



Ithaca Neighborhood HOUSING SERVICES

# INHS Intake Questionnaire

All information is confidential.

Please print all items and answer all questions.



Ithaca Neighborhood HOUSING SERVICES

First Name (Participant 1) \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name (Participant 2) \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer (1) \_\_\_\_\_

Employer (2) \_\_\_\_\_

Home Phone (1) \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone (2) \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

1. What is the purpose of your inquiry?  Home Purchase Assistance

Homebuyer Education  Construction Services and/or Home Improvement Lending

2. How did you find out about our office?  Referral from prior customer  Advertisement

Organization (specify) \_\_\_\_\_  Outreach event  Other (specify) \_\_\_\_\_

3. Do you currently own or rent?  Own  Rent  Neither

What is your current rent or mortgage payment? \$ \_\_\_\_\_

4. If interested in purchase assistance for a home:

Do you have personal funds that can be put toward a down payment and/or closing costs?

Yes \$ \_\_\_\_\_  No

When do you hope to buy a home?  ASAP  6 months  Year or More  Unknown

Where do you prefer to buy?  City of Ithaca  Tompkins County outside the City

Other \_\_\_\_\_

5. Would you like to receive newsletters via email regarding INHS's ongoing projects and programs?  Yes  No

**Demographic Information (check all that apply)**

**PARTICIPANT 1**

**Age:** \_\_\_\_\_

**Gender:**

Female

Male

**Race:**  American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian/  
Pacific Islander  White  Other: \_\_\_\_\_ Are you Hispanic?  Yes  No

**Military Service:**  Yes  No

**Level of Education:**  Primary  HS/GED  College  None

**Current Gross Income:** \$ \_\_\_\_\_  Annual  Monthly  Weekly

**PARTICIPANT 2**

**Age:** \_\_\_\_\_

**Gender:**

Female

Male

**Race:**  American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian/  
Pacific Islander  White  Other: \_\_\_\_\_ Are you Hispanic?  Yes  No

**Military Service:**  Yes  No

**Current Gross Income:** \$ \_\_\_\_\_  Annual  Monthly  Weekly

**HOUSEHOLD TYPE:**

Unmarried couple  Single parent

Married with children

Single

Married, no children

**HOUSEHOLD SIZE:**

\_\_\_\_\_

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**OFFICE USE:**

Appointment Time \_\_\_\_\_

Intake Staff \_\_\_\_\_

Length of Appt \_\_\_\_\_

Resolution \_\_\_\_\_

Purpose \_\_\_\_\_

## CREDIT AUTHORIZATION

I authorize Ithaca Neighborhood Housing Services (INHS) 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 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 intentional or negligent representation(s) of the 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.

If at any point of this program, INHS becomes aware for any reason that any information that you have provided INHS is untrue or inaccurate, INHS has the right to immediately terminate your eligibility to participate in this program.

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Date*



**\*\*AFTER COMPLETING THIS FORM, PLEASE RETURN IT TO:\*\***

Ithaca Neighborhood Housing Services  
Attn: Michele Clark  
115 W. Clinton St.  
Ithaca, NY 14850

*\*Note: Better Housing for Tompkins County is now an affiliate of Ithaca Neighborhood Housing Services.*