetings with my housing counselor and or at the meeting. And if I wish to cancel my scheduled meeting, I will do so scheduled meeting time. Fees will be charged against me if I cancel within 2. The goal of Clinch-Powell's Homebuyer Pre-Purchase Counseling program is the best of the instructor(s)'s abilities. While the program may strive to provide level of expert knowledge available from professionals in their respective disc this program in no way replaces or assumes comparability to that of: a tax propsychologist, marriage counselor, real estate agent, lawyer (bankruptcy, propsychologist, marriage).	here may be other requirements depending on my progress and/or the type ake packet in no way guarantees me a house or the loans/funds to action in accordance to the recommendations advised to me. I understand not provide the requested information/documentation either promptly before by contacting my housing counselor no later than 24 hours prior to the 4hrs, and/or do not show up for my scheduled appointment. It is to adequately prepare me for the challenges of buying/owning a home to de a variety of relevant information, the program does not assume the same ciplines. As such, I understand that the information bestowed to me through refessional/CPA, loan officer, financial/estate planner, contractor,

permission; however, the aforementioned information may be shared with Clinch-Powell's in-house housing/loan staff unless I specifically request it not to be in writing.

Lastly, I acknowledge that this intake packet is specifically for Clinch-Powell's Homebuyer Pre-Purchase Counseling program- and is NOT any type of loan application. The information provided within this intake, or in my counseling sessions will not be provided to any outside loan officer without my

credit bureaus and cannot "fix" my credit for me; my housing counselor may provide educational information and guidance to help me work on improving my credit. I authorize Clinch-Powell to assist me in communicating with creditors and credit bureaus, and/or to contact them directly on my behalf.

I authorize Clinch-Powell to contact me by any method I have provided. I understand Clinch-Powell has no control over the security of communication

methods outside of its internally owned communication portals, and is therefore not responsible for external security breaches.

MONTHLY HOUSEHOLD EXPENSES **You may edit budget outline or make notes as needed. Complete this to the best of your knowledge based on your current expenses. **CATEGORY** ITEM (AVERAGE) MONTHLY COST NOTES Rent or Mortgage Escrowed? □No □Yes **HOUSING EXPENSES** Renters Insurance or Homeowner Insurance or annual amount: Property Taxes or Lot Rent or annual amount: Electricity Wood /Coal /Oil /Gas (Propane) Water/Sewer Satellite/ Cable Internet &/or Landline Telephone (If not included w/ cable 1) Cell Phone(s) # of phones: ___ Property Upkeep SUBTOTAL: Grocery (Not including Food Stamps) Food Restaurant/ Fast food/ Coffee **LIVING EXPENSES** Laundry/Cleaning & Toiletries Clothing, etc. Transportation (gasoline, car maintenance, bus fare) Auto Insurance or semiannual amount: Life Insurance (Not already deducted from pay) Medical (any) Insurance (Not already deducted from pay) Medical/ Dental & Prescription Expenses Child Support and/or Daycare (Not including Families 1st) Garnished? □Yes □No OTHER: SUBTOTAL: *List additional debts and lines of credit on TOTAL BALANCE INTEREST ALLOWABLE # OF MONTHS **↓ COMPANY** NAME ↓ another sheet if needed. OWED RATE MONTHLY PAYMENT MINIMUM PAYMENT TO PAY OFF Auto Payments: **NSTALLMENT DEBT** Auto Payments: Credit Card: Other: Other: Other: Cash Advance/Payday loans: Appliance/Furniture Payments: Student Loan Payments: SUBTOTAL: School Expenses Recreation (movies, hobbies, trips, etc..) Charity/Church/Gifts Pet Care (food, grooming, vet) Beauty & Personal Grooming (Haircuts, manicures, etc..) Cigarettes, Tobacco, &/Or Alcohol OTHER: SUBTOTAL: TOTAL MONTHLY EXPENSES =

Note if any money is routinely set aside for SAVINGS