



605 SE Kane Street
Roseburg, OR 97470
Phone: 541 673-4909
Fax: 541 673-5023

Financial Fitness PROGRAM INTAKE FORM

CUSTOMER 1

Please Print Clearly

Name: _____
First MI Last

Address: _____
Street City State Zip Code

Home Phone: (____) _____-_____
Work Phone: (____) _____-_____

Mobile/Cell: (____) _____-_____
Email: _____

_____-_____-_____
Social Security Number **Birth Date** _____/_____/_____

Social Security Number **Birth Date**

Ethnicity (Select both a "Race" and a "Yes" or "No" for Hispanic origin:)

Hispanic (please circle): Yes No If Yes please circle one: Cuban Mexican/Chicano Other Hispanic/Latino Puerto Rican

Race (please circle):

- | | | | |
|---|------------------------------|---|------------------|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | | 6. American Indian/Alaskan Native & White | 7. Asian & White |
| 8. Black/African American and White | | 9. American Indian/Alaskan Native & Black | 10. Other |

Were you born in the United States? (please circle): Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Household Type (please circle the most accurate):

- | | | |
|--|--|-------------------------------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult |
| 4. Two or more unrelated adults | 5. Married with dependents | 6. Married without dependents |
| 7. Other | | |

Current Housing Arrangement (please circle):

- | | | |
|--|-------------|---|
| 1. Rent \$ _____ per month | 2. Homeless | 3. Homeowner with mortgage \$ _____ per month |
| 4. Living with family member and not paying rent | | 5. Homeowner with mortgage paid off |

Disabled (please circle): Yes No

Family Size: _____ **How many dependents (other than those listed by any co-borrower)?** _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

_____ <i>Relationship</i>	_____ <i>Age</i>	_____ <i>Relationship</i>	_____ <i>Age</i>
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Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Annual Family Income: \$ _____

Education (please circle one):

- | | | |
|------------------------------|--------------------------------------|-------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent | 3. Two-Year College |
| 4. Bachelors Degree | 5. Masters Degree | 6. Above Masters Degree |

Farm worker (please circle): Yes No

How did you hear about us? _____

AUTHORIZATION

I/We authorize Umpqua Community Development Corporation (UCDC) to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 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 understand that any false or fraudulent 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.

CUSTOMER 1

Date

CUSTOMER 2

Date