

CommunityWorks North Dakota

Intake Form

Borrower:

Name_____

Address_____

Phone: Home_____

Work_____

Social Security#_____

Date of Birth_____

Marital Status: Single___ Married___

Divorced/Widowed/Separated___

of dependents___ Ages_____

Are there non-dependents who will living in the home other than the co-applicant?_____

If yes, list_____

Previous Addresses (if less than 2 years)

Employment History

Employer Name_____

Address_____

Phone_____

Title or Position_____

Length of employment_____

of hours worked per week_____

Previous Employer (if less than 2 years)

Salary_____

Phone: _____

Salary_____

Phone: _____

Co-Borrower:

Name_____

Address_____

Phone: Home_____

Work_____

Social Security#_____

Date of Birth_____

Marital Status: Single___ Married___

Divorced/Widowed/Separated___

of dependents___ Ages_____

Are there non-dependents who will living in the home other than the co-applicant?_____

If yes, list_____

Previous Addresses (if less than 2 years)

Employment History

Employer Name _____

Address _____

Phone _____

Title or Position _____

Length of employment _____

of hours worked per week _____

Previous Employer (if less than 2 years)

Salary _____

Phone: _____

Salary _____

Phone: _____

Income

Type of income	Borrower	Co-Borrower
Base Income	_____	_____
Alimony/Child Support	_____	_____
*Other	_____	_____

Assets

Checking & Savings Accounts
Name and Address of Financial Institution

Acct # _____ Balance _____
Name & Address of Financial Institution

Acct # _____ Balance _____

**Stocks/Bonds, Retirement,
Insurance**
Value _____

Real Estate
Value _____

Other Assets & values

Liabilities

Name and Address of
Debtor:

Monthly Payment _____
Outstanding Balance _____
Debtor:

Monthly Payment _____
Outstanding Balance _____
Debtor:

Monthly Payment _____
Outstanding Balance _____
Debtor:

Monthly Payment _____
Outstanding Balance _____

Additional information:

(ex. outstanding collections, judgments, previous bankruptcy, changes upcoming in your work or family status)

Assets

Checking & Savings Accounts Name
and Address of Financial Institution

Acct # _____ Balance _____
Name & Address of Financial Institution

Acct # _____ Balance _____

Stocks/Bonds, Retirement, Insurance
Value _____

Real Estate
Value _____

Other Assets & values

Liabilities

Name and Address of Debtor:

Monthly Payment _____
Outstanding Balance _____
Debtor:

Monthly Payment _____
Outstanding Balance _____
Debtor:

Monthly Payment _____
Outstanding Balance _____
Debtor:

Monthly Payment _____
Outstanding Balance _____

Additional information:

(ex. outstanding collections, judgments, previous bankruptcy, changes upcoming in your work or family status)

I authorize *CommunityWorks North Dakota* to obtain and review my/our credit file for informational inquiry purposes in the pre-qualification of a real estate loan. I understand that *CommunityWorks North Dakota* may release this information to a mortgage lender to help me/us obtain financing for a mortgage loan.

_____ Date _____
Signature of Borrower

_____ Date _____
Signature of Co-Borrower

Please use this page to explain what type of assistance you are in need of (ex. purchase of a home, rehabilitate your home).

In addition to this application, please submit:

- . • Last year's tax return
- . • Paystub or award letter from Social Security or other income sources
- . • Bids for work if rehabilitation is required
- . • Account statement from your checking and savings accounts
- .

Please complete the entire form and return it to our office at:

***400 E Broadway, Suite 418
Bismarck, ND 58501
701-255-4591 phone
701-255-7228 fax***