COMMUNITY HOUSING INNOVATIONS, INC.

www.chigrants.org
190 East Post Road, White Plains, NY 10601 ● 914-683-1010 Fax 914-683-6158

INITIAL CUSTOMER INTAKE FORM

Date: _____

Applicant

Name: _____

Address: _____

_____

Telephone: (_____) _____–_____

*Email address:*_____

Age: _____

Co-Applicant

Name: _____

Address: _____

_____

Telephone: (_____) _____–_____

*Email address:*_____

Age: _____

How did you hear about us? ☐ Print Advertisement ☐ Bank _____ ☐ Government ☐ Media ☐ Realtor
Staff/Board member Walk-In Friend Client Other:_____

Are you a first Time Buyer? ☐ Yes ☐ No

Family/Household Size: _____ **(1, 2, 3, 4, or more)** **Are you a veteran?** ☐ Yes ☐ No

How many dependents _____

Annual Family or Household Income: $_____ **Funds Available for Down payment: $ _____**

What is your biggest barrier to homeownership? ☐ **Credit** ☐ **Income** ☐ **Savings** ☐ **Home prices**

Optional Information for government Monitoring Purpose

The Federal Government, in order to monitor compliance with the Federal Anti-Discrimination Statue, request information as to race, national origin and sex. The applicant and/or co-applicant may refuse to furnish this information without discrimination. Any information provided to CHI is confidential and is used for statistical purposes **ONLY**.

Applicant: _____

I do not wish to furnish this information (check box) ☐

Race *(please check):*

☐ White
☐ Black or African American
☐ American Indian/Alaskan Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native
☐ Asian and White

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Gender: ☐ Male ☐ Female

Co-Applicant: _____

I do not wish to furnish this information (check box) ☐

Race *(please check):*

☐ White
☐ Black or African American
☐ American Indian/Alaskan Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native
☐ Asian and White

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Gender: ☐ Male ☐ Female

EQUAL HOUSING LENDER