

**WHITE OAK FOUNDATION, INC.
CLIENT INTAKE APPLICATION**

Area of Need

Pre-Purchase Counseling _____ Homebuyer Education _____ Debt Reparation _____
 Budgeting Counseling _____ Tenancy/Rental _____ Home Purchase _____
 Delinquency/Foreclosure _____ Other Specify _____

DATE _____

General Information

Applicant Name _____ **Social Security #** _____ **Date Of Birth** _____

Co- Applicant Name _____ **Social Security #** _____ **Date Of Birth** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Home _____ **Work** _____ **Other** _____

Marital Status M ___ D ___ S ___ W ___ **EMAIL:** _____
 _____ **Single** _____

Dependents

Name/Age	Name/Age
Name/Age	Name/Age
Name/Age	Name/Age

Residential Information

Rent Y/N _____ **Monthly Rent \$** _____
Own Y/N _____ **Monthly Mortgage \$** _____ **Lender** _____

Income & Employment

Total income from all sources **Per Month \$** _____
Annually \$ _____

Applicant
 Employer Name _____
 Street Address _____
 City _____ State _____ ZipCode _____

Co- Applicant
 Employer Name _____
 Street Address _____
 City _____ State _____ ZipCode _____

(Turn Over to Complete)

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INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws.

You are not required to furnish this information, but are encouraged to do so.

Applicant

___ I do not wish to furnish this information

RACE/NATIONAL ORIGIN

___ American Indian
___ Black, Non-Hispanic
___ White, Non-Hispanic
___ Hispanic
___ Asian
___ Other

Co- Applicant

___ I do not wish to furnish this information

RACE/NATIONAL ORIGIN

___ American Indian
___ Black, Non-Hispanic
___ White, Non-Hispanic
___ Hispanic
___ Asian
___ Other

CERTIFICATION

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize the Housing Counselors to obtain a Credit Bureau Report in my name, and/or to request verification of income, background and residence.

Applicant Signature _____ Date _____

Co- Applicant Signature _____ Date _____

If Seeking Default/Delinquency Counseling please answer the following:

1) Did anyone contact you offering assistance to modify your mortgage, either directly by telephone, or by other means such as by mail or a flyer?

Yes/No ___

2) Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign contract, redirect mortgage payments, sign over title to your property, or stop making loan payments?

Yes/No ___

Thank You!

**PLEASE RETURN APPLICATION TO
White Oak Foundation
Attn: Housing Office
1621 White Oak Church Rd.
Apex, NC. 27523**