

**Lewis and Clark CommunityWorks  
Intake Form**

**Borrower:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Social Security# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_

Divorces/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 \_\_\_

Divorces/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**

<b>Type of income</b>	<b>Borrower</b>	<b>Co-Borrower</b>
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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Borrower

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Borrower

Date \_\_\_\_\_

***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***